UNITED STATES DISTRICT COURT WESTERN DISTRICT OF VIRGINIA

APPLICATION FOR RE-APPOINTMENT TO THE PANEL OF ATTORNEYS UNDER THE CRIMINAL JUSTICE ACT

	print or type)		
1.	Name:		
	Firm Name: Office Address: (Address for receiving payment)		
	(City) (State) Office E-mail Address:		Phone: (Area Code)(Number)
	Office E-mail Address:(Required)		
	2.	Initial below your choice of how payments should be reported to the IRS:	
Under my Social Security number, To the law firm with which I have a preexisting agreement, or The law firm's Employer Identification Number			
	Which divisional office do you seek appointment? (Abingdon, Charlottesville, Danville/Lynchburg, Harrisonburg, c Roanoke) (Appointments are limited to one panel.)		
3.		e limited to one panel.)	
3. 4.	Roanoke) (Appointments ar		lty case?

6. In the last three years, have you been the subject of a complaint made by a former client that you rendered ineffective assistance as counsel?
 If so, please list the cases and the outcome of the allegation:

7. In what foreign languages are you fluent?

I certify the following:

- I am a member in good standing of the Virginia State Bar;
 I am a member in good standing of the Bar of the United States District Court for the Western District of Virginia;
 I agree to participate annually in at least 8 hours of similar CLE during the term of appointment;
- I am registered with the Court's CM/ECF system; and

My answers are true and correct to the best of my knowledge and belief.

(Date)

(Applicant's Signature)

You may e-mail the application to <u>cja@vawd.uscourts.gov</u> or mail the application to: U.S. District Court, Office of the Clerk, 210 Franklin Road, S.W., Suite 540, Roanoke, VA 24011.

(Revised 1/21/25)