

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF VIRGINIA**

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

**** Forms must be submitted to the Clerk of Court between the dates of January 1 to April 1 ****

(Please print or type)

1. Name: _____

Firm Name: _____

Office Address: _____

(Address for receiving payment)

(City) (State) (Zip Code) Phone: (Area Code)(Number) Fax: (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 _____

3. Which divisional office do you seek appointment? (Abingdon, Big Stone Gap, Charlottesville, Danville, Harrisonburg, Lynchburg, or Roanoke) **(Appointments are limited to one panel.)** _____

4. Are you qualified to be appointed to a death penalty case? _____

5. Have you been subjected to professional discipline in the last three years?
If so, please describe:

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 cja@vawd.uscourts.gov or mail the application to: U.S. District Court, Office of the Clerk, 210 Franklin Road, S.W., Suite 540, Roanoke, VA 24011.

(Revised 1/26/22)