

Virginia Board of Bar Examiners

**Application for
Virginia Legal Aid Counsel
COVER PAGE**

**Please review the checklist
for instructions and required documentation.**

SAMPLE

VIRGINIA BOARD OF BAR EXAMINERS

2201 West Broad Street

Suite 101

Richmond, Virginia 23220-2022

804-367-0412

APPLICATION FOR VIRGINIA LEGAL AID COUNSEL

NCBE - N99999999

Processor:

Version 5.3 - 70465

OFFICE USE ONLY

Revised December 2019

For Admission to Practice in the Commonwealth as Virginia Legal Aid Counsel Pursuant to Rule 1A:9 of the Supreme Court of Virginia

I hereby apply for a certificate to practice law in the Commonwealth of Virginia, pursuant to the Supreme Court of Virginia Rule 1A:9, and I acknowledge I have read the following Notice:

Notice:

Upon receipt of your completed application, the Board will determine that you have established, by satisfactory evidence, that you meet the minimum requirements of Rule 1A:9 and issue a Provisional Legal Aid Counsel Certificate.

The Board may require you to appear personally before the Board, the Character and Fitness Committee of the Board, or a member of either the Board or the Committee and furnish such additional information as may be required.

Virginia Legal Aid Counsel applications can take up to six (6) months to process.

If the Board determines you are qualified to be issued a Virginia Legal Aid Counsel Certificate, the Board will approve your application and notify you of its decision.

YES I acknowledge I have read the above Notice.

Section 1 - Personal Information

You must apply in your **FULL LEGAL NAME***.

- *Your full legal name must be the **EXACT name and spelling** as listed on your birth certificate, name change order, adoption decree, naturalization or immigration documentation. **Initials are not acceptable unless** initials are part of your full legal name.
- If you are married and have not changed your name with the Social Security Administration or never assumed your spouse's last name on any educational, financial or legal documents, your full legal name would be your maiden name. If you have assumed your spouse's last name, your middle name may be your middle name as shown on your birth certificate, your maiden name, or both.
- Although your Social Security card, passport, or driver's license may be issued in a name **other** than your full legal name, you **must** apply to and be licensed by the Virginia Board of Bar Examiners in your **full legal name**.

1.1 Full legal* name

Ms. **Julie**
Title First name

D
Middle name

Smith
Last name

Suffix

1.2 Provide your current mailing address, email address, daytime telephone number, and date of birth.

Street **500 E. Main Street**
 City **Richmond** State **VA** ZIP **23220**
 Daytime phone **(999) 999-9999** County **N/A**
 Email address **jds@happyemail.com**
 Date of birth **March 8, 1980**

Any change in mailing address, telephone number or email address must be reported immediately to the Secretary of the Board of Bar Examiners via a Change of Address form on our website.

1.3 Social Security Number: **999-99-9999**
or **Virginia Department of Motor Vehicles Control Number:**

Disclosure of your Social Security Number or Virginia Dept. of Motor Vehicles control number is required by Virginia Code §54.1-116 and assists in expediting the character review process.

1.4 NCBE Number – required for ALL applicants: **N99999999**

All applicants must obtain an NCBE Number and provide the Board an NCBE Number Confirmation printout as verification of your NCBE Number. The NCBE Number is an 8-digit number preceded by the letter N (e.g. N10002416). If you do not have an NCBE number or need to obtain the NCBE Number Confirmation printout, go to www.ncbex.org.

1.5 Virginia Legal Aid Society Employment Information:

Applicant Position **Legal Aid Attorney**
 Employer **Virginia Legal Aid**
 Street **300 E. Broad Street**
STE 500
 City **Richmond** State **VA** ZIP **23219**
 Phone number **(999) 999-9999** Fax number **(999) 999-9999**

1.6 Affidavit of Legal Aid Employment:

Legal Aid Affiant Officer Name **Sandy Johnson**
 Legal Aid Affiant Officer Job Title **Senior Attorney Legal Aid**
 Legal Aid Affiant Officer Email **sjohnson@vla.org**

Section 2 – Required Evidence

If you answer **NO** or **FALSE** in Section 2 – Required Evidence, you **do not qualify** for admission as a Virginia Legal Aid Counsel.

I hereby represent as a part of my application for a Certificate as Virginia Legal Aid Counsel (i) that I have read the Rules governing Applications for Admission to the Virginia Bar pursuant to Supreme Court of Virginia Rule 1A:9, and (ii) that I satisfy every requirement for eligibility to apply for a Virginia Legal Aid Counsel Certificate, including without limitation the following:

YES **2.1** I have been **admitted by examination** to practice law before the court of last resort of a jurisdiction in a state or territory of the United States or the District of Columbia.

Jurisdiction: **Texas**

2.2 I received a Juris Doctor degree from:

Law school **Arizona State University Sandra Day O'Connor College of Law**
 Degree date **May 1, 2011**
 School code **33**

YES At the time of my graduation, such law school was approved by the American Bar Association.

YES (A) I attach hereto an official transcript from such law school which shows all course work completed, grades received, the type of degree awarded. Your official transcript must be under school seal and signed by the law school dean or registrar.

True 2.3 I acknowledge that I am **not currently, nor have I ever been**, a member of the Virginia State Bar.

YES 2.4 I am an active member in good standing of at least one state, territory of the United States, or the District of Columbia.

2.5 I have been admitted to practice law in the following state(s), territories of the United States, or the District of Columbia.

Jurisdiction	Application type	Admission status
Texas	Exam	Active

YES (A) For each jurisdiction where I have ever been admitted, I attach a **Certificate of Good Standing**, dated within 90 calendar days prior to submission, from the court of last resort for each such jurisdiction.
(A Certificate of Good Standing is required even if you are on inactive status.)

YES 2.6 I have practiced law continuously in another jurisdiction for at least two years preceding this application for Legal Aid Counsel Certificate under this Rule.

True 2.7 I acknowledge that I am **not** currently subject to lawyer discipline or the subject of a pending disciplinary matter in any jurisdiction.

YES (A) For each jurisdiction where I have ever been admitted, I attach a **Certificate of Discipline**, dated within 90 calendar days prior to submission, from the disciplinary authority that handles complaints against lawyers. Such certificate must provide all relevant information, reports, findings, documents and correspondence of any kind concerning my performance as a lawyer.
(A Certificate of Discipline is required even if you are on inactive status or have never been disciplined.)

True 2.8 I acknowledge that I possess the good moral character and general fitness to practice law in Virginia, and I enclose my Character & Fitness Questionnaire in support thereof.

YES 2.9 I have read and am familiar with the Virginia Rules of Professional Conduct, and I will complete and submit the VIRGINIA RULES OF PROFESSIONAL CONDUCT AFFIDAVIT (prints with forms).

YES 2.10 I enclose a **cashier's check, certified check or money order** made payable to "Virginia Board of Bar Examiners" in the amount of \$600. **No personal, firm or company checks accepted.** This filing fee covers the cost of processing the application and investigation of the matters contained in the Character and Fitness Questionnaire. I understand that this filing fee is **non-refundable** and that it is my responsibility to determine that I have satisfied all requirements before submitting my application. In the event this application for a Virginia Legal Aid Counsel Certificate is denied and I decide to sit for the Virginia Bar Examination, I acknowledge that I must submit a separate bar exam application and pay the appropriate filing fees.

- YES 2.11** I enclose my Affidavit of Legal Aid Employer (prints with forms) executed by the Legal Aid officer of my employer attesting that I am employed as legal aid counsel to provide legal services exclusively to my Legal Aid Society.
- YES (A)** I acknowledge that once the Board has received my Affidavit of Legal Aid Employer, and my **fully completed application**, that I will be issued a **provisional** Legal Aid Counsel Certificate to practice pursuant to Rule 1A:9.

Section 3 – Additional Required Attachments

- YES 3.1** To substantiate my continuous practice of law for at least two (2) years, I understand I must attach a copy of my Resume and/or required proof of all self-employment documentation as follows:

All current and past practice of law positions for the past five (5) years must include the following:

- Applicant's position
- Applicant's physical office location
- Employer name*
- Employer's address (physical office location)**
- Employer's phone and fax number
- Supervisor's name
- Precise month/year of employment
- Hours worked per week for each employer
- Detailed description of legal practice

*If you are a firm owner or partner (and not considered self-employed), you must submit all income documentation, to include W-2s and/or K-1s, to substantiate your full-time employment.

**If your employer is no longer at the physical office where you were employed, provide their current address, phone and fax numbers. If your employer no longer exists, submit name of verifying reference, reference's current address, phone and fax numbers. Such employer/reference must be able to verify the employment dates and all other information you have submitted.

- YES 3.2** Within the **past five (5) years**, has any of your practice of law included periods of self-employment?

YES I will submit all applicable documents to substantiate my active practice of law during all periods of self-employment in the past five (5) years.

- W2s, 1099s, K-1s and Federal Income Tax Return Forms, including all Schedules which substantiate your full-time practice of law.
- List of three (3) client references you have represented during the past five (5) years. All client references must include:
 - Client name
 - Address
 - Phone number and fax number
 - Email address
 - Time period of representation

Section 4 – Acknowledgments

- YES 4.1** I understand that if all information requested in this Application, including the Character & Fitness Questionnaire and ALL attachments, is not full and complete on its initial submission, the application will not be processed and the filing fee is non-refundable.

YES 4.2 I acknowledge that this is a continuing application process and if any answer in this application or in my Character & Fitness Questionnaire changes prior to my admission to the Virginia Bar, I am required to notify the Board immediately and in writing of such change. Failure to do so may be grounds for denying my application.

YES 4.3 I acknowledge that each of the facts, certifications, and representations provided in this Application and in my Character & Fitness Questionnaire is material to my application for a Virginia Legal Aid Counsel Certificate in Virginia; I have read Section § 54.1-111 of the Code of Virginia, and I understand the penalty for willfully misrepresenting a fact in an application for licensure.

SAMPLE

Authorization and Release

By filing this application, I hereby:

YES 5.1 Affirm that all of the information provided herein is true, correct, and complete to the best of my knowledge and belief, and that I have a duty to promptly inform the Virginia Board of Bar Examiners of any circumstances occurring after the date of this application that would affect my responses herein.

YES Authorize and request every person, firm, corporation, association, and agency having control of any documents, records, or other writing, or having other information pertaining to me, to furnish to the Board any such writings and information the Board believes will relate to my moral character and/or fitness to engage in the practice of law, and to permit the Board and any of its agents or representatives to inspect and make copies of such documents, records, and other writings.

YES Agree that all information provided by this application, and all other information received by the Board and believed by it to have a bearing upon my moral character and/or fitness to engage in the practice of law, may be released by the Board at any time, and without liability to the Board, its members, agents, or other representatives, to any judicial, executive, or legislative official, or to any investigatory or regulatory body or agency, when the Board considers such release to be reasonably needed by such official, body, or agency in response to its inquiry relating to my moral character and/or fitness to engage in the practice of law.

YES Agree that the foregoing shall remain in effect for any future application that I may make to the Board.

Signature of Applicant

===== SECTION BELOW MUST BE COMPLETED BY A NOTARY PUBLIC =====

Commonwealth/State/District of _____

County/City of _____

I, a Notary Public of such County/City, certify that on this day personally appeared before me

Julie D Smith

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this _____ day of _____, _____

My commission expires on _____, _____

Notary Public

Registration Number (if applicable) _____

NOTARY SEAL (must be affixed)

VIRGINIA RULES OF PROFESSIONAL CONDUCT AFFIDAVIT

I, Julie D Smith, after first being duly sworn, certify I have read and I am familiar with the Virginia Rules of Professional Conduct.

Signature of Applicant

SECTION BELOW MUST BE COMPLETED BY A NOTARY PUBLIC

Commonwealth/State/District of

County/City of

I, a Notary Public of such County/City, certify that on this day personally appeared before me

Julie D Smith

who thereupon made oath that all statements contained in the foregoing affidavit are true and complete.

Given under my hand this day of

My commission expires on

Notary Public

Registration Number (if applicable)

NOTARY SEAL (must be affixed)

**VIRGINIA SUPREME COURT RULES
RULE 1A:9 VIRGINIA LEGAL AID COUNSEL
AFFIDAVIT OF LEGAL AID EMPLOYER**

In the Matter of the Application of **Julie D Smith** for a Virginia Legal Aid Counsel Certificate:

I, _____, after first being duly sworn, certify the following:

1. I am an officer of the following Virginia Licensed Legal Aid Society:

Legal Aid Employer Name _____

Street _____

City _____ State _____ ZIP _____

Phone number _____ Fax number _____

Email address _____

2. I hereby certify that **Julie D Smith**, an applicant for a certificate to practice law as a Virginia Legal Aid Counsel under Rule 1A:9, is employed by the above Legal Aid Employer and such employment or association became effective on _____

3. I attest to the fact that the applicant is employed as a lawyer to provide legal services exclusively to the Legal Aid Employer, that the applicant's employment conforms to the requirements of Rule 1A:9, and that I shall notify the Virginia State Bar immediately of any change in the applicant's employment.

Print Name and Title of Officer

Signature of Officer

===== SECTION BELOW MUST BE COMPLETED BY A NOTARY PUBLIC =====

Commonwealth/State/District of _____

County/City of _____

I, a Notary Public of such County/City, certify that on this day personally appeared before me

_____ who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this _____ day of _____, _____

My commission expires on _____, _____

Notary Public

Registration Number (if applicable) _____

NOTARY SEAL (must be affixed)