

REQUEST TO BE APPOINTED AS CRIMINAL JUSTICE ACT PANEL ATTORNEY

1) Name: _____
(First) (Middle) (Last)

2) Firm Name: _____

3) Office Address: _____

4) Virginia State Bar Number: _____

5) Office Telephone No: _____ Fax No: _____
(Area Code) (Telephone No.) (Area Code) (Telephone No.)

6) Cell Phone No.: _____
(Area Code) (Telephone No.)

7) Social Security Number: _____
(Required)

Initial below your choice of how payments should be reported to the IRS:

_____ Under my Social Security Number and Name as indicated above

_____ To the law firm with which I am affiliated

The Law firm's Taxpayer Identification Number, Name and Address:

(Taxpayer Identification Number of Law Firm)

(Name of Law Firm)

(Address)

8) Educational Background: _____

9) Year of Admission to the U.S. District Court for the Eastern District of Virginia: _____

10) Year of Admission to the Virginia State Bar: _____

11) Legal Experience:

List your trial experience (Indicate State or Federal)

List your appellate experience (Indicate State or Federal)

List any other pertinent information such as specialty, public positions, etc.

12) Preference of Practice: _____ Felony _____ Misdemeanor _____ Both

13) Have you completed any courses on the sentencing guidelines?
_____ Yes _____ No

14) Are you fluent in a foreign language(s)? _____ If so, please specify
language(s) _____

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 United States District Court for the Eastern District of Virginia,
- I have or agree to complete an annual sentencing guidelines seminar, and
- I have knowledge of the Federal Rules of Criminal Procedure, Federal Rules of Civil Procedure, Federal Rules of Appellate Procedure, and the Local Rules for the United States District Court for the Eastern District of Virginia.

(Date)

(Applicant's Signature)