

Applicant: Send **original** completed Affidavit to:
Virginia State Bar
1111 E. Main Street, Suite 700, Richmond, VA 23219

Applicant: Send **copy** of completed Affidavit to:
Virginia Board of Bar Examiners
2201 W. Broad Street, Suite 101, Richmond, VA 23220

VSB Administrative Use Only

Approved (Attorney Active/In Good Standing/Virginia Office)
 Declined
 (Reason declined) Inactive Not in Good Standing No VA Office

X _____ Signature
 (Fax to Judy Jefferson at VBBE – (804) 367-0416)

LOCAL COUNSEL AFFIDAVIT

In accordance with Rule 1A:8(4) **Supervision of Local Counsel**, which requires Local Counsel to be an **active member in good standing** of the Virginia State Bar, whose office is located in Virginia, I provide the following information:

Local Counsel

Local Counsel Name _____

Physical Office Address

Employer _____
 Street _____
 Street 2 _____
 City _____ State _____ ZIP _____
 Phone Number _____ Fax Number _____
 Position _____
 Email Address _____

Mailing Address (if different than above)

Street _____
 Street 2 _____
 City _____ State _____ ZIP _____

I, _____, VSB No. _____, an **active member in good standing** of the Virginia State Bar, agree to serve as Local Counsel for _____ under Supreme Court of Virginia Rule 1A:8, Military Spouse Provisional Admission, and acknowledge the following responsibilities by initialing each paragraph:

- _____ Unless specifically excused from attendance by the judge, I shall personally appear with the provisionally admitted attorney on all matters before any court.
- _____ I acknowledge that I am responsible to the courts, the Virginia State Bar, the Supreme Court of Virginia, and the client for all services provided by the provisionally admitted military spouse attorney pursuant to Rule 1A:8.
- _____ I will immediately notify the Executive Director of the Virginia State Bar when the supervising relationship between the provisionally admitted attorney and me is terminated.

 Signature of Local Counsel

Commonwealth of Virginia 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 the foregoing affidavit are true and complete.

Given under my hand this _____ day of _____, _____

My commission expires on _____, _____

Registration Number (if applicable) _____

NOTARY SEAL (must be affixed)

 Notary Public