

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

In the matter of the application of _____ for a Virginia Legal Aid Counsel Certificate:

I, _____, certify that:

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

Legal Aid Society Name _____
Street _____
City _____ State _____ ZIP _____
Phone number _____ Fax number _____
Email address _____

2. I certify that _____, an applicant for a certificate to practice law as a Virginia Legal Aid Counsel under Rule 1A:9, is employed by _____, who's Virginia office is located at _____, and his/her employment became effective on _____.

3. I certify 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. I agree to immediately notify the Virginia State Bar upon the applicant no longer being employed as Virginia Legal Aid Counsel.

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)