

**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, \_\_\_\_\_, 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 \_\_\_\_\_, 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)