



VIRGINIA STATE BAR

REQUEST FOR CERTIFICATE OF GOOD STANDING AND/OR CERTIFICATE OF DISCIPLINE HISTORY FOR VIRGINIA LICENSED ATTORNEYS

**SUBMIT THIS COMPLETED FORM WITH YOUR CHECK MADE PAYABLE
TO THE TREASURER OF VIRGINIA AND A PRE-ADDRESSED, STAMPED ENVELOPE.
(SEE NOTES AND MAILING ADDRESS BELOW.)**

Name (as licensed): _____

VSF ID #: _____

Types of Certificates:

- Certificate of Good Standing.** This certificate contains your current status (active, associate, etc.; in good standing or not in good standing) of membership with the Virginia State Bar and your date of licensure in Virginia.
- Disciplinary Certificate of Good Standing** (fitness to practice has not been challenged). **NOTE:** If this certificate is being provided to anyone other than the Virginia attorney at his/her address of record with the Virginia State Bar, this request must contain the attorney's signature to authorize the release of information and must be notarized.
- Letter of Discipline History** (fitness to practice has/has not been challenged). This letter contains your current status of membership, date of licensure in Virginia and discipline history. As in #2 above, if this letter is being provided to anyone other than the Virginia attorney at his/her address of record with the Virginia State Bar, this request must contain the attorney's signature to authorize the release of information and must be notarized.

I hereby request (Additional copies, resulting from your initial request, are \$5.00 each):

		Amount Due	Amount Enclosed
<input type="checkbox"/> Certificate of Good Standing		\$20.00	_____
	# of additional copies _____	5.00 ea.	_____
<input type="checkbox"/> Disciplinary Certificate of Good Standing		25.00	_____
	# of additional copies _____	5.00 ea.	_____
<input type="checkbox"/> Letter of Discipline History		25.00	_____
	# of additional copies _____	5.00 ea.	_____
TOTAL AMOUNT ENCLOSED			\$ _____

Authorization for Release:

I hereby authorize the Virginia State Bar to search and release any information (public or private) found in my disciplinary history to the address on the enclosed envelope.

Signature _____

Date _____

Commonwealth/State of _____

In the City/County of _____

The foregoing was subscribed and sworn to before me by _____

on this _____ day of _____ 20____.

Notary Public

Commission Expiration

NOTES: Once your request is received, it will be processed and returned within two to three business days. The certificate will be mailed in the pre-addressed, stamped envelope you provide. If there is a need for an expedited certificate, please send your request with a prepaid commercial or express mail return envelope. Your request will be processed and returned within one business day. Please note that these times are approximate – not guaranteed – due to fluctuations in the number of requests received. For questions, please call the Membership Department at (804) 775-0530 or email membership@vsb.org.

Print, sign, and mail this form, your check, and a pre-addressed, stamped envelope to: Virginia State Bar, 1111 East Main Street, Suite 700, Richmond, VA 23219-3565.