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-ADDRESS, STAMPED ENVELOPE.
(SEE NOTES AND MAILING ADDRESS BELOW.)

Name (as licensed): ____________________________________________________________ VSB ID #:___________

Types of Certificates:

1. **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.

2. **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.

3. **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):

- [ ] **Certificate of Good Standing**
  - # of additional copies _____
  - Amount Due: $20.00
  - Amount Enclosed: _______

- [ ] **Disciplinary Certificate of Good Standing**
  - # of additional copies _____
  - Amount Due: 25.00 ea.
  - Amount Enclosed: _______

- [ ] **Letter of Discipline History**
  - # of additional copies _____
  - Amount Due: 25.00 ea.
  - Amount Enclosed: _______

**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.

Effective 11/20/2014