

VIRGINIA STATE BAR

Certificate of Standing Request

Submit this completed form with your check made payable to the Treasurer of Virginia and a pre-addressed, stamped envelope to Virginia State Bar, 1111 East Main Street, Suite 700, Richmond, VA 23219-0026.



To request a digital copy of the Certificate, email the completed form to membership@vsb.org. An invoice will be issued and available for payment in your member portal. After the payment has been remitted the Certificate will be emailed.

Name (as licensed): _____

VSB ID #: _____

Certificate Types:

1. **Certificate of Membership Standing.** This certificate contains your current status of membership, as defined in Part Six, § IV, ¶ 3 of the Rules of the Supreme Court of Virginia, with the Virginia State Bar and your date of licensure in Virginia. **NOTARIZATION NOT REQUIRED.**

Certificate of Standing - \$20 each (additional copies \$5 each)

TOTAL \$ _____

2. **Certificate of Disciplinary Standing .** Contains the information in #1 & the number of public & private disciplinary sanctions imposed pursuant to Part Six, § IV, ¶ 13 of the Rules of the Supreme Court of Virginia. If this certificate is provided to a third party, the request **must** contain the attorney's signature to authorize the release of information. **NOTARIZATION REQUIRED.**

Certificate of Disciplinary Standing - \$25 each (additional copies \$5 each)

TOTAL \$ _____

3. **Letter of Disciplinary Record.** Contains the information in #1 & #2 & your disciplinary record authorized for release pursuant to Part Six, § IV, ¶ 13-30 of the Rules of the Supreme Court of Virginia. If this certificate is provided to a third party, the request **must** contain the attorney's signature to authorize the release of information. **NOTARIZATION REQUIRED.**

Letter of Disciplinary Record - \$25 each (additional copies \$5 each)

TOTAL \$ _____

Attorney Signature _____

Date _____

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

NOTARY INFORMATION

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

Standard requests are processed and mailed within approximately 3 to 5 business days of receipt. Certificates are mailed using the provided pre-addressed stamped envelope. For an expedited certificate please send your request with a prepaid commercial delivery or appropriate prepaid USPS return envelope. Expedited requests are processed and mailed within approximately 2-3 business days. For questions, please call the Membership Department at (804) 775-0530 or email membership@vsb.org.