

# INSTRUCTIONS AND IMPORTANT INFORMATION

The Virginia State Bar is a mandatory bar; every person licensed by the Virginia Board of Bar Examiners must register as a member.

Please complete the attached Registration Form, save as a PDF (**Naming convention: First Name - Last Name - Date of Licensing**) and return to: REGULATORYCOMPLIANCE@VSB.ORG.

Full Name: Enter your name as you were licensed.

- (1) Official address, telephone, and email of record: This address is required. It is used for all Virginia State Bar mailings. It is public information and subject to FOIA (Freedom of Information Act). Only put a firm name if it is a firm address. You are required by Rule of Court to always keep your address of record current.
- (2) Official alternate address: You must provide a street (physical) address if your address of record is a PO Box. This address is used for bar purposes only and is not available to the public.

**ACTIVE**—For those who will be practicing Virginia law or wish to be able to practice Virginia law should the opportunity arise. (Some firms, organizations and government agencies require attorneys to be registered with the bar as active even though they are not practicing Virginia law.) You are required to register as an Active member if you are practicing Virginia law or giving any advice pertaining to Virginia law. If you choose active, you must complete the attached certification form.

**ASSOCIATE**—Associate status is inactive status. For those who are not practicing Virginia law. With this status, you cannot practice Virginia law or give any advice pertaining to Virginia law.

**JUDICIAL**—New attorneys who are appointed as **JUDGES** may choose JUDICIAL status. Do not choose active or associate membership. You **MUST** submit a copy of your appointment Order or letter with your registration form. You must immediately give written notice to the Virginia State Bar of any change in your judicial status and request a change in your membership status to the status that is appropriate for your situation.

Birthdate: 00/00/0000 (required)

License Date (Date of your letter from the Virginia Board of Bar Examiners): 00/00/0000.

Bar Exam Date (Date you sat for the exam): 00/00/0000.

All other bar licensures (state/date): Enter each state in which you are licensed along with the date you were licensed in that state. Example: FL 7/1/2013; MS 2/1/2012

Education:

Undergraduate: List name AND city/state/country of college/university.

Legal: List name AND city/state/country of law school.

Signature: Your signature.

Date: Date you signed.

**Upon receipt of your registration form, the VSB will send website login credentials to your email of record, which will allow you to access the member portal.**

# OFFICIAL REGISTRATION FORM

## VIRGINIA STATE BAR



**NOTE: EVERY person licensed by the Virginia Board of Bar Examiners is REQUIRED to register with the Virginia State Bar.** Please complete, save as a PDF (Naming convention: First Name - Last Name - Date of Licensing) and return to: [REGULATORYCOMPLIANCE@VSB.ORG](mailto:REGULATORYCOMPLIANCE@VSB.ORG). (Please allow up to 5 business days for processing.)

Full Name: \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME/SUFFIX

- (1) OFFICIAL ADDRESS, TELEPHONE AND EMAIL OF RECORD (This address is required. It is the address used for all VSB mailings and notices and is public information.)

Firm (if firm address) \_\_\_\_\_

Address \_\_\_\_\_

City State Zip Country

Please do not distribute my name or address on a membership list for other than VSB official purposes, unless such disclosure is otherwise required by law. (Pursuant to Part 6, §IV, ¶3 of the Rule of the Supreme Court of Virginia.)

Telephone: \_\_\_\_\_

Email address (required): \_\_\_\_\_

- (2) ALTERNATE ADDRESS (Must provide street (physical) address if above address is a PO Box.)

Firm (if firm address) \_\_\_\_\_

Address \_\_\_\_\_

City State Zip

Telephone: \_\_\_\_\_

Choose your status:

- I hereby register for **ACTIVE** status with the VIRGINIA STATE BAR. (You are required to answer ALL questions and sign the attached professional liability insurance & IOLTA certification forms.)
- I hereby register for **ASSOCIATE** status with the VIRGINIA STATE BAR.

I hereby register for **JUDICIAL** status. (**MUST** submit copy of Judicial appointment letter/Order)

Birthdate:     /     /     License Date:     /     /     Bar Exam Date:     /     /

All other bar licensures (state/date) \_\_\_\_\_

Education: Undergraduate \_\_\_\_\_  
(COLLEGE/UNIVERSITY NAME AND CITY/STATE/COUNTRY)

Legal \_\_\_\_\_  
(LAW SCHOOL NAME AND CITY/STATE/COUNTRY)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Upon receipt of your registration form, the VSB will send website login credentials to your email of record, which will allow you to access the member portal. (Please allow up to 5 business days for processing.)**



Virginia State Bar  
1111 E. Main Street, Suite 700  
Richmond, VA 23219  
(804) 775-0530  
RegulatoryCompliance@vsb.org

## MANDATORY CERTIFICATION REGARDING PROFESSIONAL LIABILITY INSURANCE

Name \_\_\_\_\_

### **FOR ACTIVE MEMBERS ONLY**

The professional liability insurance certification form below is required for all those registered as active status with the Virginia State Bar (see Part 6, Section IV, Paragraph 18 of the Rules of the Supreme Court of Virginia). New attorneys to the Virginia State Bar should complete and sign this form and return it to the Virginia State Bar with the official registration form. If you have questions concerning this certification, or your status in the Virginia State Bar, please contact the Regulatory Compliance-Membership Department at (804) 775-0530 or [membership@vsb.org](mailto:membership@vsb.org).

### **INSTRUCTIONS/HELPFUL HINTS**

**Virginia attorneys are not required to have malpractice insurance** but are required to tell us whether they have it or not.

Answer the questions as they pertain to your current situation. If your answers change in the future, submit an updated form to [membership@vsb.org](mailto:membership@vsb.org).

You are **REQUIRED** to answer **ALL** questions either "Yes" or "No."

Question #2. If you answer "Yes" to question #2, you **MUST** answer question #2(a).

Question #2(a). If you answer "No" to question #2, you may skip #2(a) and go to question #3.

Question #3. Virginia attorneys are not required to have malpractice insurance but are required to tell us whether they have it or not. You **MUST** answer "Yes" or "No" to this question.

**MANDATORY CERTIFICATION REGARDING PROFESSIONAL LIABILITY INSURANCE** – As required by Supreme Court Rules Part 6, Section IV, Paragraphs 18 and 19—ALL ACTIVE members (including attorneys changing to active status) must ANSWER the following questions.

1. Are there any unsatisfied legal malpractice judgments against you or any professional entity arising from your performance of legal services? (If you answered yes, you must attach a list to this form.)  Yes  No
2. Are you engaged in the private practice of law representing clients drawn from the public? (If you answered yes, answer question 2(a). If you answered no, skip to question 3.)  Yes  No
  - 2(a). Do you intend to maintain professional liability insurance coverage during the time you remain in private practice?  Yes  No
3. Are you currently covered by professional liability insurance, other than an extended reporting endorsement?  Yes  No

**If you are currently covered by a professional liability insurance policy, you are required to notify the Virginia State Bar in writing within 30 days of any coverage lapse or termination.**

03/2026



Virginia State Bar  
1111 E. Main Street, Suite 700  
Richmond, VA 23219  
(804) 775-0530  
RegulatoryCompliance@vsb.org

Name:

## IOLTA CERTIFICATION

Pursuant to Part 6, Section IV, Paragraph 20 of the Rules of the Supreme Court of Virginia, Active Members of the VSB must certify compliance with the Rule. Select one of the following:

1. I certify that I am engaged in the private practice of law in Virginia, and that I deposit client funds (or my firm\* does so on my behalf) in an identifiable interest-bearing trust IOLTA trust account in Virginia in compliance with the Rule.

\*Enter your firm name here regardless of who deposits client funds:

\*Enter your bank name here regardless of who deposits client funds:

\*Enter second approved bank you use due to FDIC limits:

**OR**

2. I certify that I am exempt from the requirement to maintain an IOLTA account in Virginia because of one of the following:

a. I or my firm already maintain(s) an IOLTA account in a neighboring, contiguous state or jurisdiction

b. Neither I nor my firm maintain an office in Virginia. I work for a firm based in another state or jurisdiction, and my firm maintains an IOLTA account in that state or jurisdiction

3. Enter firm under which IOLTA account is held:

4. Enter state or jurisdiction in which IOLTA account is held:

**OR**

3. I certify that I am exempt from the requirement to maintain an IOLTA account in Virginia because of one of the following:

a. I never receive client funds that would require the establishment of a trust account

b. I am not engaged in the practice of law in Virginia, do not receive client funds in Virginia, nor do I receive funds from Virginia Clients

c. I am either a government attorney or military attorney

Signature:

Date:

**Legal Services Corporation of Virginia (LSCV) administers Virginia's IOLTA program. All questions regarding IOLTA should be directed to LSCV ([www.lscv.org](http://www.lscv.org)).**