

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF VIRGINIA**

**APPLICATION TO QUALIFY AS AN ATTORNEY FOR THE  
UNITED STATES BANKRUPTCY COURT FOR THE  
EASTERN DISTRICT OF VIRGINIA**

**PERSONAL STATEMENT**

Full name: \_\_\_\_\_  
Residence address: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Office address: \_\_\_\_\_  
Office telephone no: \_\_\_\_\_  
Office Email Address: \_\_\_\_\_  
Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Legal education (including degrees): \_\_\_\_\_ State Bar No: \_\_\_\_\_  
Dates and places of practice: \_\_\_\_\_  
Principal Division of Practice: \_\_\_\_\_

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I was qualified to practice in the Supreme Court of Virginia on \_\_\_\_\_.

I will keep the Court informed of any changes in the above personal information.

I have not been reprimanded in any court nor has there been any action in any court pertaining to my conduct or fitness as a member of the bar.

I am a member in good standing of the Bar of the United States District Court for the Eastern District of Virginia.

I am a member in good standing of the Virginia State Bar and have paid all necessary license fees.

I have read the Federal Rules of Civil Procedure, the Federal Rules of Evidence, the Rules of Bankruptcy Procedure and the Local Rules of the United States Bankruptcy Court for the Eastern District of Virginia within the past ninety days.

I hereby swear (or affirm) under the penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
[Sign name as it will appear on future pleadings filed with the Court]

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**ENDORSEMENT**

We, the undersigned, do certify that we are members of the bar of this Court; are resident practitioners within the Commonwealth of Virginia; we know the applicant personally; the said applicant possesses all of the qualifications for the practice of bankruptcy law; and that we have examined the applicant's personal statement. We affirm that his (her) personal and professional character is good. [Local Rule 2090-1(C)]

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_