



**CERTIFICATION OF QUALIFYING GOVERNMENT EMPLOYMENT  
UNDER LOCAL BANKRUPTCY RULE 2090-1(E)(4)(a)**

Full Printed Name (First, Middle, Last): \_\_\_\_\_

Qualifying Government Employment (please check the applicable box):

- Federal government attorney appearing pursuant to the authority of the United States Attorney's Office for the Eastern District of Virginia
- Federal government attorney appearing pursuant to the authority of the United States Trustee for Region 4

Office Address: \_\_\_\_\_

Office Telephone No.: \_\_\_\_\_ Office Email Address: \_\_\_\_\_

State(s) of License and Bar Number(s): \_\_\_\_\_

Principal Division of Practice:  Alexandria  Richmond  Norfolk/Newport News

I certify that I am currently employed as stated above and may appear in this Court in performance of my official duties as provided under Local Bankruptcy Rule 2090-1(E)(4)(a)(i) or (ii).

I further certify that I am a member in good standing of the Bar of my state(s) and have paid all necessary license fees.

*[If applicable]* I understand that my ability to practice in this Court in performance of my official duties as a Federal government attorney appearing pursuant to the authority of the United States Trustee for Region 4 excludes the filing of a notice of appeal or litigation of an appeal from a judgment, order or decree from this Court unless I am authorized to practice law in the court to which the appeal is taken.

I hereby swear (or affirm) under the penalty of perjury that the foregoing is true and correct. I understand that falsification of this certification may result in sanctions, including suspension of my privilege to practice before the United States Bankruptcy Court for the Eastern District of Virginia.

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