

**VERIFICATION OF RECIPROCITY FORM**

STATE of \_\_\_\_\_/DISTRICT OF COLUMBIA:

I, \_\_\_\_\_, Justice/Judge or other proper official (title) \_\_\_\_\_  
of the State of \_\_\_\_\_/District of Columbia, do hereby certify that  
\_\_\_\_\_ was admitted to practice law before the Court  
of last resort in said State/District on \_\_\_\_\_ (m/d/yyyy).

I further certify that attorneys from the Commonwealth of Virginia [ ] are; [ ] are not (Check one)  
admitted to practice law on motion or reciprocity in this State/District without requiring a written bar examination,  
provided other requirements of this jurisdiction are met.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

**PLEASE NOTE: If the foregoing form is "signed" by a Justice/Judge using a stamped signature, as opposed to an original signature, the Clerk of Court must complete the following:**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_,  
do hereby certify that \_\_\_\_\_,  
whose name is stamped on the foregoing certificate, is a Justice/Judge of the Court of last resort of the State of  
\_\_\_\_\_/District of Columbia, and that the foregoing represents his/her true and  
genuine signature.

By my hand and the seal of said court, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

(SEAL)