



**Criminal Defense Section
Membership Form**

Name _____

Firm _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Does your criminal defense practice include work as a court-appointed public defender? Yes No

If yes, percentage of practice that includes public defender services _____

Does your practice include work as a court-appointed guardian ad litem? Yes No

If yes, percentage of practice that includes public defender services _____

In which counties do you provide court-appointed services?

Consumer Law Section Certification (initial each and sign)

_____ I certify that my practice—and the practice of the firm with which I am affiliated—does not include insurance defense, the representation of commercial defendants in consumer law cases and/or the representation of other interests who have harmed consumers through abusive and fraudulent practices.

- I request a waiver from this certification, and I have attached a written statement outlining why I believe the waiver should be granted.

_____ I understand that the information shared on the West Virginia Association for Justice Criminal Defense Law Section listserv is confidential and should not be forwarded or shared without the express consent of the author.

Signed _____ Date _____

**Send your completed form to debra.lee@wvaj.org; fax to (304)343-7926 or
mail to: WVAJ, P. O. Box 3968, Charleston, West Virginia 25339**