



WEST VIRGINIA
ASSOCIATION *for*
JUSTICE

**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, what percentage of your practice is public defender services? _____

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

If yes, what percentage of your practice is court-appointed guardian ad litem services? _____

In which counties do you provide court appointed services?

Criminal 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 the defense of personal injury claims; wrongful death claims; the representation of insurance and commercial defendants; and/or the representation of other interests adverse to civil plaintiffs and the mission of the West Virginia Association for Justice.

- I request a waiver from this certification and have attached a written statement outlining why I believe such a 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 written consent of the author.

Signed _____ Date _____

- I understand that checking this box constitutes a legal signature

Email your completed form to debra.lee@wvaj.org or fax to (304)343-7926