

IN THE SUPREME COURT OF THE UNITED STATES VIRGIN ISLANDS

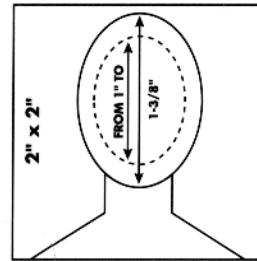


IN THE MATTER OF THE APPLICATION OF:

S. Ct. BA. No. _____

(Applicant's Legal Name)

FOR LIMITED PERMISSION TO PRACTICE AS
IN-HOUSE COUNSEL.



APPLICATION FOR LIMITED PERMISSION TO PRACTICE AS IN-HOUSE COUNSEL PURSUANT TO VISCR 202.1

TO THE APPLICANT:

All responses provided must be typed and electronically filed using the Supreme Court of the Virgin Islands' Electronic Filing System (VISCEFS) in accordance with VISCR 40.

TO THE SUPREME COURT OF THE VIRGIN ISLANDS:

The undersigned hereby applies for limited permission to practice as in-house counsel pursuant to VISCR 202.1, and in support of such application submits the following statement under oath or affirmation and the accompanying affidavits and other papers.

A. PERSONAL INFORMATION

1. State Name in Full:

FIRST MIDDLE LAST SUFFIX (JR., III)

Date of birth:
(mm/dd/yyyy)

Social Security Number:

[Furnishing your Social Security Number (SSN) is voluntary pursuant to the Federal Privacy Act of 1974. Your SSN will be used for purposes of investigation and verification and will help avoid errors of identity which might introduce problems and delays into the certification process.]

2. Place of Birth:

CITY STATE COUNTRY

3. Please provide all other names(s)/aliases by which you were/are known by separated by commas:

In Re: _____

(Applicant's first initial and Last Name)

4. Personal address

RESIDENTIAL ADDRESS

MAILING ADDRESS

TELEPHONE NUMBER: _____

ALTERNATE TELEPHONE NUMBER: _____

FAX NUMBER

ALTERNATE FAX NUMBER

E-MAIL ADDRESS

ALTERNATE E-MAIL ADDRESS

B. EMPLOYMENT INFORMATION

1. Name of Employer

EMPLOYMENT START DATE: _____

2. Employer's Mailing Address

3. Employer's Physical Address (If same as above, please so state.)

4. Telephone/Fax/Email Contact Information

EMPLOYER'S TELEPHONE NUMBER: _____ EMPLOYER'S ALTERNATE TELEPHONE NUMBER: _____

EMPLOYER'S FAX NUMBER

EMPLOYER'S ALTERNATE FAX NUMBER

EMPLOYER'S E-MAIL ADDRESS

EMPLOYER'S ALTERNATE E-MAIL ADDRESS

5. Applicant's Employment Information

Mailing Address _____

PHYSICAL ADDRESS: (If same as above, please so state.)

TELEPHONE NUMBER: _____ ALTERNATE TELEPHONE NUMBER: _____

FAX NUMBER: _____ ALTERNATE FAX NUMBER: _____

PROFESSIONAL E-MAIL ADDRESS

PROFESSIONAL ALTERNATE E-MAIL ADDRESS

(Applicant's first initial and Last Name)

C. ADMISSION INFORMATION

Pursuant to VISCR 202.1(b), applicants for a Virgin Islands Certificate of Limited Practice as In-House Counsel shall file documents proving admission to practice in at least one United States jurisdiction **and** current Certificate(s) of Good Standing for **all** jurisdictions in which the lawyer is admitted to practice law.

1. Please list the names of the jurisdictions in which you have been admitted.

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JURISDICTION NAME	(mm/dd/yyyy)	BAR ID NO.	Active	Inactive	Suspended	Resigned	Disbarred
	DATE OF ADMISSION						
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JURISDICTION NAME	(mm/dd/yyyy)	BAR ID NO.	Active	Inactive	Suspended	Resigned	Disbarred
	DATE OF ADMISSION						
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JURISDICTION NAME	(mm/dd/yyyy)	BAR ID NO.	Active	Inactive	Suspended	Resigned	Disbarred
	DATE OF ADMISSION						
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JURISDICTION NAME	(mm/dd/yyyy)	BAR ID NO.	Active	Inactive	Suspended	Resigned	Disbarred
	DATE OF ADMISSION						

- 2. Please attach additional sheets if you are supplying information for additional jurisdictions.
- 3. Please attach certified documentation evidencing admission to practice **in at least one** United States jurisdiction.
- 4. Please attach a current Certificate of Good Standing from **each** jurisdiction to which you are admitted. **Please note** that the Certificate of Good Standing should not be issued no longer than 30 days prior to filing the application for a Virgin Islands Certificate of Limited Practice as In-House Counsel. Please file an original Certificate of Good Standing. For every jurisdiction of admission, an applicant is required to file a Certificate of Good Standing bearing the original seal of the highest court of the jurisdiction in which admitted as an attachment that evidences the status of their admission. Certification from the state bar association will not be accepted.
- 5. **Inactive or Resignations:** If an applicant is an inactive member or have resigned from a state bar, a separate explanation must be provided for each jurisdiction. The effective date(s) must be provided when inactive status was received or the effective date(s) of resignation and the reason therefore. Additionally, a letter from the State Bar Association, the Office of Disciplinary Counsel, Disciplinary Board or the designated agency must be submitted as an attachment certifying that from the time of resignation or withdrawal, the applicant has not been subject to any disciplinary proceedings.
- 6. If your bar membership is not in good standing in any jurisdiction to which you were admitted, please attach a statement explaining those circumstances.

In Re: _____
(Applicant's first initial and Last Name)

D. APPLICANT'S STATEMENT OF ACKNOWLEDGMENT

I, _____, the undersigned applies to the Supreme Court of the Virgin Islands for permission to practice as in-house counsel in accordance with VISCR 202.1 and in support of such application submits the following sworn statement and attachments. I acknowledge that my application is a continuing application and I will notify the Director of Bar Admissions of any changes in any information provided herein.

I hereby acknowledge that all responses provided on the Application for Virgin Islands Certificate of Limited Practice as In-House Counsel must be typed and electronically filed using the Supreme Court of the Virgin Islands Electronic Filing System (VISCEFS) in accordance with VISCR 40.

I have read VISCR 202.1, governing my admissions; VISCR 211 that governs professional responsibility and discipline of members of the Virgin Islands Bar and shall respectfully show unto the Court and allege the information in support of my application.

Signature: _____ Date: _____

IN THE SUPREME COURT OF THE UNITED STATES VIRGIN ISLANDS



IN THE MATTER OF THE APPLICATION OF:

(Applicant's Legal Name)

S. Ct. BA. No. _____

FOR LIMITED PERMISSION TO PRACTICE AS
IN-HOUSE COUNSEL.

AFFIDAVIT OF APPLICANT

STATE/TERRITORY OF _____)

) ss.:

COUNTRY (CITY) OF _____)

I, _____,

being first duly sworn, on oath or affirmation, do hereby depose and say:

1. I am over the age of twenty-one years, having been born on the ____ day of _____, _____.
2. I am a person of good moral character.
3. I have / have not been disbarred, suspended or sanctioned, or have been reinstated or exonerated, and who is not under pending disciplinary action, by any State, District, Territorial, Federal, or foreign jurisdiction.
(Please select one)
4. I have / have not read Rule 202.1 of the Virgin Islands Supreme Court Rules in its entirety; and
(Please select one)
5. I have / have not read VISCR 202.1(c), which establishes the limited authority to practice while an application is pending and fully understand that pursuant to VISCR 202.1(c), that during the period in which my application for a Virgin Islands Certificate of Limited Practice is pending with the Supreme Court of the Virgin Islands, I may be employed in the Virgin Islands as an in-house counsel on a provisional basis by the employing entity whose affidavit is filed pursuant to Rule 202.1(b)(4); and
(Please select one)
6. I have / have not read VISCR 202.1(d), which establishes the scope of authority, and fully understand that a lawyer certified under the Rule shall have the rights and privileges otherwise applicable to members of the Virgin Islands Bar with restrictions as established in VISCR 202.1(d); and
(Please select one)

(Handwritten Initials Required)

In Re: _____

(Applicant's first initial and Last Name)

(Please select one)

7. I have / have not read VISCR 202.1(d)(3), and fully understand that notwithstanding Rule 202.1(c), I may participate in the provision of any and all pro bono legal services the Virgin Islands offers under the auspices of an organized legal aid society recognized by the Virgin Islands Access to Justice Commission, provided that I am supervised by a regular member of the Virgin Islands Bar who is also working on the pro bono representation; and

(Please select one)

8. I have / have not read VISCR 202.1(d)(4), and fully understand that notwithstanding this limited pro bono exception that if I am issued a Virgin Islands Certificate of Limited Practice as In-house Counsel I may not hold myself out as a Virgin Islands attorney, including using the "Esq." honorific or the "attorney" or "counsel" titles, without disclosing that I have been only issued a Virgin Islands Certificate of Limited Practice as In-house Counsel; and

(Please select one)

9. I have / have not read VISCR 202.1(e), which establishes the obligations that a lawyer certified under VISCR 202.1 must adhere to and fully understands the provision of said Rule; and

(Please select one)

10. I have / have not read VISCR 202.1(f), which establishes the local discipline for certified in-house counsel and fully understand that I am subject to all laws and rules governing the practice of law in the Virgin Islands, including the Virgin Islands Rules of Professional Conduct and the Virgin Islands Rules for Attorney Disciplinary Enforcement; and

11. I fully understand that pursuant to VISCR 202.1(f), the Supreme Court of the Virgin Islands the Office of Disciplinary Counsel, the Board of Professional Responsibility and the Board of the Unauthorized Practice of Law has and shall retain jurisdiction over the certified in-house counsel with respect to the conduct of the lawyer in this or another United States jurisdiction to the extent as it has over lawyers regularly admitted in the Virgin Islands, and such jurisdiction shall continue whether or not the lawyer retains the Virgin Islands Certificate of Limited Practice as In-house Counsel and irrespective of the lawyer's continued presence in the Virgin Islands; and

(Please select one)

12. I have / have not read VISCR 202.1(g), which governs automatic termination and fully understand that a certified in-house counsel's rights and privileges may be automatically terminated in accordance with the provisions of said Rule; and

(Please select one)

13. I have / have not read VISCR 202.1(h), (i) and (j) which governs the reinstatement, subsequent admission and regulations of a person licensed as an in-house counsel under VISCR 202.1; and

(Please select one)

14. I have / have not provided complete and truthful statements in all my responses for my application for limited permission to to practice as in-house counsel.

Signature: _____

Date: _____

Subscribed and sworn before me this _____ day of _____, in the year _____.

(Affix seal or stamp)

Notary Public

Commission:

IN THE SUPREME COURT OF THE UNITED STATES VIRGIN ISLANDS



IN THE MATTER OF THE APPLICATION OF:

(Applicant's Legal Name)

S. Ct. BA. No. _____

FOR LIMITED PERMISSION TO PRACTICE AS
IN-HOUSE COUNSEL.

AFFIDAVIT OF EMPLOYING ENTITY

(To be signed by an officer, director, or general counsel of the applicant's employer)

STATE/TERRITORY OF _____)

) ss.:

COUNTRY (CITY) OF _____)

I, _____,
of _____, state under oath or
(Official Business Name)

affirmation that I am affiliated with the aforementioned entity as:

(Please select as appropriate)

An Officer

A Director

General Counsel

As fully established in Virgin Islands Supreme Court Rule 202.1(b)(4), and as such provides the following information under oath:

- 1) I have read VISCR 202.1 in its entirety; and
- 2) I have reviewed the information set forth in the foregoing application of: _____, who is the
(Applicant's Legal Name)
applicant in the instant matter for limited permission to practice as in-house counsel; and
- 3) _____, commenced
(Applicant's Legal Name)
employment/will commence employment on _____,
(mm/dd/yyyy)
with _____ in the United States
(Official Business Name)
Virgin Islands, as _____
(Applicant's Employment Position Title)

(Handwritten Initials Required)

In Re: _____
(Applicant's first initial and Last Name)

- 4) The nature of the applicant's employment by Employer conforms entirely with the requirements of VISCR 202.1.

- 5) I believe that the foregoing information provided in the application is true and correct.

Signature: _____

Date: _____

Subscribed and sworn before me this _____ day of _____, in the year _____.

Notary Public

(Affix seal or stamp)

Commission:



Supreme Court of the Virgin Islands

COMMITTEE OF BAR EXAMINERS

HON. GEOFFREY W. BARNARD
Chairman

Execute Three Original Copies

V.I. COMMITTEE OF BAR EXAMINERS
AUTHORIZATION AND RELEASE

I, _____, having filed an application for limited permission to practice as an in-house counsel with the V.I. Committee of Bar Examiners in the Territory of the Virgin Islands, hereby authorize and give my consent to the V.I. Committee of Bar Examiners, (hereinafter referred to as the "Committee") to conduct an investigation into my moral character and fitness to practice law and to make inquiries and request such information from third parties as in the sole discretion of the Committee is necessary to such investigation. I further authorize the use of any such information in the course of the Committee's investigation and evaluation of my moral character and fitness.

I authorize and request every person, firm company, corporation, school, employer (past or present) governmental agency, court, association, institution, or other third party having any opinion of me or knowledge or control of any information, document, record (including, but not limited to, criminal history, record information, or medical records), or other data pertaining to me, to reveal, furnish, and release to the Committee, or any of its agents or representatives, any such opinion, knowledge, information, document records or other data. Without limiting the previously described authority, I specifically authorize the release of files of any professional association regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, as well as all undergraduate, graduate, or professional school records relating to my admission to, and conduct during, my enrollment in such schools. I hereby authorized all such persons as set forth above to answer any inquiry, question or interrogatory concerning me which may be submitted to them by or on behalf of the Committee and to appear before the Committee and to give full and complete testimony concerning me, including any information furnished by me. I further waive absolutely any privileges I may have which are applicable to any documents or information sought from you pursuant to this authorization and release.

I hereby release, discharge and hold harmless the Committee, its agents or representatives (including but not limited to expert witnesses or evaluators consulted or used by the Committee or its staff in the course of its investigation), and any person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party, and their agents, from any and all liability of every nature and kind arising out of the furnishing, inspection and use of such opinions, knowledge, documents, records or other data.

A photocopy of this authorization shall be accepted with the same validity as the original.

Signature of the Applicant

SUBSCRIBED AND SWORN TO BEFORE
ME ON ____ DAY OF _____,
_____.

(SEAL)

(NOTARY PUBLIC)
My Commission expires:



Supreme Court of the Virgin Islands

COMMITTEE OF BAR EXAMINERS

HON. GEOFFREY W. BARNARD
Chairman

Execute Three Original Copies

V.I. COMMITTEE OF BAR EXAMINERS
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I authorize and request every person, firm company, corporation, school, employer (past or present) governmental agency, court, association, institution, or other third party having any opinion of me or knowledge or control of any information, document, record (including, but not limited to, criminal history, record information, or medical records), or other data pertaining to me, to reveal, furnish, and release to the Committee, or any of its agents or representatives, any such opinion, knowledge, information, document records or other data. Without limiting the previously described authority, I specifically authorize the release of files of any professional association regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, as well as all undergraduate, graduate, or professional school records relating to my admission to, and conduct during, my enrollment in such schools. I hereby authorized all such persons as set forth above to answer any inquiry, question or interrogatory concerning me which may be submitted to them by or on behalf of the Committee and to appear before the Committee and to give full and complete testimony concerning me, including any information furnished by me. I further waive absolutely any privileges I may have which are applicable to any documents or information sought from you pursuant to this authorization and release.

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A photocopy of this authorization shall be accepted with the same validity as the original.

Signature of the Applicant

SUBSCRIBED AND SWORN TO BEFORE
ME ON ____ DAY OF _____,
_____.

(SEAL)

(NOTARY PUBLIC)

My Commission expires:



Supreme Court of the Virgin Islands

COMMITTEE OF BAR EXAMINERS

HON. GEOFFREY W. BARNARD
Chairman

Execute Three Original Copies

V.I. COMMITTEE OF BAR EXAMINERS
AUTHORIZATION AND RELEASE

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I hereby release, discharge and hold harmless the Committee, its agents or representatives (including but not limited to expert witnesses or evaluators consulted or used by the Committee or its staff in the course of its investigation), and any person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party, and their agents, from any and all liability of every nature and kind arising out of the furnishing, inspection and use of such opinions, knowledge, documents, records or other data.

A photocopy of this authorization shall be accepted with the same validity as the original.

Signature of the Applicant

SUBSCRIBED AND SWORN TO BEFORE
ME ON ____ DAY OF _____,
_____.

(SEAL)

(NOTARY PUBLIC)
My Commission expires:

FORM 1 V.I.

TO THE APPLICANT: Please complete this form if you move during the pendency of your application. This form must be electronically filed through the Virgin Islands Supreme Court Electronic Case Filing System (VISCEFS) in accordance with VISCR 40.

In Re: _____
(Applicant's Full Name)

S. Ct. BA. No.:

**NOTICE OF CHANGE OF BAR APPLICANT
CONTACT INFORMATION**

Please update my contact information with the following information:

Change in Telephone Number

Change in Address

*Please indicate the type of address
Change (i.e. employment, residence,
etc.)*

Additional Comments:

Applicant's signature must be affixed to the form in accordance with VISCR 40.4:

Signature:

FORM 2 V.I.

(Additional Response(s) to the Application)

TO THE APPLICANT: Please complete this form if you move during the pendency of your application. This form must be electronically filed through the Virgin Islands Supreme Court Electronic Case Filing System (VISCEFS) in accordance with VISCR 40.

In Re: _____
(Applicant's Full Name)

S. Ct. BA. No.:

Additional Response to Question No: _____

Applicant's signature must be affixed to the form in accordance with VISCR 40.4:

Signature: _____

Date:

MM DD YEAR

