



CERTIFICATE of GOOD STANDING REQUEST FORM

For Official Use Only

SCT-COG _____

PLEASE NOTE: All requests for Certificates of Good Standing must be electronically filed through the Virgin Islands Judiciary Electronic Filing System (VIJEFS).

ATTORNEY INFORMATION

VIBA Identification Number:

Full Name: _____

Law Firm/Business Name: _____

Telephone Numbers: Main: _____ Fax: _____

Law Firm/Business Address: _____

TYPE OF CERTIFICATE (Please select the type and provide the quantity being requested.)

Please issue a **Regular Admissions** Certificate of Good Standing.

Total amount of Certificates being requested:

Please issue a **Special Admissions** Certificate of Good Standing.

Total amount of Certificates being requested:

Please issue a **Pro Hac Vice Admissions** Certificate of Good Standing.

Total amount of Certificates being requested:

PAYMENT INFORMATION (Please select the method of payment)

Payment tendered via credit card through the VIJEFS.

Payment will be tendered in person within seven (7) days of filing the request at the Supreme Court of the Virgin Islands' facilities.

Please note: All Checks should be made payable to the "Supreme Court of the Virgin Islands."

DELIVERY INFORMATION (Please select the method of delivery)

Please mail the Certificate(s) to the above listed address. **Please note** Certificates are mailed via the USPS Certified Return Receipt service.

Please contact the attorney when the Certificate is ready for pickup.

Please forward to the following address:

Attention: _____

Requesting Attorney's signature must be affixed to the form.

SIGNATURE: _____

Date: _____
MM | DD | YEAR