

**IN THE SUPERIOR COURT OF THE VIRGIN ISLANDS
DIVISION OF _____**

REQUEST FOR ATTORNEY CERTIFICATION

TO: VENETIA VELAZQUEZ, ESQ.
CLERK OF THE COURT

FROM: NAME: _____(PRINT /TYPE)
ADDRESS: _____

EMAIL ADDRESS _____
PHONE: _____

I, _____, Esq., hereby requests that the Court conduct a search of its records and issue an official Attorney Certification indicating the cases before the Court, if any, in which I am indicated as attorney of record.

METHOD OF DELIVERY: INDICATE HOW THE DOCUMENTATION IN RESPONSE TO THIS RESPONSE IS TO BE DELIVERED:

_____ E-file certification with the Supreme Court, in the following case number:

BA _____

_____ To be held for pick up in the Clerk's Office

_____ Mail to address indicated above

_____ Email to address provided

Signature: _____

Date: _____