

IN THE SUPERIOR COURT OF THE VIRGIN ISLANDS
DIVISION OF _____

REQUEST FOR ATTORNEY CERTIFICATION

TO: TAMARA CHARLES
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:

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

_____ Mail to address indicated above

_____ Email to address provided

Signature: _____

Date: _____