

Virginia Criminal Sentencing Commission

100 North Ninth Street • Richmond, Virginia 23219 • Tel. 804.225.4398 • FAX 804.786.3934

Application for Fee Waiver

This form does not apply to Commonwealth's attorneys, public defenders, probation staff, or judicial/state employees, as fees are

Applicant Information		automatically waived for those groups.	
Name			
Address _			
City	Stat	e	_ Zip
Office Pho	ne Cell Phone	•	
E-mail			
Date admit	tted to the Virginia State Bar	Во	r#
Have you e	ever attended a training seminar sponsored by No If yes, in what year did you last		•
Practice			
What percentage of your practice involves indigent defense work?			
What percentage of your practice involves criminal defense (all areas)?			
How many	attorneys in your firm are primarily engaged (Full-time attorney = 1 attorney Part-time		
During the Yes	previous calendar year, did you gross \$80,00	00 or more	from criminal defense practice?
Type of As	ssistance Requested		
Senter	ncing Guidelines Mobile Manual		
☐ Trainir	Introduction to Sentencing Guidelines Sentencing Guidelines Knowledge &	•	•
Other Info	rmation		
Is there any	ything else relevant to the application that you	would like	the Commission to know?
Disclaimer	and Signature		
I certify tha	at my answers are true and complete to the best	of my knov	rledge.
Signature			Date
Please sub	omit completed application		
Mail	Virginia Criminal Sentencing Commission 100 North Ninth Street	E-mail Fax	vguidelines@vacourts.gov (804) 786-3934

Evaluation Criteria

Richmond, VA 23219

- Percentage of practice focusing on indigent defense cases
- Financial need of applicant (especially for new or solo practitioners)

Fax