V I R G I N I A:

IN THE FAIRFAX COUNTY GENERAL DISTRICT COURT

COMMONWEALTH OF VIRGINIA

COUNTY OF FAIRFAX

vs.

_____

Defendant

Docket No.(s): _____

☐ Fairfax County ☐ Town of Herndon ☐ Town of Vienna

Court Date: _____ **Time:** _____

Officer Name: _____

APPEARANCE OF COUNSEL

The Court will please note the appearance of the undersigned as Counsel for the Defendant in the above styled matter.

PRINT:_____

Name of Counsel (***Please Print Legibly)***

_____

Counsel's Signature **VA State Bar I.D. #**

_____

Address

_____

Date

_____

City State

_____

Telephone

_____

Email Address

☐ **Retained** ☐ **Court-Appointed**

☐ **Public Defender**

This form may be submitted by
Email: **gdcmail@fairfaxcounty.gov;**
Mail: **4110 Chain Bridge Road, Fairfax, VA, 22030;**
Hand-Delivery: **Criminal – Room 210, Traffic – Room 204; or**
Fax (Traffic cases only): **to (703) 352-7581.**

FOR CLERK USE ONLY:
Public Defender/Court Appointed Attorney: _____
notified that services are no longer required.
❑ By Phone: Spoke with: _____
❑ By Mail

_____ _____
Deputy Clerk Date

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