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): _____

Court Date: _____

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)***

_____
Address

_____
City State

☐ **Retained** ☐ **Court-Appointed**

☐ **Public Defender**

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

_____
Date

_____
Telephone

This form may be submitted through gdcmail@fairfaxcounty.gov, mailed to: 4110 Chain Bridge Road, Fairfax, VA 22030, delivered in person, or faxed *(Traffic cases only)* to (703) 352-7581.

Appearance of Counsel
(Rev. 10/06)

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