

Board of Law Examiners

STATE OF WEST VIRGINIA

City Center East, Suite 1200 B
4700 MacCorkle Ave., SE
Charleston, WV 25304
Phone (800) 841-6212 OR (304) 558-7815

AFFIDAVIT OF ACTIVE PRACTICE

I do hereby swear that I have actively practiced law for five of the seven years next preceding my application for admission without examination to the practice of law in the State of West Virginia and that I have every intention of practicing law in the State of West Virginia following my admission to this jurisdiction.

_____ Date _____ Signature of Applicant

STATE OF _____

COUNTY OF _____

TO WIT:

On _____, 20____, before me a Notary Public of such State and County, appeared

_____ who is the individual who executed this Affidavit of Active Practice and swore that he/she has read this Affidavit of Active Practice and understands its content.

Subscribed and sworn to before me this the _____ day of _____,

20 _____. My commission expires on _____.

NOTARY PUBLIC

(SEAL)

DESCRIPTION OF ACTIVE PRACTICE

Please account for all legal employment, following your admission to practice, with exact dates (to the best of your recollection) and detailed descriptions of duties, for up to seven years next preceding your application. Account for any period of time that you were unemployed, and provide an explanation for that time period. Attach additional second sheets as needed.

Please Print

Employer _____

Job Title _____

Job Description (be specific) _____

From Month/Day/Year _____ To Month/Day/Year _____ Total Months _____

Did this position require that you be an attorney? Yes No

Employer _____

Job Title _____

Job Description (be specific) _____

From Month/Day/Year _____ To Month/Day/Year _____ Total Months _____

Did this position require that you be an attorney? Yes No

Employer _____

Job Title _____

Job Description (be specific) _____

From Month/Day/Year _____ To Month/Day/Year _____ Total Months _____

Did this position require that you be an attorney? Yes No

Employer _____

Job Title _____

Job Description (be specific) _____

From Month/Day/Year _____ To Month/Day/Year _____ Total Months _____

Did this position require that you be an attorney? Yes No