

## **West Virginia Board of Law Examiners**

## **Affidavit of Active Practice**

Submit with original signatures. Do not send a copy.

I do hereby swear that I have actively practiced law for five of the seven years preceding my application for admission by reciprocity 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.

Applicant Signature/Date	
State of	
County of	
Signed and acknowledged before me on	{{Date}}
Ву	{Print name of individual making statement}
	{Signature of notarial officer}
	{Title of office}
	{Notary seal/stamp}
My commission expires	{Date}
Please account for all legal employment FOLLO	PTION OF ACTIVE PRACTICE  DWING YOUR ADMISSION TO PRACTICE AS A <u>LICENSED</u>
ATTORNEY with exact dates of employment	(mm/dd/yyyy) and detailed description of duties, for up to seven for any period of time that you were unemployed and provide an
Employer	
Job Title	
Job Description	
From/ To/ (mm/dd/yyyy) (mm/dd/yyyy)	Total Months
Did this position require that you be an attor	rney? □ Yes □ No

	Affidavit of Active Practice (2) - copy page if neede
Employer	
Job Title	
Job Description	
From/ To/ Total Months  (mm/dd/yyyy) (mm/dd/yyyy)	
Did this position require that you be an attorney? $\Box$ Yes $\Box$ No	
Employer	
Job Title	
Job Description	
From// To// Total Months	
Did this position require that you be an attorney? $\square$ Yes $\square$ No	
Employer	
Job Title	
Job Description	

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

Total Months\_\_\_\_\_