

**OFFICE OF THE EXECUTIVE SECRETARY  
OF THE SUPREME COURT OF VIRGINIA**

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**CERTIFICATION OF APPELLATE LITIGATION EXPERIENCE  
FOR APPELLATE MEDIATION CERTIFICATION**

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**Please complete the fields below.**

Applicant Name			
<b>Litigation Date(s)</b>	<b>Parties' Names</b>	<b>Issues Involved (Note if Equitable Distribution)</b>	<b>Appellate Court</b>

Litigation Date(s)	Parties' Names	Issues Involved (Note if Equitable Distribution)	Appellate Court

**By my signature below I certify:**

**I litigated the appellate cases listed above. I understand that a materially false statement shall be subject to appropriate disciplinary action.**

**MEDIATOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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