

**CUA Criminal Defense Clinic – Arlington County  
Fall Semester Pre-Registration Form**

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NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I plan to enroll in this clinic \_\_\_\_\_ (list semester and year).

I am currently a (circle one): 2D    2E    3D    3E    4E

**Other Clinic Participation and/or Applications:**

Have you participated in any other internal/external Clinics? Y/N

If yes, please list which one(s) \_\_\_\_\_

Have you applied to any other internal/external Clinics? Y/N

If yes, please list your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> preferences \_\_\_\_\_

**Other Relevant Experiences:**

Do you have any prior experiences working for or with a prosecutor's office or office of the public defender? Y/N

If yes, please provide an attachment explaining your prior experience(s).

**Statement of Interest**

Please attach a statement explaining why you want to participate in the Criminal Defense Clinic.

**Eligibility:**

- \_\_\_ I am currently enrolled in law school and I am in good academic standing.
- \_\_\_ I have successfully completed legal studies amounting to at least four semesters.
- \_\_\_ I have read and am familiar with the Virginia State Bar Professional Guidelines and I am eligible for certification under Rule 15 of the Virginia Rules of Practice.
- \_\_\_ I will have completed courses in Criminal Law, Criminal Procedure, Evidence, and Professional Responsibility prior to the start of the Clinic.
- \_\_\_ If invited to participate in the clinic, I will accept the invitation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<b><i>For Office Use Only:</i></b>
Dean's Approval: _____
Date: _____