

**NOTICE OF CLAIM OF LIEN
FOR ATTORNEY FEES**

COMMONWEALTH OF VIRGINIA Va. Code § 54.1-3932

In the Circuit Court of the [] City [] County of

Case Information:

[] This notice is filed in connection with the following case: Case No.

..... V.
PLAINTIFF(S) DEFENDANT(S)

OR

[] To the best of my knowledge, no case asserting the cause of action or claim described below has been filed.

Case No.

ATTORNEY:

CLIENT(S):

.....
NAME

.....
NAME(S)

.....
ADDRESS

.....
ADDRESS

.....
CITY STATE ZIP

.....
CITY STATE ZIP

.....
EMAIL ADDRESS

.....
EMAIL ADDRESS (OPTIONAL)

.....
TELEPHONE NUMBER

.....
TELEPHONE NUMBER

.....
VIRGINIA STATE BAR NO.

NOTICE: The attorney named above has claimed a lien upon the cause of action asserted by the client(s) or former client(s) named above as security for the contracted fees for services rendered in relation to the cause of action or claim asserted. Written notice of this lien is being given either within 45 days of the end of representation or (a) in causes of action sounding in tort or for liquidated or unliquidated damages on contract, before settlement or adjustment, whichever is earlier or (b) in cases of annulment or divorce, before final judgment is entered, whichever is earlier.

Description of cause of action or claim upon which a lien is asserted:

.....

I, the undersigned counsel, certify that I have provided a copy of this written notice to my client(s) or former client(s) listed above. I have also provided a copy of this written notice to [] any opposing party or [] such party's attorney(s) or agent(s) listed below.

.....
NAME(S)
.....
ADDRESS
.....
CITY STATE ZIP
.....
EMAIL ADDRESS
.....
TELEPHONE NUMBER

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NAME(S)
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ADDRESS
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CITY STATE ZIP
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EMAIL ADDRESS
.....
TELEPHONE NUMBER

.....
DATE PRINTED NAME OF ATTORNEY

SIGNATURE OF ATTORNEY
If signatory is different from attorney on page one, provide information below:

.....
ADDRESS
.....
CITY STATE ZIP
.....
EMAIL ADDRESS
.....
TELEPHONE NUMBER
.....
VIRGINIA STATE BAR NO.