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**Using This Revisable PDF Form**

1. Prepared by an attorney seeking a lien for fees pursuant to Va. Code § 54.1-3932.
2. Attachments: none.
3. Preparation: none.

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**Data Elements****Page 2:****Page 1:**

1. Name and city/county of court.
2. If the notice is being filed in connection with a pending case, check the first box and provide the case number and style. If no case has been filed, check the second box and a case number will be assigned to the matter.
3. Name of attorney claiming the lien.
4. Address of attorney.
5. Email address of attorney.
6. Telephone number of attorney.
7. Virginia State Bar number of attorney.
8. Name of client(s) or former client(s) that attorney is claiming the lien against.
9. Address of client(s) or former client(s).
10. Email address of client(s) or former client(s).
11. Telephone number of client(s) or former client(s).
12. Description of cause of action or claim upon which the attorney is claiming the lien.
13. Check box to certify whether a copy of the notice has been provided to the opposing party or such opposing party's attorney or agent.
14. Name of opposing party or opposing party's attorney or agent.
15. Address of opposing party or opposing party's attorney or agent.
16. Email address of opposing party or opposing party's attorney or agent.
17. Telephone number of opposing party or opposing party's attorney or agent.
18. Name of opposing party or opposing party's attorney or agent, if applicable.
19. Address of opposing party or opposing party's attorney or agent, if applicable.
20. Email address of opposing party or opposing party's attorney or agent, if applicable.
21. Telephone number of opposing party or opposing party's attorney or agent, if applicable.
22. Date of signed notice.
23. Printed name of attorney filing notice.
24. Signature of attorney filing notice.

If the attorney signing the notice is different from the attorney listed on page 1 of the form (Element No. 3), fill out Elements 15 through 28.

25. Address of attorney filing notice.
26. Email address of attorney filing notice.
27. Telephone number of attorney filing notice.
28. Virginia State Bar number of attorney filing notice.

**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 ..... **1**

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):

**3**  
.....  
NAME

**8**  
.....  
NAME(S)

**4**  
.....  
ADDRESS

**9**  
.....  
ADDRESS

**4**  
.....  
CITY STATE ZIP

**9**  
.....  
CITY STATE ZIP

**5**  
.....  
EMAIL ADDRESS

**10**  
.....  
EMAIL ADDRESS (OPTIONAL)

**6**  
.....  
TELEPHONE NUMBER

**11**  
.....  
TELEPHONE NUMBER

**7**  
.....  
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:

**12**

.....  
.....  
.....  
.....

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.

**14**  
.....  
NAME(S)  
**15**  
.....  
ADDRESS  
**15**  
.....  
CITY STATE ZIP  
**16**  
.....  
EMAIL ADDRESS  
**17**  
.....  
TELEPHONE NUMBER

**18** **13**  
.....  
NAME(S)  
**19**  
.....  
ADDRESS  
**19**  
.....  
CITY STATE ZIP  
**20**  
.....  
EMAIL ADDRESS  
**21**  
.....  
TELEPHONE NUMBER

**22** **23**  
.....  
DATE PRINTED NAME OF ATTORNEY

**24**  
.....  
SIGNATURE OF ATTORNEY

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

**25**  
.....  
ADDRESS  
**25**  
.....  
CITY STATE ZIP  
**26**  
.....  
EMAIL ADDRESS  
**27**  
.....  
TELEPHONE NUMBER  
**28**  
.....  
VIRGINIA STATE BAR NO.