



State Bar of Nevada
EMERITUS ATTORNEY PRO BONO PROGRAM (EAPB)
EAPB Provider Declaration SCR 49.2

Applicant Name: _____ **Date:** _____

Applicant: *Please have an authorized representative of the EAPB program you have selected complete this form and give you to return with your original application for certification as an emeritus attorney to the Admissions Department of the State Bar of Nevada.*

EAPB Provider:

I am an authorized representative of _____, an approved EAPB Provider pursuant to SCR 49.2 on file with the State Bar of Nevada. By signing below, I confirm that the above-named applicant will provide *pro bono* legal services with his EAPB Provider:

Signature: _____ Date: _____

Additional Information:

Name of Director/Coordinator (print): _____

Specific Program, if applicable: _____

Contact information, if different than that on file with the State Bar of Nevada:

Address: _____

Phone: _____ Fax: _____ email: _____

This form is part of the application for certification under SCR 49.2, please return to:

State Bar of Nevada
Attn: Admissions Department
600 E. Charleston Blvd.
Las Vegas, NV 89104

Please direct all questions to Access to Justice Director Kristina Marzec, (702)-317-1404.