



**Nevada Supreme Court Access to Justice Commission  
EMERITUS ATTORNEY PRO BONO PROGRAM PROVIDER  
EAPB Provider Application SCR 49.2**

*Only bona fide 501(c)(3) legal aid services providers shall be approved by the Access to Justice Commission.*

**1. Contact information.**

Name of Legal Services EAPB applicant: \_\_\_\_\_

Organization contact (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**2. Professional Liability Insurance.**

- Do **not** maintain professional liability insurance
- Maintain professional liability insurance as follows:

Name of carrier: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**3. Explanation of Program.** Attach all pertinent documentation about applicant program, to include bylaws, mission statements, board members, and financial statements for the past three years. Include the proposed plan for use of volunteers under the EAPB program, including scope of duties, training and supervision, and plans for solicitation of volunteers.

**4. Applicant signature**

By signing below, designee of applicant verifies that applicant will adhere to all requirements of EAPB providers as set forth in SCR 49.2.

Submitted by: \_\_\_\_\_ Dated \_\_\_\_\_

**5. RETURN ORIGINAL TO:**

State Bar of Nevada, Attn: Brad Lewis, Director, ATJC, 3100 W Charleston Blvd. Las Vegas, NV 89102  
Or email [bradl@nvbar.org](mailto:bradl@nvbar.org) 702.317.1409

**Staff only:**

Received by ATJC Director: \_\_\_\_\_ Dated: \_\_\_\_\_

Approved  Reject by Commission on \_\_\_\_\_ (Attach back-up)