

EMERITUS PRO BONO ATTORNEY (SCR 49.1(1)(b))
CERTIFICATION APPLICATION INSTRUCTIONS

1. GENERAL INSTRUCTIONS:

- (a) Please read the application carefully and typewrite or legibly write your answers.
- (b) Be sure that the application BEARS YOUR VERIFIED SIGNATURE and includes the ENCLOSURES required by SCR 49.1(1)(b) (listed in number 5 below).

2. NUMBER OF COPIES, WHERE SENT: Send the original application with enclosures, plus one (1) copy to:

State Bar of Nevada
Admissions Department
3100 West Charleston Blvd., Suite 100
Las Vegas, NV 89102

It is preferred that all enclosures accompany the original application. If enclosures will be sent directly to the Admissions Department by the issuing agency, please so note on the application so that the review process may begin, pending final review when all required enclosures are received.

Please keep a copy of your application for your records.

3. FEES: Fees are waived for this limited practice certification.

4. ELIGIBILITY: Any inactive member of the State Bar of Nevada in good standing, or, any attorney in good standing in another U.S. state, territory, or the District of Columbia, who meets the requirements under this rule may apply.

5. ENCLOSURES: The following completed documents must be enclosed with your application:

(a) CERTIFICATE OF GOOD STANDING

Applicant must submit a certificate from the State Bar or Clerk of the Supreme Court or highest admitting court in another U.S. state, territory, or the District of Columbia which the applicant is a member and in good standing.

(b) STATEMENT(S) OF DISCIPLINE HISTORY

Applicant must submit a statement of disciplinary history from all jurisdictions in which the applicant has been admitted to practice law.

(c) EAPB PROVIDER DECLARATION

The Emeritus Attorney Pro Bono (EAPB) Provider is the approved legal aid services provider with whom the applicant has selected to provide pro bono services under this Rule.

A blank declaration is included with this packet and must be executed by the EAPB provider and returned with your application. It includes the following information:

- (1) The name of the EAPB Provider director or coordinator;
- (2) EAPB Provider contact information; and
- (3) The dated original signature of the EAPB Provider designated representative.

6. LIMITED PRACTICE: An emeritus attorney certified under this rule may practice only through an approved EAPB program, as defined in Rule 49.2.

7. RENEWAL: An attorney certified by the State Bar of Nevada to practice under this rule who otherwise remains eligible to practice must annually renew the certification in accordance with Rule 49.4.

8. DISCIPLINE AND BAR MEMBERSHIP: An attorney certified to practice under this rule does not qualify for active membership in the State Bar of Nevada, but shall be subject to the jurisdiction of the court and disciplinary boards of this state with respect to the law of this state governing the conduct of attorneys to the same extent as members of the State Bar of Nevada. Pending final disposition of any disciplinary matter, the court or the state bar may suspend any right to practice that is granted under this rule, without notice or hearing. During the time any attorney is certified under this rule, the attorney shall comply with the same requirements for continuing legal education as may be prescribed for active members of the State Bar of Nevada.

9. TERMINATION OF CERTIFICATION: Certification to practice under this rule shall terminate whenever the attorney ceases to be associated with an EAPB program.

Attorney certifications under this rule will be terminated exactly one year from the date of the certification.

**APPLICATION FOR CERTIFICATION TO LIMITED PRACTICE OF LAW
IN THE STATE OF NEVADA UNDER SCR 49.1(1)(b)**

EMERITUS ATTORNEY PRO BONO PROGRAM:

Before the State of Nevada Office of Admissions:

PART 1: GENERAL INFORMATION

I hereby furnish the following information under oath. I understand that it is my duty and obligation to answer each question fully and completely, to make full disclosure of any information requested herein, to provide true and correct answers to all questions, to correct any answers that may be misleading or confusing, and to inform the State Bar of any changes to the information provided in connection with my application for certification in order that the information supplied herein shall at all times be true and correct. I further understand that failure to comply with the above representations may result in my application being denied.

_____ APPLICANT'S INITIALS

Full Name _____ Soc. Sec. No. _____
(Last)(First)(Middle)

Home Address _____
(Number and Street)

(City) (State) (Zip)

Office Address _____
(Number and Street)

(City) (State) (Zip)

Telephone () () ()
(Home) (Office) (Cellular)

Date of Birth _____ E-mail Address _____
(MM/DD/YY)

PART 2: EDUCATION

State the name and address of each college, university, law school, or other institution of post-high school learning, which you have attended since graduation from high school. List if any, the degrees received and the graduation date.

Name of School	Degree Received (if any)	Graduation Date

PART 3: BACKGROUND INFORMATION

EAPB Provider Name: _____

Have you previously been licensed under SCR 49.1 or any other rule in Nevada? Yes _____ No _____

If yes, provide your bar number: _____ Date of last certification: _____
(MM/DD/YY)

Earliest date licensed in any jurisdiction: _____
(MM/DD/YY)

Licensed as an attorney in the following jurisdictions:

Jurisdiction(s)

Date(s) Licensed

Licensure status on which application is based:

Initials

_____ Inactive status with the State Bar of Nevada _____

_____ Active status in the following jurisdiction: _____ _____

_____ Inactive status in the following jurisdiction: _____ _____

I hereby certify that I am not currently on suspension, disbarred or resigned with charges pending in any jurisdiction. _____

I hereby certify that I do not have a record of public discipline for professional misconduct within the preceding ten years. _____

I hereby certify that I agree to be subject to the jurisdiction of the courts of this state with respect to the law of this state governing the conduct of attorneys to the same extent as an active member of the State Bar of Nevada. _____

Check one: _____ All enclosures are attached OR _____ Enclosure(s) will be sent separately

Copy the following paragraph in blue ink only.

I hereby acknowledge that I have read the foregoing application and its enclosures and that all information provided attendant thereto is complete and true to the best of my knowledge and belief.

Signature of Applicant

Date

VERIFICATION

STATE OF _____

COUNTY OF _____

_____, being first duly sworn says:

Applicant's name

That I have read the foregoing application and that the facts stated in it are complete and true to the best of my knowledge and belief.

Signature of Applicant

STATE OF _____

COUNTY OF _____

On ____ day of _____, _____, personally appeared before me, a notary public, _____, personally known (or proved) to me to be the person whose name is subscribed to the foregoing APPLICATION FOR ADMISSION TO PRACTICE LAW IN THE STATE OF NEVADA UNDER SCR 49.1(1)(b), who acknowledged to me that he/she executed the foregoing document.

(SEAL)

NOTARY PUBLIC



State Bar of Nevada
EMERITUS ATTORNEY PRO BONO PROGRAM (EAPB)
EAPB Provider Declaration SCR 49.1(1)(b)

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 49.1(1)(b) 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/her 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 49.1(1)(b), please return to:

State Bar of Nevada
Attn: Admissions Department
3100 W. Charleston Blvd., Suite 100
Las Vegas, NV 89102

Please direct all questions to the Access to Justice Director, Brad Lewis, (702)-382-2200.

3100 W. Charleston Blvd.
Suite 100
Las Vegas, NV 89102
Phone: 702-382-2200
Fax: 702-385-2878



9456 Double R Blvd.
Suite B
Reno, NV 89521
Phone: 775-329-4100
Fax: 775-329-0522

STATE BAR OF NEVADA

TO: **ONLY** those applicants applying for admission to the State Bar of Nevada under SCR 49.1(1)(b) **and** admitted to the practice of law in another jurisdiction

RE: Request for a Certificate of Good Standing and Discipline History Report

The State Bar of Nevada requires that an applicant admitted to the practice of law in any other jurisdiction(s) obtain a Certificate of Good Standing and Discipline History Report from those jurisdictions(s).

The top portion of the attached form must be completed by the applicant for **each** jurisdiction where the applicant has been admitted to the practice of law. Download any additional forms as necessary for **each** jurisdiction.

Upon completion of the attached form, send it to the proper agency that handles disciplinary matters for that jurisdiction. Please include the required payment, if any, to the jurisdiction that you have requested information.

It is the applicant's sole responsibility to request both a Certificate of Good Standing and a Discipline History Report and have it timely sent to the State Bar of Nevada. Failure to do so will result in the applicant being placed on hold until the proper documentation is received by the State Bar of Nevada.

3100 W. Charleston Blvd.
Suite 100
Las Vegas, NV 89102
Phone: 702-382-2200
Fax: 702-385-2878



9456 Double R Blvd.
Suite B
Reno, NV 89521
Phone: 775-329-4100
Fax: 775-329-0522

STATE BAR OF NEVADA

DATE: _____

TO: _____

**REQUEST FOR
Certificate of Good Standing and/or
Disciplinary History**

Applicant's Name: _____

Applicant's Address: _____

Social Security #: _____

Date of Birth: _____

Date of Admission: _____

To whom this may concern:

I am applying for special admission to the State Bar of Nevada. I would appreciate it if you would complete this request form for a Certificate of Good Standing and/or Discipline History. Please mail the following documents to the Admissions Office of the State Bar of Nevada Las Vegas address listed above:

_____ Certificate of Good Standing

_____ Disciplinary History Report

I have included the required payment, if any, for this request to be completed. Please contact me should you have any questions. Thank you.

Sincerely,

Applicant's Name

Date