



The
DISCIPLINARY BOARD
of the Supreme Court of Pennsylvania

Attorney Registration
601 Commonwealth Avenue, Suite 5600
P.O. Box 62625
Harrisburg, PA 17106-2625
Phone: (717) 231-3380
Fax: (717) 231-3381
atty.registration@pacourts.us

APPLICATION FOR EMERITUS STATUS

Through submitting this application, I confirm that my current license status in Pennsylvania is Retired and that I wish to assume Emeritus Status. See Pa.R.D.E. 403.

Prior to the commencement of services described in Pa.R.D.E. 403(d), the emeritus attorney must submit an Eligible Legal Aid Organization Form to this office for approval at the above address. The emeritus attorney must submit a separate form for each eligible legal aid organization for which the attorney expects to perform pro bono services. Eligible Legal Aid Organization forms will be provided upon approval of this application.

Attorney Name: _____ Attorney ID#: _____

Residence Address: _____

Telephone Number: _____

E-Mail Address: _____

- I request that my contact information not be published on the Disciplinary Board's website due to all client interactions being overseen by a Legal Aid Organization while I am on emeritus status.

Initial To Confirm No Public Access Request

List all courts (except courts of this Commonwealth) and jurisdictions in which you have been licensed to practice law and the current status thereof:

Check (✓) for Compliance:

- I have attached copies of any prior disciplinary record in other jurisdictions.
- None/Not Applicable
- I have attached my Continuing Legal Education course transcript, available at www.pacle.org, indicating that I have completed, during the 12 month period immediately preceding the submission of this application, a total of no fewer than 6 credit hours, 5 of which must be in the substantive area of law and 1 of which must be in ethics.
- I understand that I am authorized solely to provide pro bono services to eligible legal aid organizations and that I am not permitted to handle client funds. I will neither ask for nor receive compensation of any kind for the legal services authorized under Pa.R.D.E. 403.
- I have enclosed my \$35 registration fee, payable to Attorney Registration.

Signature: _____

Date: _____