

The WSBA administers the licensing and renewal process for Washington licensed legal professionals on behalf of and under rules adopted by the Washington Supreme Court and under the WSBA Bylaws.

Name: _____ **License No.** _____

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To change to Emeritus Pro Bono status, you must:

- 1) Meet the requirement of 5 years of active legal experience within the 10 years prior to this application, be of current good standing, and submit this application.
- 2) Arrange volunteer service with a Qualified Legal Services Provider (QLSP).
- 3) Complete the Emeritus Pro Bono Training. Training consists of completing 6 hours of online or live training and orientation with your QLSP. A training certification form will be provided upon receipt of your application. You may wish to discuss relevant training with the QLSP.
- 4) Pay an annual license fee. The Emeritus Pro Bono license fee is \$200 each calendar year. If you have already paid the license fee for the current year then no fee is due. If you are changing status during the licensing season and have not yet paid the license fee for the upcoming or current year, please include the \$200 license fee. (Note: If it is past the deadline of Feb 1, please add the \$60 late fee.)

Method of Payment:

Check (Payable to Washington State Bar Association)

Credit Card **Please Note:** Our service provider will charge you a separate, non-refundable transaction fee of 2.5% on all bank card transactions. There is no transaction fee if you mail in a check.

I authorize the WSBA to charge the below noted credit card \$_____.

Master Card _____ Visa _____ AmEx _____

Credit card no. _____ Expiration date _____

Authorized Signature _____

Name as it appears on card _____

Address (if different from above) _____

City, State, Zip Code _____ Phone no. _____

<i>For Office Use Only</i>	
Status Change – 22160	
Date: _____	Check No. _____ Amount: \$_____



If your contact information has changed, please provide us with your current information below. Contact information may also be updated online by visiting myWSBA at the following address: <http://www.mywsba.org>.

Public/Mailing Address: _____ Business Phone:(_____) _____

Fax:(_____) _____
Primary Email: _____

 Do not list email address in online legal directory

Website Address: _____ TDD:(_____) _____

Home Address:* _____ Home Phone:(_____) _____

Home Email: _____

*Your home contact information will be made public if it is the only information on file with the WSBA.

Washington License information:

Date admitted to the practice of law in Washington: _____

I hereby make application for a change of license status to Emeritus Pro Bono status. I understand that to qualify for Emeritus Pro Bono status I must present satisfactory proof of active legal experience as defined in APR 1(e) for at least 5 of the 10 years immediately preceding this application. In support of this application, I submit the following information:

I have had an active license to practice law in Washington for at least 5 of the last 10 years.

OR

I have not had an active license to practice law in Washington for at least 5 of the last 10 years but I have attached proof of active legal experience in another jurisdiction (certificate of good standing and/or legal employment history) that establishes active legal experience as defined in APR 1(e) for at least 5 of the last 10 years.

Admission to Practice Law in Other Jurisdictions:

1. List all jurisdictions and courts where you have been admitted to practice law:

Jurisdiction	Courts	Date of Admission
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Have you ever applied for or taken a bar examination in another jurisdiction and not been admitted in that jurisdiction? Yes No If yes, please provide a full explanation on an attached sheet.



3. Have you ever been disbarred, suspended, reprimanded, censured, or otherwise disciplined by any jurisdiction or court other than Washington? Yes No If yes, please provide details and full explanation on attached sheet.
4. Is there any disciplinary investigation of any kind now pending concerning you in any jurisdiction? Yes No If yes, please provide details and a full explanation on an attached sheet.
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Legal Experience and Employment History (attach additional sheets if necessary):

5. List all employment you have had in the last 10 years, including unemployment due to retirement:

A. Occupation: _____ Dates: _____

Employer: _____

Address: _____

Telephone: _____ Supervisor: _____

Nature of employment: _____

If terminated, the reason: _____

B. Occupation: _____ Dates: _____

Employer: _____

Address: _____

Telephone: _____ Supervisor: _____

Nature of employment: _____

If terminated, the reason: _____

C. Occupation: _____ Dates: _____

Employer: _____

Address: _____

Telephone: _____ Supervisor: _____

Nature of employment: _____

If terminated, the reason: _____

Personal Information:

5. Have you ever been cited, arrested, charged, or convicted for a violation of any law, including traffic violations or infractions? Yes No If yes, please provide full details on an attached sheet.

6. Have you ever been charged with fraud, deceit, misrepresentation or forgery in any civil, criminal, administrative or other proceedings? Yes No If yes, please provide full details on an attached sheet.



Certificate of Applicant

I will provide volunteer legal services for _____, and will practice law according to the provisions of APR 3(g) exclusively as a member of that organization.

I certify under penalty of perjury under the laws of the state of Washington that I have read the foregoing application and the statements therein are full, true, and correct, and while on Emeritus Pro Bono status I will limit my practice of law to the provisions of APR 3(g) and will not be employed in any capacity requiring an active license to practice law in Washington.

DATED this ____ day of _____, 20__ at _____.
(City, State)

Signature _____

Certificate of Qualified Legal Services Provider

The applicant must arrange a volunteer position directly with a Qualified Legal Services Provider. Please include this section, completed by a representative of the QLSP, with your application.

Name: _____ License No. _____

Start Date: _____

Organization: _____

Address: _____

Phone: _____

I certify that the above named individual has agreed to volunteer in this office beginning on the date indicated above and will provide legal services for no fee.

Signature: _____ Date signed: _____

Name printed: _____

Title: _____

