

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.** \_\_\_\_\_

Check here for a free subscription to *Washington State Bar News*.

**To change to Pro Bono status, you must:**

- 1) Arrange volunteer service with a Qualified Legal Services Provider (QLSP).
- 2) Complete the 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.
- 3) Pay an annual license fee. The Pro Bono license fee is \$200 each calendar year.
  - If you have already paid the active or inactive license fee for the current year then no fee is due.
  - If you provided 30 or more hours of pro bono service through a QLSP in the previous year then no fee is due. (See License Fee Waiver section on p.2.)

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 you have not yet paid and it is past the license fee deadline, 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. \_\_\_\_\_

*For Office Use Only*

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.

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**License Fee Waiver**

- I provided 30 or more hours of pro bono service through a QLSP in the previous year so my license fee will be waived. APR 3(g)(2).
- Name of QLSP: \_\_\_\_\_
  - Contact at QLSP: \_\_\_\_\_ (Phone or Email) \_\_\_\_\_

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**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.



**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: \_\_\_\_\_

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**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.



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**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 volunteer for 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 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 \_\_\_\_\_

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**Certification 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: \_\_\_\_\_

