



VERMONT SUPREME COURT  
OFFICE OF ATTORNEY LICENSING  
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### Application for *Pro Bono Emeritus* License

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Licensing State  
or District of Columbia: \_\_\_\_\_ Date Admitted: \_\_\_\_\_ Current Status: \_\_\_\_\_

You must attach a Certificate of Good Standing from this jurisdiction.

If known: Name of Associated Nonprofit Organization: \_\_\_\_\_  
Name of Supervisor/Contact Person: \_\_\_\_\_

#### By signing and submitting this form, I am certifying each of the following:

- I am admitted and in good standing in a licensing state or the District of Columbia.
- I am not suspended or disbarred in any jurisdiction in which I am admitted or was formerly admitted.
- Upon licensing, I will be subject to the disciplinary jurisdiction of the Vermont Supreme Court and the Professional Responsibility Board, as well as to the Vermont Rules of Professional Conduct. I will also be subject to the applicable requirements of the Vermont Rules for Mandatory Continuing Legal Education.
- I will not practice law in Vermont except to provide legal services without fee or expectation of fee, under the auspices of a nonprofit organization, to persons of limited means or to charitable, religious, civic, community, governmental, and educational organizations which are designed primarily to address the needs of persons of limited means.
- I will be covered by the malpractice insurance carried by the organization under whose auspices I am practicing law.
- The representations herein are true and accurate to the best of my knowledge and belief and that I have not omitted any information that is reasonably responsive or related to the information requested. I understand that if any of the representations herein are false, I will be subject to the penalty of perjury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_