



VERMONT SUPREME COURT
OFFICE OF ATTORNEY LICENSING
32 CHERRY STREET, SUITE 213
BURLINGTON, VT 05401
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Vermont Pro Bono Emeritus Licensing Statement

INSTRUCTIONS: To obtain a *Pro Bono Emeritus* limited license to practice law, send this completed form, the completed Attorney Licensing Statement, a check for \$75 made payable to Attorney Licensing, and, unless you are admitted in Vermont, an original Certificate of Good Standing from a licensing state or the District of Columbia, to:

Office of Attorney Licensing
Costello Courthouse
32 Cherry Street, Suite 213
Burlington, VT 05401

Please allow two weeks for processing. Questions should be directed to JUD.AttyLicensing@vermont.gov.

Applicant Name: _____

If known: Name of Associated Nonprofit Organization: _____

Name of Supervisor/Contact Person: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

By signing and submitting this form, I understand that 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.
- I am subject to the Mandatory Rules for Continuing Legal Education, except that I need only complete at least 8 hours of accredited continuing legal education, including at least 2 hours in ethics, during each 2-year licensing period.
- I am 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 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.

Date: _____

Applicant's Signature: _____

Subscribed and sworn to before me:

Date: _____

Notary Public Signature: _____

Notary Public Printed Name: _____

My Commission Expires on: _____