

**The State Bar of California**  
**PRO BONO PRACTICE PROGRAM**

In July 2008, the State Bar's Emeritus Attorney Program was revised and renamed the Pro Bono Practice Program ("PBP Program"). This program is designed to take advantage of the legal skills, training and experience of attorneys taking a temporary or permanent break from the active practice of law and offer them the opportunity to contribute their valuable legal expertise to assist low income Californians. Eligible participants will receive a waiver of the active State Bar membership fee, have access to free and reduced rates to attend MCLE programs sponsored by the State Bar and the Continuing Education of the Bar (CEB), and a free one hour self-study MCLE course published monthly in California Bar Journal. The revised rules can be found at [Title 3, Division 2, Chapter 8 of the State Bar Rules and Regulations](#).

**To be eligible for the Pro Bono Practice Program, an attorney must:**

- Be in good standing with the State Bar of California;
- Have practiced law or served as a judge in California at least three out of the last five years;
- Have been admitted to practice law in any jurisdiction in the United States at least five years preceding application to the program;
- Agree to practice law on a pro bono basis *only* through a qualified legal services provider or a State Bar certified lawyer referral service;
- Comply with MCLE requirements for active attorneys;
- Reapply to the Pro Bono Practice Program annually.

**To apply to the Pro Bono Practice Program:**

- Contact and make arrangements with a [qualified legal services provider](#) or [State Bar certified lawyer referral service](#) no-fee or pro bono panel or a court-based self-help center that complies with California Rule of Court 10.960;
- Complete and sign the *Pro Bono Practice Program Application & Sworn Statement*;
- Have the *Declaration by Qualified Legal Services Provider or State Bar Certified Lawyer Referral Service* signed by the director or supervising attorney
- Submit **both completed** forms to the State Bar and a staff member will contact you (be sure to keep a copy for your records).

Read **frequently asked questions** at [www.calbar.org/pbpp](http://www.calbar.org/pbpp) or for more information contact: Michael Dayao via email at [michael.dayao@calbar.ca.gov](mailto:michael.dayao@calbar.ca.gov) or call (415) 538-2528

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***Application and Sworn Statement***

**I understand that I must:**

- Be an **ACTIVE** member of The State Bar of California to participate in the Pro Bono Practice Program;
- Complete a transfer form to change from inactive to active status, if necessary;
- Reapply to the PBP Program annually;
- Comply with Minimum Continuing Legal Education (MCLE) requirements;
- Have practiced law, served as a judge, or engaged in a combination of the practice of law and service as a judge in California for a minimum of three out of the five years immediately preceding the date of this application;
- Have been admitted to the practice of law in the United States at least five years preceding the date of this application;
- Have no record of public discipline for the past five years;
- Read and abide by the Rules of Professional Conduct and provisions of the State Bar Act (*Business & Professions Code, Section 6000 et seq.*) relating to the professional duties and obligations of an attorney;
- Neither ask for nor accept compensation of any kind for the legal services authorized;
- Not engage in the practice of law nor intend to practice law during the applicable year, except in association with the qualified legal services provider or the State Bar certified lawyer referral service named on page 3.

**PRO BONO PRACTICE PROGRAM APPLICANT**

**I declare under penalty of perjury that the foregoing is true and correct.**

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, at \_\_\_\_\_, California.

Signature: \_\_\_\_\_ State Bar Number: \_\_\_\_\_

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Name of qualified legal services provider or State Bar certified lawyer referral service:

\_\_\_\_\_

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***Declaration by Qualified Legal Services Provider or  
State Bar Certified Lawyer Referral Service***

*(Please have the director or supervising attorney of the program you have selected  
sign the following declaration and submit to the State Bar.)*

**LEGAL SERVICES PROVIDER or LAWYER REFERRAL SERVICE**

**I have reviewed this application and confirm that the applicant will provide pro bono legal services with the qualified legal services provider or State Bar certified lawyer referral service named below:**

Director or Supervising Attorney (print): \_\_\_\_\_ Title: \_\_\_\_\_

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

Name of Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Complete and sign these forms:**

- *Pro Bono Practice Program Application and Sworn Statement*
- *Declaration by Qualified Legal Services Provider or State Bar Certified Lawyer Referral Service*

**Submit form by email: [michael.dayao@calbar.ca.gov](mailto:michael.dayao@calbar.ca.gov)  
or mail:**

Michael Dayao  
The State Bar of California  
180 Howard Street  
San Francisco, CA 94105  
Ph: (415) 538-2528

***Remember: Submit both signed, completed forms (pages 2 and 3).***