



The State Bar of California
 Office of Special Admissions/Specialization
 180 Howard Street · San Francisco, CA 94105-1639
 (415) 538-2325 · mjp@calbar.ca.gov

FOR OFFICIAL USE ONLY

\$ _____

No Payment

9.45

ID #: _____

Application #: _____

Out-of-State Registered Legal Services Attorney Program Application

1) Applicant Information: _____

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Place of Birth: _____

Undergraduate School: _____ City, State: _____

Law School: _____ City, State: _____

2) Qualifying Legal Services Provider: _____

I am currently employed by the provider listed below:

I expect to begin employment with the provider listed below on : _____

Legal Services Provider: _____

*Address: _____

City: _____ State: _____ Zip: _____ + _____

Supervising Attorney: _____

E-mail: _____ Phone: () - Fax: () -

***As a registered Legal Services Attorney, your address of record is public information subject to disclosure upon request and also posted on the State Bar's Web site.**

3) Application Attachments: _____

A: Attorney Declaration

B: Declaration of Qualifying Legal Services Provider

C: Declaration of Supervising Attorney

D: Admissions/Standing List

Application for Determination of Moral Character, if applying for the first time (in sealed envelope) – including at least one original Certificate of Good Standing

\$431 Moral Character Determination Fee

Make Check Payable to “State Bar of California.”

MAIL PAYMENT TO:

The State Bar of California
MJP Program
Office of Special Admissions/Specialization
180 Howard Street
San Francisco, CA 94105-1639



Out-of-State Registered Legal Services Attorney Program Application
Attachment A - Attorney Declaration

- a. I am currently a member in good standing of and eligible to practice law in at least one jurisdiction in the United States.
- b. I am not suspended, disbarred or resigned with charges pending with any professional occupational disciplinary agency or licensing board.
- c. I am relocating to California from another jurisdiction. As a Registered Legal Services Attorney, I will be a resident of California.
- d. I agree to be subject to the disciplinary authority of The Supreme Court of California and The State Bar of California with respect to the law of The State of California governing the conduct of attorneys, to the same extent as a member of The State Bar of California.
- e. As a Registered Legal Services Attorney, I will practice law for a SINGLE Qualifying Legal Services Provider in California which employs me.
- f. I understand that I may qualify to simultaneously practice law under the Registered In-House Counsel Program.
- g. I understand that I will only practice law under the supervision of an Attorney who is employed by the Qualifying Legal Services Provider and who is a member in good standing of The State Bar of California and who meets the requirements of California Rules of Court, rule 9.45(h).
- h. I have not taken and failed the California Bar Examination within the 5 years immediately preceding this application.
- i. I understand that I may practice for no more than a total of 3 years under this rule.
- j. I agree that in my first year of practice under the Registered Legal Services Attorney Program, I will satisfy all of the Minimum Continuing Legal Education requirements that members of The State Bar of California must complete every 3 years.
- k. I will notify The State Bar of California in writing within 30 days of a change in any information provided in my application, including my address, employment at a qualifying institution, or eligibility to practice law in another jurisdiction. Eligibility would be changed by a suspension, resignation with or without charges pending, disbarment, or its functional equivalent.
- l. I will provide The State Bar of California with a forwarding address to which any notices or papers may be mailed within 30 days of cessation of employment by the Qualifying Legal Services Provider.
- m. I am aware that filing a certificate containing false information or otherwise failing to comply with the standards of professional conduct required of members of The State Bar of California or the rules governing Registered Legal Services Attorneys will subject me to the disciplinary jurisdiction of The State Bar of California.

I declare under penalty of perjury under the laws of the State of California that the foregoing application and any attachments to it are true and correct.

Date: _____

Print Name: _____

Signature:



Out-of-State Registered Legal Services Attorney Program Application
Attachment B - Declaration of Qualifying Legal Services Provider

Name of Officer or Supervising Attorney (must be an active California attorney): _____

Legal Services Provider: _____

Address: _____

City: _____ State: _____ Zip: _____ + _____

E-mail: _____ Phone: () - Fax: () -

Applicant Name: _____

is/will be employed as a Registered Legal Services Attorney by the provider referenced above.

A "Qualifying Legal Services Provider" defined by California Rules of Court, rule 9.45 is an:

entity that follows quality-control procedures approved by The State Bar of California that is either:

- A nonprofit entity incorporated and operated exclusively in California that as its primary purpose and function provides legal services without charge in civil matters to indigent persons, especially under-served client groups, such as the elderly, persons with disabilities, juveniles, and non-English speaking persons (rule 9.45 (a)(1)(A)), or
- A program operated exclusively in California by a nonprofit law school approved by the American Bar Association or accredited by the State Bar of California that has operated for at least 2 years at a cost of at least \$20,000 per year as an identifiable law school unit with a primary purpose and function of providing legal services without charge to indigent persons (rule 9.45(a)(1)(B)).

OR

- The institution is a "Qualifying Legal Services Project" that receives a grant from the Legal Services Trust Fund Program of the State Bar of California pursuant to subdivision (a) of section 6213 of the California Business and Professions Code is deemed a "Qualifying Legal Services Provider" under California Rules of Court, rule 9.45.
- An application for approval as a Qualifying Legal Services Provider is pending with the State Bar of California.

Date: _____

Signature: _____

FOR OFFICIAL USE ONLY

Provider No. _____



Out-of-State Registered Legal Services Attorney Program Application
Attachment C - Declaration of Supervising Attorney

- a. I am an active member in good standing of The State Bar of California.
- b. I have actively practiced law in California and been a member in good standing of The State Bar of California for at least the 2 years immediately preceding the time of supervision.
- c. I have practiced law as a full-time occupation for at least 4 years.
- d. I am currently employed by: _____
- e. I will not supervise more than 2 Registered Legal Services Attorneys concurrently.
- f. I will assume professional responsibility for any work that the registered legal services attorney performs under my supervision.
- g. I will assist, counsel, and provide direct supervision of the registered legal services attorney in the activities authorized by this rule and review such activities with the supervised attorney to the extent required for the protection of the client.
- h. I will read, approve, and personally sign any pleadings, briefs, or other similar documents prepared by the registered legal services attorney before their filing, and will read and approve any documents prepared by the registered legal services attorney for execution by any person who is not a member of The State Bar of California before their submission for execution.
- i. I understand that in my absence I may designate another attorney meeting the requirements of California Rules of Court, rule 9.45(h) to provide the supervision required by this rule.
- j. I will notify The State Bar of California within 30 days (on behalf of Qualifying Legal Services Provider) if the employment of the registered legal services attorney ends, if the status of the Qualifying Legal Services Provider changes, or if my status as a member of The State Bar of California or as Supervising Attorney changes.

To the best of my knowledge and after reasonable inquiry the applicant is of good moral character and qualifies for registration under California Rules of Court, rule 9.45 and the Registered Legal Services Attorney Program Rules. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct .

Name: _____ Bar Number: _____

Legal Services Provider: _____

Address: _____

City: _____ State: _____ Zip: _____ + _____

E-mail: _____ Phone: () - _____ Fax: () - _____

Date: _____

Signature:



Out-of-State Registered Legal Services Attorney Program Application
Attachment D - Admissions Standing List

Date Admitted	Member Number	State/Court (e.g. Ohio or USDC or 9th Circuit)	Status (e.g. 'Active')	Prior Discipline Record <i>If 'Yes' Attach Details</i>	
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Attach additional sheets if necessary

Check here if additional sheets are attached listing details of prior record of discipline.