



ATTORNEY REGISTRATION AND DISCIPLINARY COMMISSION
of the
SUPREME COURT OF ILLINOIS
E-mail: registration@iadc.org
Fax: (312) 565-0997

**Rule 756(j)(2) Application of Organization or Entity to
Qualify as a *Pro Bono* Sponsoring Entity**

For use by not-for-profit legal service organizations, governmental entities, law school clinical programs, and bar associations, seeking to serve as sponsoring entities for attorneys admitted in Illinois who are registered as inactive or retired or attorneys admitted in another state but not Illinois to perform *pro bono* legal services.

Name of Organization or Entity: _____

Contact Person: _____

Address: _____

Telephone: _____

Facsimile: _____

Email: _____

Website: _____

1. Applicant is (*check one*):

- | | |
|--------------------------|--|
| <input type="checkbox"/> | a not-for-profit legal services organization |
| <input type="checkbox"/> | a government entity |
| <input type="checkbox"/> | a law school clinical program |
| <input type="checkbox"/> | a bar association |

2. Applicant provides *pro bono* legal services as defined in Illinois Supreme Court Rule 756(f)(1). Give a description of program(s) sponsored by applicant for providing *pro bono* legal services in which retired or inactive lawyers or lawyers admitted in another state but not Illinois may participate:

Verification of Responsible Attorney

I, _____, a licensed attorney, hereby verify the following:
(responsible attorney's name)

1. The *pro bono* legal services program(s) sponsored by Applicant will provide appropriate training and support for volunteers.
2. The *pro bono* legal services program(s) sponsored by Applicant will provide malpractice insurance coverage for any attorneys participating in the program under Rule 756(j).
3. The *pro bono* legal services program(s) sponsored by Applicant will notify the Administrator of the Attorney Registration and Disciplinary Commission as soon as any attorney authorized to provide legal services under this rule has ended his or her participation in the program.

Signature of Responsible Attorney: _____

Responsible Attorney's Position or Title: _____

Date: _____

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To Be Completed by ARDC Staff

Received by: _____ Date: _____
ARDC Registration Staff

Sponsoring Entity ARDC Number: _____