

**APPLICATION FOR OUT-OF-STATE ATTORNEYS  
SEEKING TO RENDER *PRO BONO* ASSISTANCE PURSUANT TO  
SUPPLEMENTAL EMERGENCY *PRO BONO* CIVIL LEGAL ASSISTANCE RULE**

1. Attorney's Full Name: \_\_\_\_\_
2. Firm Name: \_\_\_\_\_
3. Permanent Residence Address: \_\_\_\_\_  
\_\_\_\_\_
4. Principal Business Address: \_\_\_\_\_  
\_\_\_\_\_
5. Business and Residence Telephone Numbers: \_\_\_\_\_
6. Fax Number: \_\_\_\_\_
7. E-mail Address: \_\_\_\_\_
8. List every state in which you are licensed and in good standing and provide your registration or bar number:

State	Bar Number
_____	_____
_____	_____
_____	_____
9. Have you ever been publicly disciplined by any lawyer disciplinary committee, state or federal court, or lawyer disciplinary agency in any other jurisdiction:  

yes                       no

If you answered affirmatively, as to each such discipline, please provide on a separate sheet a summary of the allegations against you, the name of the state or federal authority bringing such proceeding, the date the discipline was imposed, the style of the proceedings, and the findings made and discipline imposed in connection with the proceedings. (A copy of any public Order of lawyer discipline imposed against the applicant shall be appended to this application.)
10. Please attach to this application a current certificate of good standing and a disciplinary certificate from the state(s) you are presently licensed to practice in.

**AFFIRMATION**

I certify that (1) the information on this form is true and accurate; (2) I am duly licensed and in good standing with the authority regulating the practice of law in the state or states listed above; (3) My license(s) are not the subject of suspension, disbarment, or other restrictions; (4) I will be temporarily practicing law in Louisiana on a volunteer basis in association with one of the six legal service providers listed in the Supplemental Rule; (5) All services to be performed will be under the authorization of the Supplemental Rule and will be at no charge, fee or expense to the client; (6) I am familiar with and have read the Louisiana Rules of Professional Conduct and the Emergency/Disaster Training Manual for Volunteer Lawyers; (7) I will not undertake to represent any person other than a client of one of the six legal service providers listed in the Supplemental Rule; (8) I shall not hold myself out in this state to be authorized to provide legal services to any person other than through the programs identified in the Supplemental Rule; (9) I will faithfully perform the duties of an attorney and I will not place my personal interests ahead of my client's interests; and (10) I will abide by and am subject to the Rules of Professional Conduct and I consent to the lawyer disciplinary jurisdiction of the State of Louisiana.

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Name of Attorney

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