



**COLORADO SUPREME COURT**  
**Office of Attorney Registration**  
 1300 Broadway, Suite 510  
 Denver, CO 80203  
 (303) 928-7800

## Pro Bono Counsel Certification

**NAME:** Please complete the information in item 1 as you wish it to appear within the official records of the Colorado Supreme Court.

Name: (Last, First, Middle)  Gender

**DATE OF BIRTH:**

**MAILING ADDRESS:** You are required to designate and update a mailing address and a business telephone number that will appear within and be published from the official records of the Colorado Supreme Court Attorney Registration Office. You will receive all printed communications at the address you indicate as your official address. If the indicated address is not the physical location or street address of your principal place of employment, then a physical address must also be given.

**Official Address:**

Business/Firm Name

Street  Suite  P.O. Box

City  State  Zip Code

Phone Number  Ext.  Fax Number  email

**Physical Address (if different from above):**

Street  Suite  P.O. Box

City  State  Zip Code

**NATURE OF APPLICATION (check one):**

Initial Application     Reapplication

If this is a reapplication, please state reason(s) therefore. (e.g. left jurisdiction, change of limited practice status)

**ADMISSIONS TO PRACTICE LAW:** Please list all jurisdictions in which you are licensed to practice law. Include your bar or attorney number, date of admission and/or other personal identifier, from that licensing entity. If you are admitted under a name that is different from the name indicated in item 1, please provide the name under which you are admitted. Use additional paper if necessary. Please use correct postal abbreviations to list jurisdictions.

Name: (Last, First, Middle)

Bar or Attorney Number  Jurisdiction  Date of Admission

**ADMISSIONS TO PRACTICE LAW (continued):**

Name: (Last, First, Middle)

Bar or Attorney Number

Jurisdiction

Date of Admission

Name: (Last, First, Middle)

Bar or Attorney Number

Jurisdiction

Date of Admission

**DENIALS OF ADMISSION TO PRACTICE LAW:** Have you ever been denied admission to practice before the bar of any jurisdiction based upon your character or fitness (check one)?

Yes Please indicate jurisdiction(s):

No

**NONPROFIT ENTITY:** Please indicate the name, address, and telephone number of the Colorado nonprofit entity through which you will be providing pro bono representation.

Name of nonprofit entity

Address

Phone Number

**I certify that I have applied to and have been accepted by the nonprofit entity listed**

I am currently employed by the entity

I expect to begin employment with the entity on

**CERTIFICATION:**

State, Commonwealth, etc.

County, Borough, etc.

I,

, the undersigned applicant for certification as Pro Bono Counsel within

(print name)

the State of Colorado, do hereby certify that I have read and am familiar with the Colorado Rules of Professional Conduct and C.R.C.P.204.6 and will abide by the provisions thereof.

I acknowledge that I am subject to the jurisdiction of the Colorado Supreme Court for disciplinary purposes, as set forth in C.R.C.P.228, *et seq.*, C.R.C.P.251, *et seq.*, and C.R.C.P. 210 (revocation of license). In addition to the forms of discipline listed in C.R.C.P. 251.6, I understand I may also be enjoined from the further practice of law in Colorado.

I acknowledge that I am subject to the jurisdiction of the Colorado Supreme Court and under this rule must pay annual registration fees and comply with all other provisions of C.R.C.P. 227, under certain circumstances.

I further certify that I am in good standing and not subject to a disciplinary proceeding or outstanding order of reprimand, censure, or disbarment, permanent or temporary, for professional misconduct by the bar or courts of any jurisdiction at the time of application.

I further authorize notification to or from the entity governing the practice of law within each jurisdiction in which I am licensed to practice law of any disciplinary action taken against me.

I have read the foregoing application, and further attest that the information submitted in it is complete and true to the best of my knowledge and belief and If I end up not providing legal services pro bono for 12 months I acknowledge I am subject to the registration fees under C.R.C.P. 204.6(6) and (b).

Signed By

Print Form