

**The State Bar of California**  
**EMERITUS ATTORNEY PRO BONO PARTICIPATION PROGRAM (EAP)**

The State Bar's Emeritus Attorney Program (EAP) is designed to take advantage of the legal skills, training and experience of retired or semi-retired attorneys and offers them the opportunity to contribute their valuable legal expertise to low income California residents.

Participants:

- Have their annual active attorney bar fees waived.
- Are eligible for reduced rates for MCLE programs sponsored by the State Bar and the Continuing Education of the Bar (CEB).
- Are eligible for no-cost MCLE self-study courses in the State Bar's monthly publication, the California Bar Journal.

Emeritus attorneys assist low-income clients in an approved legal services provider program by providing direct legal representation and advice, serving as mentors to legal services staff or providing assistance with administration and fund raising.

To be eligible, 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 eight years;
- Have been admitted to practice law in any jurisdiction in the United States at least 10 years preceding application to the program;
- Agree to practice law on a pro bono basis *only* through a qualified legal services program or a State Bar-certified lawyer referral service;
- Comply with MCLE requirements for active attorneys (*reduced and no fee MCLE programs are available to EAP participants - call 415/538-2328 for details*);
- Agree to reapply to the EAP annually.

To apply to the EAP:

- Contact and make arrangements with an approved legal services provider (call 415/538-2328 for a list of approved providers);
- Fill out and sign the *EAP Application & Sworn Statement*;
- Have the *EAP Legal Services Provider Declaration* signed by the director/coordinator of the approved legal services program you have selected;
- Send **both completed** forms to the State Bar and a member of the EAP staff will contact you (be sure to keep a copy for your records).

For additional information, contact Michael Dayao, 415/538-2328 or [michael.dayao@calbar.ca.gov](mailto:michael.dayao@calbar.ca.gov)

**The State Bar of California**  
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***EAP Application and Sworn Statement***

**I understand that I must:**

- Be an **ACTIVE** member of The State Bar of California.
- Provide a written statement requesting transfer from inactive to active status, if necessary.
- Reapply to the EAP 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 eight years immediately preceding the date of this application.
- Have been admitted to the practice of law in the United States at least 10 years preceding the date of this application.
- Have no record of public discipline for professional misconduct imposed in the past 15 years by the California Supreme Court, the State Bar, or any other jurisdiction admitted --- and did not resign or retire from the practice of law with disciplinary charges pending.
- 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.

**EAP APPLICANT**

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

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 200 , at \_\_\_\_\_, California.

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

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

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

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

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

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***EAP Legal Services Provider Declaration***

(Please have an authorized representative of the program you have selected sign the following declaration and send to the address below.)

**EAP LEGAL SERVICE PROVIDER or 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:**

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

Name of Director/Coordinator (print): \_\_\_\_\_

Program Name: \_\_\_\_\_

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

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

**Return both of these completed, signed forms:**

- *EAP Application and Sworn Statement*
- *EAP Legal Services Provider Declaration*

**To:**

Michael Dayao  
The State Bar of California,  
180 Howard Street  
San Francisco, CA 94105  
fax: 415/538-2552

***Remember: Send both signed, completed forms (pages 2 and 3)!***