



*The*  
**DISCIPLINARY BOARD**  
*of the Supreme Court of Pennsylvania*

Attorney Registration  
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**ELIGIBLE LEGAL AID ORGANIZATION FORM**  
For Attorneys on Emeritus Status

This form must be submitted to this office for approval at the above address prior to the commencement of services described in Pa.R.D.E. 403(d). An emeritus attorney is authorized solely to provide pro bono legal services under the auspices of an eligible legal aid organization. An "eligible legal aid organization" for the purposes of Pa.R.D.E. 403 is a not-for-profit organization that provides legal services.

Name of Emeritus Attorney: \_\_\_\_\_ Attorney ID#: \_\_\_\_\_

**TO BE COMPLETED BY THE SUPERVISING ATTORNEY**

Should the supervising attorney change for the above-named attorney, an updated form should be submitted.

Organization Name: \_\_\_\_\_

CLE Provider ID, if applicable: \_\_\_\_\_

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

Organization Website: \_\_\_\_\_

Organization Telephone Number: \_\_\_\_\_

Supervising Attorney Name: \_\_\_\_\_ PA Attorney ID#: \_\_\_\_\_

Description of legal services performed by the organization and the nature of the duties expected to be performed by the emeritus attorney:

\_\_\_\_\_  
\_\_\_\_\_

**Check (✓) for Verification:**

- I, the supervising attorney of the above-named Legal Aid Organization, verify that this organization maintains malpractice insurance that will cover the emeritus attorney.
- I, the supervising attorney of the above-named Legal Aid Organization, verify that this organization will provide appropriate training and support to the emeritus attorney.

Supervising Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please retain a copy of this form for the Legal Aid Organization's records.**