



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

**Rule 756(k)(3) Statement of Attorney Seeking Authorization  
to Provide *Pro Bono* Services**

For use by attorneys admitted in another state, but not Illinois, seeking authorization to provide *pro bono* legal services under the auspices of a qualified sponsoring entity. The second section of the form is to be completed by a representative of the entity sponsoring the *pro bono* legal service program in which the lawyer participates.

**TO BE COMPLETED BY ATTORNEY**

I, \_\_\_\_\_, an attorney admitted to practice law in \_\_\_\_\_,  
(attorney name) (other state(s) admitted)  
am not currently the subject of any disbarment or disciplinary order in the state(s) listed, and seek authorization to provide *pro bono* services pursuant to Illinois Supreme Court Rule 756(k), under the auspices of \_\_\_\_\_.  
(sponsoring entity)

Other State(s) Admitted: \_\_\_\_\_

Other State(s) Registration Number(s): \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

1. I agree to participate in any training required by the sponsoring entity. **Check this box to confirm your agreement:** \_\_\_\_

2. I agree to notify the Administrator of the Attorney Registration and Disciplinary Commission within 30 days of ending my participation in the sponsoring entity's *pro bono* program. **Check this box to confirm your agreement:** \_\_\_\_

Attorney's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney 1  
(Out of State)



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**TO BE COMPLETED BY SPONSORING ENTITY**

**Verification of Sponsoring Entity**

I, \_\_\_\_\_, hereby verify that \_\_\_\_\_  
(your name) (attorney name)  
will participate in the *pro bono* legal services program(s) under the auspices of  
\_\_\_\_\_  
(sponsoring entity)

Sponsoring Entity Number: \_\_\_\_\_

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

Position or Title \_\_\_\_\_

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

oo

To Be Completed by ARDC Staff

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

ARDC Registration Staff

Sponsoring Entity ARDC Number: \_\_\_\_\_