



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(j)(3) Statement of Attorney Seeking Authorization  
to Provide Pro Bono Services**

For use by attorneys admitted in Illinois who are registered as inactive or retired, and seeking authorization to provide *pro bono* legal services under the auspices of a qualified sponsoring entity.

I, \_\_\_\_\_, an attorney registered as inactive or retired in the State of  
(attorney name)  
Illinois, seek authorization to provide *pro bono* services pursuant to Illinois Supreme Court Rule  
756(j), under the auspices of \_\_\_\_\_.  
(sponsoring entity)

My Attorney Registration Number is: \_\_\_\_\_

Change of Attorney's Address: \_\_\_\_\_

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

Change of Attorney's Telephone: \_\_\_\_\_

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: \_\_\_\_\_

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To Be Completed by ARDC Staff

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
ARDC Registration Staff

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



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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: \_\_\_\_\_

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

ARDC Registration Staff

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