



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)(2) Application of Organization or Entity to  
Qualify as a *Pro Bono* Sponsoring Entity**

For use by not-for-profit legal service organizations, governmental entities, law school clinical programs, and bar associations, seeking to serve as sponsoring entities for attorneys admitted in Illinois who are registered as inactive or retired or attorneys admitted in another state but not Illinois to perform *pro bono* legal services.

Name of Organization or Entity: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

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

Facsimile: \_\_\_\_\_

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

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

1. Applicant is (*check one*): \_\_\_\_\_ a not-for-profit legal services organization  
\_\_\_\_\_ a government entity  
\_\_\_\_\_ a law school clinical program  
\_\_\_\_\_ a bar association

2. Applicant provides *pro bono* legal services as defined in Illinois Supreme Court Rule 756(f)(1). Give a description of program(s) sponsored by applicant for providing *pro bono* legal services in which retired or inactive lawyers or lawyers admitted in another state but not Illinois may participate:

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

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**Verification of Responsible Attorney**

I, \_\_\_\_\_, a licensed attorney, hereby verify the following:  
*(responsible attorney's name)*

1. The *pro bono* legal services program(s) sponsored by Applicant will provide appropriate training and support for volunteers.
2. The *pro bono* legal services program(s) sponsored by Applicant will provide malpractice insurance coverage for any attorneys participating in the program under Rule 756(j).
3. The *pro bono* legal services program(s) sponsored by Applicant will notify the Administrator of the Attorney Registration and Disciplinary Commission as soon as any attorney authorized to provide legal services under this rule has ended his or her participation in the program.

Signature of Responsible Attorney: \_\_\_\_\_

Responsible Attorney's Position or Title: \_\_\_\_\_

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

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To Be Completed by ARDC Staff

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

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