



Emeritus Program Application

Retain a copy of this application for your records. Do not retype or recreate this application.

1. Applicant Information:

Name _____ Attorney # _____
Firm/Organization _____ Phone # _____
Address _____
City/State/Zip _____
E-mail _____

2. List all jurisdictions other than Wyoming in which you are licensed to practice law, along with your attorney number in that jurisdiction:

Jurisdiction _____	Jurisdiction _____	Jurisdiction _____
Attorney # _____	Attorney # _____	Attorney # _____

3. By checking the boxes below, the applicant certifies the following:

- ☐ I have read and am familiar with the Wyoming Rules of Professional Conduct and will abide by the provisions thereof.
- ☐ I will submit to the disciplinary authority and procedures of the Wyoming State Bar and Wyoming Supreme Court.
- ☐ I will comply with all orders, rules and regulations of any court, tribunal, or hearing office in which I appear, and agree to submit to their disciplinary authority and procedures.
- ☐ I will, at minimum, accept coverage of malpractice insurance as provided by the Wyoming State Bar Emeritus Program.
- ☐ I will neither ask for nor receive compensation of any kind, except for nominal reimbursements authorized by the Wyoming State Bar.
- ☐ I will comply with the Rules and Regulations of the Wyoming State Bar Emeritus Program.

STATE OF _____)
) ss.
COUNTY OF _____)

I, _____, being sworn on oath depose and say that I have read the foregoing application and that the information contained herein is true and correct.

Applicant

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public

My commission expires _____

This application must bear the applicant's original signature and be properly notarized.