



# 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.