



STATE BAR OF MONTANA
 33 S. Last Chance Gulch, Suite 1B
 P.O. Box 577, Helena, MT 59624
 (406) 442-7660 | (406) 442-7763 fax
 www.montanabar.org

<hr style="border: 0.5px solid black;"/> <i>Approved By</i>
<hr style="border: 0.5px solid black;"/> <i>Signature</i>
<hr style="border: 0.5px solid black;"/> <i>Date Approved</i>

APPLICATION FOR EMERITUS STATUS

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: () _____ - _____ Fax Number: () _____ - _____

Email Address: _____

Emeritus status will be awarded upon application to a lawyer member who meets all of the requirements as provided in the State Bar of Montana By-Laws-Article I, Section 3(g).

Please initial by the following:

_____ I am retired from the active practice of law.

_____ I have been an active or judicial member for a minimum of 10 out of the 15 years immediately preceding this application for emeritus status.

_____ I have had no record of public discipline for professional misconduct imposed at any time within the past 15 years by the courts of the State of Montana, any commission of the Montana Supreme Court, or any other jurisdiction in which the member is admitted, and I did not resign or retire from the practice of law with disciplinary charges pending.

_____ I agree to abide by the Rules of Professional Conduct and submit to the jurisdiction of the Montana Supreme Court for disciplinary purposes.

_____ I will neither ask for nor receive compensation of any kind for the legal services authorized hereunder and will not engage in the practice of law except in association with a qualified provider of legal services to persons unable to pay for such services. A "qualified provider" is a not-for-profit legal aid organization that is approved by the State Bar's Access to Justice Committee and provides malpractice insurance that will cover the emeritus member.

_____ I understand that I have an on-going obligation to advise the State Bar of Montana if my standing or status changes at any time during my tenure as an Emeritus member.

Signature of Applicant

Date