

ATTORNEY: NAME: _____ BAR NO.: _____ STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS:	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE Lamoreaux - 341 The City Drive South, Orange, CA 92868-3205	
DECLARATION RE: ATTORNEY QUALIFICATIONS FOR PRO BONO REPRESENTATION PURSUANT TO SERVICEMEMBERS CIVIL RELIEF ACT, 50 UNITED STATES CODE APPENDIX SECTION 501 ET SEQ.	

I, _____, declare that:

LICENSING

1. a. I am an active member in good standing of the State Bar of California. Bar Number: _____
 Date of Admission: _____
- OR
- b. I am an attorney in good standing and eligible to practice before the bar of a United States court or the highest court in any state, territory, or insular possession of the United States under rule 9.41(a) of the California Rules of Court. Bar number: _____ Date of Admission: _____
 Court of Admission: _____
- OR
- c. I am a registered legal aid attorney qualified to practice law in California under rule 9.45 of the California Rules of Court. I am an active licensee in good standing of the _____ bar. I am under the supervision of California attorney _____.

INSURANCE

2. a. I am covered by professional liability insurance with limits no lower than \$100,000 per claim and \$300,000 per year (or any higher limits required by local rule, if applicable). My insurer is:
- Name:
 Address:
 Phone Number:
 Email Address:
- OR
- b. I am covered against professional liability at a level not lower than that in a. by a self-insurance program through my firm, employer, or government agency, as described below.
- _____

QUALIFICATIONS

3. I wish to be considered for appointment of pro bono representation under the Servicemember Civil Relief Act (SCRA) for Family Law matters. I agree that I am competent or will obtain the necessary competence to represent servicemembers in this capacity. I agree that I will not charge the servicemembers for my services or representation.

Attorney Name:

4. I have a minimum of 3 years' experience handling Family Law matters. (Explain the years and extent of relevant experience.)

DISCIPLINE

5. a. I have had no professional discipline from the California Bar or any other state or body authorized to discipline attorneys.

OR

- b. I have been subject to discipline by the California Bar or other state or body authorized to discipline attorneys. I am attaching an explanation that includes: (1) title of the disciplinary action; (2) action number and date; (3) nature of charge; and (4) resolution (including sanction imposed if any, date sanction imposed) and date disciplinary proceeding(s) terminated.

6. While serving as a SCRA attorney, I agree to notify the Court if I am subject to professional discipline from the California Bar or any other body authorized to discipline attorneys.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(SIGNATURE OF DECLARANT)