



ALASKA BAR ASSOCIATION

REGISTRATION FOR OUT-OF-STATE PRO BONO PRACTICE IN ALASKA (Alaska Bar Rule 43.6)

Attorney Name

Telephone Number(s)

Email

Mailing Address

License Information

State	Bar Number	Active Status?		In Good Standing?		Ever been subject to discipline for professional misconduct?	
		yes	no	yes	no	yes	no
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you covered by malpractice insurance for practice in Alaska? yes no

By signing below, I _____, agree and attest to the following:

- All legal services I provide in Alaska pursuant to admission under Rule 43.6 will be provided without cost to the client and under the supervision of a qualified legal service provider.
- I have reviewed and will abide by the Alaska Rules of Professional Conduct.
- I submit to the disciplinary jurisdiction of the Alaska Supreme Court and the Alaska Bar Association.
- The license information provided above is true and accurate.

Date _____

Signature _____

SIGNED AND SWORN TO before me this _____ day of _____, 20____.

Notary Public: _____

My commission Expires: _____

Legal Service Provider

Provider Name

Telephone Number(s)

Contact Name

Email

Is the provider a qualified legal service provider under Rule 43.6? yes no

Does the provider have malpractice insurance that covers the attorney? yes no

Date _____

Signature _____