



**2008 Empire State Counsel[®] Program
Verification Form**

PLEASE PRINT YOUR NAME LEGIBLY AND EXACTLY AS YOU WANT IT TO APPEAR ON YOUR CERTIFICATE AND INDICATE ONLY THE ADDRESS THE CERTIFICATE IS TO BE MAILED TO

Name: Mr. / Ms. _____

NYSBA ID#: _____

Firm Name: _____

Address: _____

Phone Number: _____

E-Mail: _____

I hereby certify that, in 2008, I have provided 50 or more hours of legal services at no fee and without expectation of fee to persons of limited financial means; or to a not-for-profit, governmental or public services organizations which serve the legal or other basic needs of persons of limited financial means; or to an organization designed to increase the availability of legal services to persons of limited financial means.

(Signature)

(Date)

(Optional) Below is a brief description of the services rendered, including the nature of the case(s), dates of service, and the outcome(s) of the cases(s).

*This form may be submitted by scanning and e-mailing it to probono@nysba.org, faxing it to (518) 487-5694 or mailing it to Pro Bono Affairs, NYSBA, 1 Elk Street, Albany, NY 12207. Deadline date for submission is **12/31/08**. To participate in the program you must be a member of the NYS Bar Association. For membership information please contact Member Services at (518) 487-5577.*