

**Appendix IV: AFFIDAVIT OF EMERITUS STATUS**

**MINNESOTA STATE BOARD OF CONTINUING LEGAL EDUCATION**  
180 E. 5<sup>th</sup> Street, Suite 950, St. Paul, Minnesota 55101  
651-297-7100 [clestaff@mbcle.state.mn.us](mailto:clestaff@mbcle.state.mn.us)  
[www.cle.mn.gov](http://www.cle.mn.gov)

For details regarding Emeritus Status, see Rule 2J and Rule 14 of the Rules of the Minnesota State Board of Continuing Legal Education at [www.cle.mn.gov/rules](http://www.cle.mn.gov/rules).

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Email:<sup>1</sup> \_\_\_\_\_ Phone: \_\_\_\_\_

Address:<sup>2</sup> \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- First Affidavit for Emeritus Status       Renewal Affidavit for Emeritus Status

**ATTENDANCE INFORMATION**

SPONSORING AGENCY	COURSE TITLE & EVENT CODE (if known)	COURSE DATE(S)	STANDARD CLE	ETHICS	ELIMINATION OF BIAS
1.					
2.					
3.					
4.					
5.					
		<b>Hours Total:</b>			

Name & address of referring approved legal services provider: \_\_\_\_\_

\_\_\_\_\_

Name & phone # of contact at legal services provider: \_\_\_\_\_

\_\_\_\_\_

Area of law in which pro bono service will be provided: \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> An email confirmation will be sent after the lawyer is placed on Emeritus Status.

<sup>2</sup> Address changes must be made in writing by sending notice to the Lawyer Registration Office, 180 E 5<sup>th</sup> Street, Suite 950, St. Paul, Minnesota 55101.

Please initial the following statements and sign this affidavit swearing (affirming) to the following:

\_\_\_\_\_ I have filed a Retirement Affidavit with the Lawyer Registration Office pursuant to Rule 2(C)(5) of the Rules on Lawyer Registration and am on Inactive-Retired Status with Lawyer Registration. Record can be verified at: <http://mars.courts.state.mn.us/>.

\_\_\_\_\_ I am on voluntary (not involuntary) restricted status. See CLE Rules 2N and 2V.

\_\_\_\_\_ At least 3 of the substantive law CLE credit hours listed above are in the substantive area of law in which I intend to provide pro bono legal representation, and I affirm that prior to providing legal advice or representation in another substantive law area I will obtain 3 substantive credit hours in that area of law.

\_\_\_\_\_ If providing pro bono service in a brief advice clinic, I will have received or will obtain the necessary training to provide that service.

\_\_\_\_\_ I give permission to the Minnesota Board of Continuing Legal Education to verify this information by contacting the approved legal services provider.

\_\_\_\_\_ I understand that the Emeritus Status will expire 3 years from the day the CLE Board posts my Emeritus status on the CLE website, unless prior to the expiration I file an Emeritus Status renewal Affidavit in compliance with Rule 14.

\_\_\_\_\_ I shall limit my practice to providing pro bono legal representation to one or more pro bono clients in matters referred to me by an approved legal services provider.

Lawyer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A lawyer on Emeritus Status who seeks to transfer to Active Status must follow the requirements of Rule 12 (and return to an active fee status with the Lawyer Registration Office). See Rule 12 of the CLE Rules.

Submit form to [clestaff@mbcle.state.mn.us](mailto:clestaff@mbcle.state.mn.us) or to:  
Continuing Legal Education Office  
180 E 5<sup>th</sup> Street, Suite 950  
St. Paul, MN 55101