

**Pepperdine University School of Law
Pro Bono Requirement Certification**

Student Name: _____

CWID: _____

Graduating Class: _____

Pro Bono Placement(s) or Project(s): _____

Supervising Attorney(s): _____

Is this placement a School of Law Clinic or for Externship credit (yes or no)? _____

If not, how many hours did you work at this placement or on this project? _____

Indicate the type of pro bono work you completed in this placement or project by providing or enabling direct delivery of supervised legal services without expectation of compensation from the client other than reimbursement of expenses:

To persons of limited means as defined by Business & Professions Code section 6213(d) in California, or by the interest on lawyers trust account program in another United States jurisdiction;

To charitable, religious, civic, community, governmental and educational organizations in matters that are designed primarily to address the needs of persons of limited means; or

To individuals, groups or organizations seeking to secure or protect civil rights, civil liberties or public rights, or charitable, religious, civic, community, governmental and educational organizations in matters in furtherance of their organizational purposes, where the payment of standard legal fees would significantly deplete the organization's economic resources or would be otherwise inappropriate.

Communities through local, state, or federal governmental offices or agencies, including courts, prosecutors, or other public service law offices.

I certify, subject to the School of Law Honor Code and governing rules of professional conduct, that I completed _____ hours of qualifying, approved pro bono work at this placement or on this project, supervised by the undersigned, licensed attorney.

Student Signature

Date

I certify that I supervised and approved this student's qualifying, approved pro bono work described here, that I have practiced law for at least two years before supervising this student.

Supervising Attorney

Date

For Clinical Program use only:

Director of Pro Bono Program Approval

Date

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Explain the pro bono work performed by your placement or project:

Describe your role in the provision of pro bono services at this placement or project:

Describe and explain the lessons and insights you have learned or explored in your pro bono placement or project: