STATE BAR OF WISCONSIN

Your Practice. Our Purpose.™

Pro Bono Honor Society Certification Form

Person submitting nomination:

Name	
Organization	
Address	
Phone	
Email	

Nominee:

Name	
Organization	
Address	
Phone	
Email	

1. How many total hours of Pro Bono Work was provided during the 2023 Calendar Year?

2. Describe the type of Pro Bono Work performed (practice area, direct representation, clinic work, etc.)

Please submit a completed certification form by March 1, 2024 to Sarah Watson, State Bar of Wisconsin, P.O. Box 7158 Madison WI 53707-7158 or swatson@wisbar.org