



## Rural Practice Development Program

### Application Instructions

The State Bar of Wisconsin's Rural Practice Development Program aims to address the shortage of legal representation in rural areas of the state. Each year, three eligible attorneys receive a monetary stipend if they reside and practice law in designated rural communities for a minimum of two years.

#### Eligibility

Attorneys who are licensed to practice law in Wisconsin and:

- Relocated to and/or began working in an eligible county after September 1, 2025,  
**OR**
- Have not been regularly employed in and/or maintained residence in an eligible county\* for the past two years. *Note: Recent graduates who completed a summer position in a rural community are eligible to apply.*

\*State Bar Members who reside and work out of state are eligible to apply if they currently work in an area considered urban. (Contact [Kim Burns](#) for more information if interested.)

#### Application must be received no later than April 30, 2026

To apply, please submit the following:

- The State Bar of Wisconsin Rural Practice Development Program application form
- Personal statement describing why you want to practice law in rural Wisconsin
- Resume
- Reference letter with contact information (may be contacted to check reference)

#### Personal Statement

*Please do not submit any confidential information you would not want to be available outside of this review group.*

When preparing your personal statement please consider the following questions:

- Why are you interested in rural practice?
- What in your life has shaped you or influenced your goals?
- Where do you see your career in five or ten years?
- \*What would be your ideal position in rural Wisconsin?
- \*What area of rural Wisconsin would you consider living?
- \*If you are selected for this program, what is your plan for deciding where to work and live?

\* If you currently live or work in a rural area, please adjust your answers accordingly.



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## Application Form

If you have any questions about this process, please contact Kim Burns, [kburns@wisbar.org](mailto:kburns@wisbar.org), 608-250-6181.

### Applicant Information

Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Residential address (if different than above): \_\_\_\_\_

State Bar Number: \_\_\_\_\_ or, Graduation Date: \_\_\_\_\_

Please list other locations where you have lived over the last two years and include dates:

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I have not lived in a defined county at any point during the last 24 months.

**OR**

Relocated to and/or began working in an eligible county after September 1, 2025.

### Area(s) of Practice Information:

Current Areas of Practice and Percent of Focus:

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Areas of Practice you are interested in:

*Please provide reasons for this interest.*



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**Please rank your level of interest for each type of work:**

*1 is the most interesting and 7 is least interesting.*

- |   |  |
|---|--|
| <input type="checkbox"/> Establish your own firm  | <input type="checkbox"/> Corporate Counsel |
| <input type="checkbox"/> Join an existing firm    | <input type="checkbox"/> Nonprofit         |
| <input type="checkbox"/> Public Defender          | <input type="checkbox"/> Other             |
| <input type="checkbox"/> District Attorney Office |  |
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**Miscellaneous:**

How did you hear about the Rural Practice Development Program?

- State Bar direct email  
 State Bar article (InsideTrack, Wisconsin Lawyer)  
 Colleague/Peer  
 Other \_\_\_\_\_
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Your signature indicates that you are eligible to apply for the State Bar of Wisconsin's Rural Practice Development Program; and that you are in good standing (or soon to be admitted) to practice law in Wisconsin.

By signing this application form, you authorize the Advisory Group to review all materials submitted and contact your provided reference(s).

If selected to participate in the program, you are required to execute Authorization for Release of Information documents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Typed signature acceptable.)*