STATE BAR OF WISCONSIN

Your Practice. Our Purpose.™

Pro Bono Honor Society Certification Form

Name:

State Bar Number:

County:

Email:

1. How many total hours of Pro Bono Work was provided during the 2026 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, 2027 to Sarah Watson, State Bar of Wisconsin, P.O. Box 7158 Madison WI 53707-7158 or probono@wisbar.org