

\_\_\_\_\_  
Full Name of Party Filing Document

Idaho State Bar No. \_\_\_\_\_

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

Attorney for \_\_\_\_\_

IN THE DISTRICT COURT FOR THE \_\_\_\_\_ JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff,

vs.

\_\_\_\_\_,  
Defendant.

Case No. \_\_\_\_\_

NOTICE OF LIMITED PRO BONO  
APPEARANCE

The undersigned attorney hereby enters a Limited Pro Bono Appearance for \_\_\_\_\_,  
the \_\_\_\_\_, pursuant to I.R.C.P. 11.4.

1. Counsel's appearance and representation in this matter shall be limited in scope to the following matter(s):

(a) \_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_  
\_\_\_\_\_

(c) \_\_\_\_\_  
\_\_\_\_\_

2. The undersigned attorney is "attorney of record" and available for service of documents only for those matters specifically identified in paragraph 1. For all other matters, the

party must be served directly. The party's name, address, and phone number are listed below for that purpose.

Name: \_\_\_\_\_

Address (for the purpose of service): \_\_\_\_\_

Phone: \_\_\_\_\_

3. Counsel's representation of client will terminate at the conclusion of all matters specified in paragraph 1, upon the filing of a Notice of Completion of Limited Pro Bono Appearance, pursuant to I.R.C.P. 11.4.
4. This accurately sets forth the terms of the written agreement between counsel and the client for limited legal representation.

I have read and approve of this notice.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

CERTIFICATE OF SERVICE

I certify that on (date) \_\_\_\_\_ I served a copy to: (name all parties in the case other than yourself)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery
- Overnight delivery/Fed Ex

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery
- Overnight delivery/Fed Ex

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature