

BOARD ON THE UNAUTHORIZED PRACTICE OF LAW OF THE SUPREME COURT OF OHIO

**Certification of Personnel Expenses for Reimbursement Under
Gov. Bar R. VII, 5(C)**

UPL Committee:

**Reimbursement for Personnel Costs From April 1, _____ Through June 30, _____
Due on or before August 1, _____**

The undersigned Bar Association official hereby certifies that the expenses summarized below and documented in the supporting attachments were incurred by the Association in the performance of obligations under Gov. Bar R. VII, during April, May and June .

I. Personnel Costs (for work dedicated to unauthorized practice of law matters):

Employee:

Name

Position/Duties

- A. Salary documentation for quarter: \$
(including payroll taxes, retirement plans, and other fringe benefits; please list separately).
- B. Percentage of work dedicated to unauthorized practice of law matters during Quarter: %
- C. Expenses for this employee (A x B): \$

Employee:

Name

Position/Duties

- A. Salary documentation for quarter: \$
(including payroll taxes, retirement plans, and other fringe benefits; please list separately).
- B. Percentage of work dedicated to unauthorized practice of law matters during Quarter: %
- C. Expenses for this employee (A x B): \$

Employee:

Name

Position/Duties

- A. Salary documentation for quarter: \$
(including payroll taxes, retirement plans, and other fringe benefits; please list separately).
- B. Percentage of work dedicated to unauthorized practice of law matters during Quarter: %
- C. Expenses for this employee (A x B): \$

Employee:

Name

Position/Duties

- A. Salary documentation for quarter: \$
(including payroll taxes, retirement plans, and other fringe benefits; please list separately).
- B. Percentage of work dedicated to unauthorized practice of law matters during Quarter: %
- C. Expenses for this employee (A x B): \$

TOTAL PERSONNEL COSTS: \$

Respectfully submitted,

Signature

Name (Please Print or Type)

Title (President, Chair of UPL Committee, Bar Officer or Official)

Date

Phone Number

Date

Phone Number

AFFIDAVIT

STATE OF OHIO :
 : SS
COUNTY OF :

I, _____, the _____ of
(name) (title)

the _____ Bar Association, being duly cautioned and sworn,
(state, city or county)

hereby state the following:

1. The expenses for which reimbursement is sought were incurred in the ordinary and usual business of the unauthorized practice of law committee of this bar association in the **Second Quarter of** _____ .
2. These submitted expenses have not been nor will they be reimbursed from any other source. The submitted expenses have not been previously reimbursed by the Board.
3. I have personal knowledge of the personnel costs that were specifically dedicated to the investigation and prosecution of unauthorized practice of law matters per Gov. Bar R. VII.
4. I have attached to this affidavit a reimbursement form setting forth the amount of personnel costs for the **Second Quarter of** _____ .

Signature

Name (please print or type)

Sworn to and subscribed before me this _____ day of _____, _____ .

Notary Public