

**INSTRUCTIONS FOR COMPLETING AND FILING THE
LEGAL SERVICE PLAN
ANNUAL REGISTRATION FORM**

1. Please refer to Gov. Bar R. XVI Section 5 for the mandatory requirements of a Legal Service Plan.
2. Please answer all questions completely. **In cases where a question requires an attachment to address it, please clearly label and identify what part of the attachment addresses the question.**
3. If the space provided on the form is not sufficient to respond to a particular question, please attach a separate page with your response and note the attachment on the form.
4. If you have questions regarding completion of the Annual Registration Form, please contact the Office of Attorney Services at the address or telephone number noted below.

Each Legal Service Plan is required to complete an Annual Registration Form and file it with the Supreme Court of Ohio Office of Attorney Services **no later than the first day of March**. Please return the completed Annual Registration Form **by mail** to the following address:

Alexis Preskar, Attorney Services Counsel
Office of Attorney Services
Supreme Court of Ohio
65 South Front Street, 5th Floor
Columbus, Ohio 43215-3431
(614) 387-9343

**The Supreme Court of Ohio
Prepaid Legal Services
Annual Reporting Form for Calendar Year _____**

If this is the first time you have submitted an Annual Report for this plan, please check here:

1. Plan

(a) Name of Plan	(b) Chief Officer or Administrator
(c) Principal Place of Plan	(d) Phone Number and Email Address

2. Sponsoring Organization

(a) Name of Sponsoring Organization	(b) Principal Officer (Title)
(c) Principal Place of Business	(d) Phone Number and Email Address

3. Attach Names and Contact Info of Plan-Engaged Attorneys.

4. Attach Schedule of Benefits, Schedule of Fees, and Financial Results of the Legal Services Activities.
Please clearly label and identify where each of the above can be found in the attachment(s).

5. Attach copies of instruments used to establish and operate plan (e.g., Trust Agreement, Articles of Incorporation, By-Laws, Rules and Regulations, Agreements with Counsel). *Please clearly label and identify the attachments.*

6. Declaration

I declare that I have read the foregoing form and examined the attachments thereto, and that all statements and attachments are true and correct to the best of my knowledge and belief.

By _____
(Signature of Representative) (Title)

_____ (Address)			_____ (Phone No.)	_____ (Date)
_____ City	_____ State	_____ Zip	_____ Email Address	