



THE SUPREME COURT of OHIO

65 South Front Street Columbus, Ohio 43215-3431

Attorney Services Division
614.387.9320
www.supremecourtfohio.gov

↓Please detach at perforation before returning↓

CERTIFICATE OF REGISTRATION ■ 2007-2009 BIENNIUM

Please complete **all** sections of this form.

REGISTRATION NUMBER	BUSINESS OR FIRM NAME
NAME	TITLE OR POSITION
RESIDENCE ADDRESS	BUSINESS OR FIRM ADDRESS
CITY COUNTY	CITY COUNTY
STATE/COUNTRY ZIP	STATE/COUNTRY ZIP
DATE ADMITTED TO OHIO BAR	BUSINESS OR FIRM PHONE
DATE OF BIRTH GENDER	BUSINESS OR FIRM FAX

E-MAIL (please type or print clearly)

<p>INDICATE APPROPRIATE STATUS AND LATE FEE IF APPLICABLE</p> <p><input type="checkbox"/> Active (\$350 fee)</p> <p><input type="checkbox"/> Inactive (No fee)</p> <p><input type="checkbox"/> Corporate (Not applicable if admitted in Ohio; \$350 fee)</p> <p><input type="checkbox"/> \$50 late fee (See Instructions)</p> <p><input type="checkbox"/> \$300 reinstatement fee (See Instructions)</p>	<p>PLEASE CHECK EVERY RACE YOU CONSIDER YOURSELF TO BE</p> <p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> White</p> <p>ARE YOU HISPANIC/LATINO? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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CERTIFICATION

I certify that the information I am providing on this form is true and accurate.

SIGNATURE OF ATTORNEY

DATE

Make check or money order payable to THE SUPREME COURT OF OHIO

Amount: _____

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INTEREST ON LAWYERS' TRUST ACCOUNTS (IOLTA) AND INTEREST ON TRUST ACCOUNTS (IOTA) REGISTRATION

REGISTRATION NUMBER:

NAME:

Please list below all escrow accounts with which you are associated, pursuant to Gov. Bar R. VI and Prof. Cond. Rule 1.15. Please list additional accounts on a separate sheet.

FIRST ACCOUNT NAME	ACCOUNT HOLDER	TYPE
Account Number: _____ Financial Institution: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Firm	<input type="checkbox"/> IOLTA <input type="checkbox"/> IOTA
SECOND ACCOUNT NAME	ACCOUNT HOLDER	TYPE
Account Number: _____ Financial Institution: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Firm	<input type="checkbox"/> IOLTA <input type="checkbox"/> IOTA
THIRD ACCOUNT NAME	ACCOUNT HOLDER	TYPE
Account Number: _____ Financial Institution: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Firm	<input type="checkbox"/> IOLTA <input type="checkbox"/> IOTA

I am exempt from the provisions of RC §§4705.09, 4705.10, and/or 3953.231 because (please check one):

1. My employer on my behalf and/or I do not receive, maintain, or disburse the funds of clients that I represent.
2. I do not regularly practice in Ohio, and do not receive, maintain, or disburse the funds of clients who reside in the state of Ohio.

QUESTIONS?
Contact the Ohio Legal Assistance Foundation.
Visit www.olaf.org or call 614.752.8919.