



**THE SUPREME COURT of OHIO**  
Office of Attorney Services ■ 614.387.9320

**Certificate of Registration**  
**2025/2027 Biennium**

Please complete the entire form (type or print clearly).

REGISTRATION NUMBER	BUSINESS OR FIRM NAME
NAME	TITLE OR POSITION
RESIDENCE ADDRESS	BUSINESS OR FIRM ADDRESS
CITY	CITY
COUNTY	COUNTY
STATE/COUNTRY	STATE/COUNTRY
ZIP	ZIP
EMAIL	BUSINESS OR FIRM PHONE
SERVICE EMAIL	

**REGISTRATION STATUS**

CHECK APPROPRIATE BOX(ES)

- ☐ Active ..... \$450
- ☐ Inactive (Not engaged in the practice of law in Ohio) ..... No Fee
- ☐ Emeritus (Associated with a pro bono organization) ..... \$75
- ☐ Corporate (Not applicable if admitted in Ohio) ..... \$450
- ☐ Military Spouse Attorney Temporary Admission ..... \$400
- ☐ Voluntary Fee (To support civil legal aid services) ..... \$50
- ☐ Late Fee ..... \$100

**ADMISSIONS TO OTHER STATE/  
TERRITORY JURISDICTIONS**

IF YOU ARE ADMITTED TO PRACTICE LAW IN ANY OTHER STATE OR  
TERRITORY OF THE UNITED STATES, LIST THEM BELOW.  
DO NOT INCLUDE FEDERAL ADMISSIONS.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RACE AND ETHNICITY**

SELECT ALL THAT APPLY

- |   |   |
|---|---|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Korean                           |
| <input type="checkbox"/> Hispanic                         | <input type="checkbox"/> Japanese                         |
| <input type="checkbox"/> Latino                           | <input type="checkbox"/> Other Asian                      |
| <input type="checkbox"/> Spanish                          | <input type="checkbox"/> Native Hawaiian                  |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Samoan                           |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Chamorro                         |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Other Pacific Islander           |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Middle Eastern and North African |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Some Other Race                  |
| <input type="checkbox"/> Vietnamese                       | <input type="checkbox"/> Prefer Not to Answer             |

DO YOU CURRENTLY OR HAVE YOU EVER SERVED  
IN THE U.S. ARMED FORCES, ANY RESERVE  
COMPONENT, OR THE NATIONAL GUARD?

- ☐ Yes    ☐ No    ☐ Prefer Not to Answer

IF YOU ARE BILINGUAL OR MULTILINGUAL, WHICH OF THE FOLLOWING  
LANGUAGES ARE YOU PROFICIENT IN? SELECT ALL THAT APPLY:

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Mandarin             |
| <input type="checkbox"/> Russian | <input type="checkbox"/> French               |
| <input type="checkbox"/> Arabic  | <input type="checkbox"/> Prefer Not to Answer |

MAKE CHECK OR MONEY ORDER  
PAYABLE TO THE SUPREME  
COURT OF OHIO

\_\_\_\_\_  
AMOUNT

\_\_\_\_\_  
CHECK NUMBER

### Professional Management-Based Regulation (PMBR)

*The definition of "an attorney engaged in the private practice of law" as defined in Gov. Bar R. VI(1)(B), is any attorney registered as active with the Supreme Court of Ohio, but not if they are: 1) registered as a corporate counsel attorney under Section 6 of Gov. Bar R. VI; 2) employed by an organizational client or governmental entity and who does not represent clients outside that capacity; 3) registered as a military legal assistance attorney under Section 7 of Gov. Bar R. VI; 4) Registered as an emeritus pro bono attorney under Section 8 or Gov. Bar R. VI; or 5) No longer practicing law in any capacity.*

Step  
1

1. Are you an attorney engaged in the private practice of law as defined in Gov. Bar R. VI(1)(B)?

- ☐ Yes  
☐ No

*Please see the Instructions for the definition. If you answer "no," skip step 2 and proceed to the Certification.*

Step  
2

2. If you answered "yes" to the previous question, do you have professional liability (malpractice) insurance?

- ☐ Yes, I have professional liability (malpractice) insurance individually or through my firm or employer.  
☐ Yes, I only handle cases from a legal aid organization that provides professional liability (malpractice) insurance.  
☐ No, I do **NOT** have professional liability (malpractice) insurance.

If you answered "yes" to the first question, do you have a plan in place to manage your work or caseload in the event you become temporarily or permanently unable to do so?

- ☐ Yes  
☐ No

### CERTIFICATION: SIGNATURE IS REQUIRED

I CERTIFY THAT THE INFORMATION I AM PROVIDING ON THIS REGISTRATION FORM IS TRUE AND ACCURATE.

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Date

## 2023/2025 OHIO IOLTA & IOTA Account Registration Form

Step 1	Verify/Update Information				
	REGISTRATION NUMBER		ATTORNEY NAME		
Step 2	Ohio IOLTA/IOTA Status and Title Agent Status: Complete Each Section				
	<b>OHIO IOLTA/IOTA STATUS:</b>  <input type="checkbox"/> I do maintain Ohio IOLTA and/or IOTA Account(s). <input type="checkbox"/> I do <b>NOT</b> maintain Ohio IOLTA and Ohio IOTA Account(s). <input type="checkbox"/> My employer or I do <b>NOT</b> handle funds owned by my client(s); I am on inactive status with the Supreme Court; I am retired or unemployed; I am a corporate or government attorney. <input type="checkbox"/> My employer or I do <b>NOT</b> have an office situated in Ohio.		<b>TITLE AGENT STATUS:</b>  <input type="checkbox"/> I am <b>NOT</b> a licensed title insurance agent in the State of Ohio. <input type="checkbox"/> I am a licensed title insurance agent in the State of Ohio. <input type="checkbox"/> My employer or I handle residential real estate transactions outlined in R.C. 3953.231. <input type="checkbox"/> My employer or I do <b>NOT</b> handle residential real estate transactions outlined in R.C. 3953.231.		
Step 3	<b>Provide/Update Account(s) Information, If Applicable</b> <i>Provide additional Ohio IOLTA and Ohio IOTA accounts on a separate sheet and attach. Do not write on the back of this form.</i>				
	ACCOUNT REGISTRATION				
	First Ohio Account	ACCOUNT NAME		ACCOUNT HOLDER <input type="checkbox"/> Individual <input type="checkbox"/> Firm	TYPE <input type="checkbox"/> IOLTA <input type="checkbox"/> IOTA
		ACCOUNT NUMBER	FINANCIAL INSTITUTION		
	Second Ohio Account	ACCOUNT NAME		ACCOUNT HOLDER <input type="checkbox"/> Individual <input type="checkbox"/> Firm	TYPE <input type="checkbox"/> IOLTA <input type="checkbox"/> IOTA
		ACCOUNT NUMBER	FINANCIAL INSTITUTION		
	Third Ohio Account	ACCOUNT NAME		ACCOUNT HOLDER <input type="checkbox"/> Individual <input type="checkbox"/> Firm	TYPE <input type="checkbox"/> IOLTA <input type="checkbox"/> IOTA
ACCOUNT NUMBER		FINANCIAL INSTITUTION			
<i>Questions concerning Ohio IOLTA/IOTA: Contact the Ohio Access to Justice Foundation:  <a href="http://www.ohiojusticefoundation.org">www.ohiojusticefoundation.org</a> or 614.715.8560.</i>					