## 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 | January | 1. | Through March 31, |
|--|---------------|-----|-----------|-------|------|---------|----|-------------------|
|--|---------------|-----|-----------|-------|------|---------|----|-------------------|

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 January, February, and March,

|       |        | of obligations under Gov. Bar R. VII,   | <u> </u>                                 |  |  |  |  |  |
|-------|--------|---|--|--|--|--|--|--|
| I.    | Person | sonnel Costs (for work dedicated to unauthorized practice of law matters):                    |  |  |  |  |  |  |
| Emplo | yee:   | Name  |  |  |  |  |  |  |
|       |        | Position/Duties   |  |  |  |  |  |  |
|       | A.     | Salary documentation for quarter: (including payroll taxes, retirement planlist separately).  | \$ as, and other fringe benefits; please |  |  |  |  |  |
|       | В.     | Percentage of work dedicated to unauth Quarter:   | orized practice of law matters during %  |  |  |  |  |  |
|       | C.     | Expenses for this employee (A x B):   | \$                                       |  |  |  |  |  |
| Emplo | oyee:  | Name  |  |  |  |  |  |  |
|       |        | Position/Duties   |  |  |  |  |  |  |
|       | A.     | Salary documentation for quarter: (including payroll taxes, retirement plan list separately). | \$ as, and other fringe benefits; please |  |  |  |  |  |
|       | В.     | Percentage of work dedicated to unauth Quarter:   | orized practice of law matters during %  |  |  |  |  |  |
|       | C.     | Expenses for this employee (A x B):   | \$                                       |  |  |  |  |  |
|       |        |   |  |  |  |  |  |  |

| Employee: | Name  |  |  |  |  |
|-----------|---|--|--|--|--|
|           | Position/Duties   |  |  |  |  |
| A.        | Salary documentation for quarter: (including payroll taxes, retirement plist separately). | for quarter: \$ s, retirement plans, and other fringe benefits; please |  |  |  |
| В.        | Percentage of work dedicated to una Quarter:  | uthorized practice of law matters during %                             |  |  |  |
| C.        | Expenses for this employee (A x B)  | : \$   |  |  |  |
| Employee: | Name  |  |  |  |  |
|           | Position/Duties   |  |  |  |  |
| A.        | Salary documentation for quarter: (including payroll taxes, retirement plist separately). | \$<br>plans, and other fringe benefits; please                         |  |  |  |
| В.        | Percentage of work dedicated to una Quarter:  | uthorized practice of law matters during %                             |  |  |  |
| C.        | Expenses for this employee (A x B)  | : \$   |  |  |  |
| TOTAL PE  | RSONNEL COSTS:  | \$   |  |  |  |
|           | Respectfully submitted,   |  |  |  |  |
|           | Signature   |  |  |  |  |
|           | Name (Please Print or Type)   |  |  |  |  |
|           | Title (President, Chair of UF   | PL Committee, Bar Officer or Official)                                 |  |  |  |
|           | Date  | Phone Number   |  |  |  |

## **AFFIDAVIT**

STATE OF OHIO

| CO  | UNTY OF  | :            | : SS                    |                 |  |  |
|---|--|--------------|-------------------------|-----------------|--|--|
| I,  | (name)   | the (ti      | itle)                   | of              |  |  |
| the   | (state, city or county)  | Bar Associat | ion, being duly caution | oned and sworn, |  |  |
| here  | eby state the following:   |              |                         |                 |  |  |
|   | The expenses for which reiminess of the unauthorized practice arter of |              | _                       | <u> </u>        |  |  |
| 2.  | These submitted expenses have  |              | •                       |                 |  |  |
| 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 <b>First Quarter of</b> .   |  |              |                         |                 |  |  |
|   |  |              |                         |                 |  |  |
|   |  |              | Signature               |                 |  |  |
|   |  |              | Name (please print      | or type)        |  |  |
| Swo   | orn to and subscribed before me  | this day o   | f ,                     |                 |  |  |
|   |  |              | Notary Public           |                 |  |  |