

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

AFFIDAVIT

STATE OF OHIO :

COUNTY OF :

: SS
:

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 **First Quarter of 2020**.
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 **First Quarter of 2020**.

Signature

Name (please print or type)

Sworn to and subscribed before me this _____ day of _____, 2020.

Notary Public