



**BOARD ON THE UNAUTHORIZED PRACTICE OF LAW
OF THE SUPREME COURT OF OHIO**

**CERTIFICATION OF ANNUAL EXPENSES FOR REIMBURSEMENT TO A UPL COMMITTEE and
FOURTH QUARTER PERSONNEL COSTS PER GOV.BAR R. VII, UNDER GOV.BAR R. VII, §5(C)**

UPL COMMITTEE:

FOR CALENDAR YEAR: **(DUE ON OR BEFORE FEBRUARY 1 of the following year).**

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 for the year . No bar association shall apply for reimbursement or be entitled to reimbursement for expenses that are reimbursed pursuant to Gov.Bar R. V, §3(D).

1. **Fourth Quarter Personnel costs (Part 1)** \$

Do not include quarterly personnel costs for which a reimbursement request has been previously submitted.

(Part 2)

2. **Postal and Delivery Charges** \$

3. **Long Distance Telephone Charges** \$

4. **Local Telephone Charges** \$
And other appropriate line charges included,
but not limited, to per call charges.

5. **Dedicated Telephone Lines** \$

6. **Subscriptions, law books, and other legal
research services and materials related to UPL** \$

7. **Organizational Dues and Educational Expenses
Related to UPL** \$

8. **Cost of Defending a Law Suit Related to UPL** \$

9. **Overhead Expenses** \$

TOTAL REIMBURSEMENT SOUGHT: \$

Signature

Name (Please Print or Type)

Title (President, Committee Chair Bar Officer or Official)

Date

Phone Number

Part 1

1. Personnel Costs (for work dedicated to unauthorized practice of law matters):

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): \$

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: \$

(Use additional sheets if necessary)

Part 2

2. Postal and Delivery Charges

Regular Postal Charges for UPL Related Functions (Attach documentation):	\$
Other Delivery Charges for UPL Related Functions	\$
Total Postal and Delivery Charges	\$

3. Long Distance Telephone Charges

Long Distance Telephone Charges for UPL Related Functions	\$
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4. Local Telephone Charges and Other Appropriate Charges \$

5. Dedicated Telephone Lines \$

6. Subscriptions, Law Books, and Other Legal Research Services and Materials (Attach invoices)

A.	\$
B.	\$

\$

7. Organizational Dues and Educational Expenses

A. *Organizational Dues Relating To UPL*

	<u>Organization</u>	<u>Dues</u>
1.		\$
2.		\$
3.		\$
4.		\$

B. *Educational Expenses Related to UPL*

	<u>Function/Activity/Item</u>	<u>Cost</u>
1.		\$
2.		\$
3.		\$
4.		\$

8. Cost of Defending UPL Related Lawsuits

Cost of defending UPL related lawsuits not covered by insurance, and excluding any award to an adverse party of damages, attorney fees, or costs; as well as any settlement between parties wherein costs, or attorney fees are reimbursed by the opposing party. (Attach copy of complaint, answer, judgment entry, settlement agreement or consent decree, invoices, and other documentation necessary to substantiate the

expense). Please state if you have insurance coverage for this type of litigation and if so, the name of the insurance carrier and the dollar amount of the deductible.

Total \$

Insurance Carrier

Amount of Deductible

9. Overhead Expenses

Include only the percentage of costs directly attributable to UPL matters). (Itemize and attach copies of invoices or explanation as to how costs are derived, as applicable. With the exception of professional liability insurances premiums, expenses in this category may not exceed \$3,500.00 annually.

A. Rent **\$**

1. Total rent paid by bar association

\$

2. Percentage of space dedicated to UPL

3. Rent expense (1) x (2) %

\$

B. Insurance (including contents, valuable papers, data processing equipment, commercial general liability, commercial umbrella, association professional liability).

\$

C. Supplies and Equipment **\$**

D. Accounting Costs **\$**

E. Occupancy (other occupancy costs, if any) **\$**

F. Utilities **\$**

G. Office Expenses **\$**

H. Repair & Maintenance **\$**

I. Other Overhead Expenses (Specify) **\$**

TOTAL OVERHEAD EXPENSES **\$**

- % of total annual bar association costs attributable to UPL related activities.

AFFIDAVIT

STATE OF OHIO

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:

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COUNTY OF

:

I, _____, the _____ of the _____
(name) (title) (city or county)

Bar Association, being duly cautioned and sworn, hereby state the following:

1. The expenses for which reimbursement is sought were incurred in the ordinary and usual business of the UPL committee of this bar association in the year _____.
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, nor reimbursed pursuant to Gov.Bar R. V, §3(D).
3. I have personal knowledge of the personnel costs that were specifically dedicated to UPL matters and of other UPL related expenses.

Signature

Name (Please print or type)

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

Notary Public