

NAME:

BBO Number:

ATTORNEY'S COMPLIANCE STATEMENT
INTEREST ON LAWYERS' TRUST ACCOUNT
IOLTA

Supply your IOLTA account information or complete the REQUEST for EXEMPTION below.

_____ I have established an IOLTA account or

_____ My law firm has established an IOLTA account

IOLTA ACCOUNT NAME _____

LAW FIRM NAME _____

IOLTA ACCOUNT NUMBER _____

BANK _____

ATTORNEY'S REQUEST FOR EXEMPTION

I am exempt from the provisions of the Massachusetts Rules of Professional Conduct Rule 1:15
because:

_____ I am not engaged in the practice of law in Massachusetts.

_____ I am engaged in the practice of law but not within a private practice and DO NOT RECEIVE
CLIENT FUNDS. (e.g. publicly employed, corporate counsel, teacher)

_____ Other - Specify: _____

*Any attorney who fails to fill out this IOLTA Compliance Statement is subject to suspension.
For additional information, please call the IOLTA Committee at (617) 723-9093.*