

**BOARD OF BAR OVERSEERS
ATTORNEY REGISTRATION STATEMENT**

PLEASE MAIL THIS FORM TO: Board of Bar Overseers, P.O. Box 55863, Boston, MA 02205

STATUS: INACTIVE PRO-BONO

FEE DUE: \$ 150.00

NAME: _____

BBO NUMBER: _____

OFFICE / MAILING ADDRESS:

HOME ADDRESS:

WORK PHONE NUMBER: _____

HOME PHONE NUMBER: _____

NAME OF LEGAL SERVICE ORGANIZATION:

ADDRESS

CITY/TOWN, STATE AND ZIP CODE

PHONE NUMBER

PRINT NAME OF AUTHORIZED REPRESENTATIVE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

I have completed all above information including the IOLTA information and the certification of professional liability insurance the reverse side and certify all information is true and complete.

ATTORNEY SIGNATURE

Please complete reverse side of form. Thank you.

ADDITIONAL INFORMATION FOR THE BOARD OF BAR OVERSEERS

Date of birth: ____/____/____

Were you, at the time you retired from the practice of law in this Commonwealth, subject of any pending grievance or disciplinary charge? _____ Yes _____ No

If not, please attach statement of the circumstances.

Are you in good standing in all jurisdictions where you have been admitted to practice? ____ Yes ____ No

If not, please state the jurisdiction and attach statement of the circumstances.

CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE

I certify that I am (CHOOSE ONE):

_____ covered by professional liability insurance.

_____ not covered by professional liability insurance.

_____ not covered by professional liability insurance because I (1) practice law as a government lawyer or am employed by an organizational client, AND (2) do not represent clients outside that capacity.

**ATTORNEY'S COMPLIANCE STATEMENT
INTEREST ON LAWYER'S TRUST ACCOUNTS (IOLTA)**

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

_____ I have established an IOLTA account or

_____ The legal service organization 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.***