



# THE SUPREME COURT of OHIO

65 South Front Street Columbus, Ohio 43215-3431

Office of Attorney Services  
614.387.9320  
supremecourt.ohio.gov



↓ PLEASE DETACH AT PERFORATION BEFORE RETURNING ↓

## CERTIFICATE OF REGISTRATION ■ 2009-2011 BIENNIUM

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

REGISTRATION NUMBER	BUSINESS OR FIRM NAME
NAME	TITLE OR POSITION
RESIDENCE ADDRESS	BUSINESS OR FIRM ADDRESS
CITY COUNTY	CITY COUNTY
STATE/COUNTRY ZIP	STATE/COUNTRY ZIP
DATE ADMITTED TO OHIO BAR	BUSINESS OR FIRM PHONE
DATE OF BIRTH GENDER	BUSINESS OR FIRM FAX
E-MAIL (please type or print clearly)	

INDICATE APPROPRIATE STATUS AND LATE FEE IF APPLICABLE <input type="checkbox"/> Active (\$350 fee) <input type="checkbox"/> Inactive (No fee) <input type="checkbox"/> Corporate (Not applicable if admitted in Ohio; \$350 fee) <input type="checkbox"/> \$50 late fee (See Instructions) <input type="checkbox"/> \$300 reinstatement fee (See Instructions)	PLEASE CHECK EVERY RACE YOU CONSIDER YOURSELF TO BE <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander ARE YOU HISPANIC/LATINO? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

### CERTIFICATION

I certify that the information I am providing on this form is true and accurate.

SIGNATURE OF ATTORNEY \_\_\_\_\_

DATE \_\_\_\_\_

Make check or money order payable to THE SUPREME COURT OF OHIO

Amount: \_\_\_\_\_

↓ DO NOT DETACH LOWER PORTION OF FORM ↓

### INTEREST ON LAWYERS' TRUST ACCOUNTS (IOLTA) AND INTEREST ON TRUST ACCOUNTS (IOTA) REGISTRATION

REGISTRATION NUMBER: \_\_\_\_\_ NAME: \_\_\_\_\_

#### REGISTER YOUR IOLTA/IOTA ACCOUNT (PURSUANT TO GOV. BAR R. VI AND PROF. COND. RULE 1.15).

FIRST ACCOUNT NAME _____	ACCOUNT HOLDER	TYPE
Account Number: _____ Financial Institution: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Firm	<input type="checkbox"/> IOLTA <input type="checkbox"/> IOTA
SECOND ACCOUNT NAME _____	ACCOUNT HOLDER	TYPE
Account Number: _____ Financial Institution: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Firm	<input type="checkbox"/> IOLTA <input type="checkbox"/> IOTA
THIRD ACCOUNT NAME _____	ACCOUNT HOLDER	TYPE
Account Number: _____ Financial Institution: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Firm	<input type="checkbox"/> IOLTA <input type="checkbox"/> IOTA

I am exempt from the provisions of RC §§4705.09, 4705.10, and/or 3953.231 because (please check one):

- 1. My employer or I do not maintain an Ohio IOLTA/IOTA account because I do not receive funds belonging to a client.
- 2. My employer or I do not maintain an Ohio IOLTA/IOTA account because I am primarily situated outside Ohio.

QUESTIONS?  
Contact the Ohio Legal Assistance Foundation.  
Visit [www.olaf.org](http://www.olaf.org) or call 614.752.8919.