

Annual IOLTA Trust Account Report

Maine Rules of Professional Conduct 1.15 and Maine Bar Rule 6(b)

EVERY ATTORNEY MUST COMPLETE, SIGN AND RETURN THIS FORM

Mr. Ms.

Attorney's Name

City, State & Zip Code

Firm or Agency Name

Telephone

Business Mailing Address

Email

I report that: * Check the appropriate box, type or print in other information that may be needed, and then sign below*

Pursuant to Maine Bar Rule 6(b), I set forth below a current listing of all **Maine bank account number(s) and financial institution(s) of any pooled trust account(s) for me or my firm**. By the signature below, I direct the financial institution(s) listed below to automatically and without further documentation convert all eligible trust accounts, which are not yet in the IOLTA program, to interest bearing accounts with all interest payable to the Maine Justice Foundation. I authorize the financial institutions to disclose information relating to the existence of these accounts.

Because **I handle no client funds, I am exempt** from the provisions of Maine Rules of Professional Conduct 1.15 and Maine Bar Rule (6)(b).

Because **I practice outside the State of Maine and handle no Maine client funds, I am exempt** from the provisions of Maine Rules Of Professional Conduct 1.15 and Maine Bar Rule (6)(a)(2).

Pooled Trust Accounts (IOLTA)

Name of Financial Institution and Branch

Name on Account

Account Number

<u>Name of Financial Institution and Branch</u>	<u>Name on Account</u>	<u>Account Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Continued on next page.

I authorize the Board of Overseers of the Bar to forward copies of this report to the Maine Justice Foundation, the authorized administrator of the Maine IOLTA program.

Attorney Name (Print Clearly): _____ **Bar Number:** _____

Attorney Signature: _____ **Date:** _____

Be sure to make a copy for your file.

