

Board of Overseers of the Bar

P.O. Box 527 | Augusta, ME 04332-0527

T (207) 623-1121 F (207) 623-4175 www.mebaroverseers.org

New Attorney Registration Statement

To be completed by office staff

C I

\$ _____

CK# _____

Note: For the protection of the public, the **Board's records must contain both a home address and office address for every attorney.** The Board will only disclose home addresses if no office address is provided. If you do not want Board staff to disclose your home address, please provide an alternate office address. Your alternate address may be a post office box address.

Instructions

1. Complete your office and home contact information.
2. Answer questions 1 - 7 below.
3. Sign, date and return Annual IOLTA Trust Account Report.

Name: _____ Admission by: Exam Reciprocity

Firm/Company Name: _____ Send mail to: Home Office

Office Address: Street/City/State/Zip: _____

Email Address: _____ Phone: ____/____/____ Fax: ____/____/____

Home Address: _____

City/State/Zip: _____

Email Address: _____ Phone: ____/____/____

Date of Birth: ____/____/____ Social Security # ____/____/____ Gender: Female Male

Law School _____ Graduation Year: _____

Maine Admission Date ____/____/____ Date of First Admission to (any) Bar ____/____/____

Please answer the following questions:

1. Practice type: Private Practice Government Judiciary Legal Service In-House/Corporate Counsel Law School
 Military Law Clerk Other

2. How many attorneys are in your office? 1 2 - 5 6 - 9 10-19 20-49 50-99 100+ N/A

3. If you are a solo practitioner, would you like to designate an attorney to provide coverage for your practice should you become disabled, missing or deceased (see M. Bar R. 7.3(f))? If so, please identify designation below.

Attorney: _____ Bar #: _____

4. In addition to Maine, I am admitted in the following jurisdictions and/or courts:

____ Year: _____ Year: _____
____ Year: _____ Year: _____

5. Have you been disciplined in any jurisdiction, excluding Maine, between 7/1/15 and 6/30/16? Yes No If yes, please explain by separate letter.

6. Do you or your law firm carry malpractice insurance? Yes No If not, why? _____

7. Have you been convicted of a crime between 7/1/15 and 6/30/16? Yes No If yes, please explain by separate letter.

Payment Information

Registration Fee: \$ _____
Lawyer's Fund or Client Protection: \$20.00 (Mandatory)
Maine Assistance Program for Lawyers and Judges: \$20.00 (Mandatory)
Campaign for Justice Contribution: \$ _____ (Voluntary)
Total Enclosed: \$ _____

Fee Chart

Resident:		
Active	\$120*	\$225
Non-Resident:		
Active	\$120*	\$225

*If admitted to any Jurisdiction before 1/1/2014, please pay full fee of \$225.00 plus mandatory fees.

Note: Law Clerks are exempt from the payment of the annual registration fee.

Signature _____ Date: _____