

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

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\$ _____

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 with Annual IOLTA Trust Account Report.

Name: _____ Admission by: Exam Motion UBE Score Transfer

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

e-file email service address: _____ Preferred Contact Method: Email Phone

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 Non-Binary

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 in private practice, who has agreed to serve as the attorney to provide coverage for your practice should you become disabled, missing or deceased (see M. Bar R. 1(g)(12))? Please identify your confirmed proxy 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 7/1/22 and 6/30/23? 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 7/1/23 and 6/30/24? Yes No If yes, please explain by separate letter.

Payment Information Registration Fee: \$ _____

Lawyer's Fund for Client Protection: \$20.00 (Mandatory)
Maine Assistance Program for Lawyers and Judges: \$20.00 (Mandatory)
Total Enclosed: \$ _____

Registration Fee Chart

Law Clerk: only pays \$20.00 M.A.P. (Mandatory)
New attorney never admitted to another jurisdiction: \$155
New attorney admitted in another jurisdiction for less than 3 years: \$155
New attorney admitted in another jurisdiction for more than 3 years: \$260

****Note:** No annual registration fee due for those attorneys becoming admitted and sworn in during April, May or June. [see M.Bar R. 4(b)].

Signature _____ Date: _____