Affidavit of _____

In accordance with the requirements of Maine Bar Rule 4(e) and (k), I, _____, Bar #,______of ______, certify that the following is true based on my personal knowledge:

1. I am an attorney in good standing in the state of Maine

(ADD ANY OTHER STATES ADMITTED TO HERE)

- 2. Pursuant to Maine Bar Rule 4(e), I desire to be placed on inactive status;
- 3. I am not under an administrative suspension or the subject of a disciplinary investigation or proceeding under Maine Bar Rules 13(d) or (e); and
- 4. I have no pending or active legal business in Maine. Thus, there are no clients, courts or federal, state or local administrative agencies or private arbitration, mediation or alternative dispute resolution forums to notify.

Dated:

MM/DD/YY

By:_____ Attorney Signature

Address

Phone #

Board of Overseers of the Bar

Change of Information and Replacement Card Request Form To be completed and returned with your Inactive Affidavit.

Attorney Name:						Bar Num	ber:
First		M.	Last		Suffix		
Section I. Change of At	torney Name						
Please change my name Note: Name change request so ourt order, etc.							
New Name:							
First		M.	Last		Suffix		
Section II. Change or V Please □ change or □ ve Office/Firm Co	erify my contac	et informa				ontact Infor	mation
				1			mution
Office/Firm Name				Address			
Address				Address			
Address				City		State	Zip
City	State	Zip		County			
County				Phone		Fax	
Phone	Fax			Email Addre	SS		
Email Address							
Section III. Select Prefe	erred Mailing	Address					
My preferred mailing ad	dress is □ Resi	idence or	\Box office.				
Section IV. Request for	· Replacement	Card					
am requesting a replace	ement card bec	ause:					

 \Box I have a change of name. \Box The card issued for the current fiscal year has been lost or destroyed.

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

Date

Annual IOLTA Trust Account Report

Maine Rules Of Professional Conduct 1.15 and Maine Bar Rule 6(a)(2)

EVERY ATTORNEY MUST COMPLETE, SIGN AND RETURN THIS FORM

□ Mr. □ Ms. Attorney's Name Firm or Agency Name Business Mailing Address Business Mailing Address

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(a)(2), 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 Bar 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)(a)(2).

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).

<u> </u>	Pooled Trust Accounts (IOLTA)	
Name of Financial Institution and Branch	Name on Account	Account Number
		· · · · · · · · · · · · · · · · · · ·
		Continued on back
I authorize the Board of Overseers of the Bar to forw. Maine IOLTA program.	ard copies of this report to the Maine Ba	r Foundation, the authorized administrator of the
Attorney Name (Print Clearly):		Bar Number:
Attorney Signature:		Date:
*Return this with Inactive A	ffidavit Request * Please make a	copy for your files

This form can also be downloaded from our Web site: www.mbf.org