

# ANNUAL IOLTA COMPLIANCE REPORT

## MANDATORY INTEREST ON LAWYER TRUST ACCOUNTS PROGRAM (IOLTA)

(Maryland Code, Business Occupations and Professions, Section 10-303).

**Annual reporting of IOLTA compliance is required pursuant to MD Rule 16-608. You are required to file this Annual IOLTA Compliance Report with the Maryland Court of Appeals on or before February 15, 2015. FAILURE TO DO SO MAY RESULT IN YOUR DECERTIFICATION TO PRACTICE LAW IN MARYLAND. You may file online or by mail, reporting on the status of your IOLTA account(s) in existence as of the date of your completing this report. Even if you do not have an IOLTA account you must complete and submit this report to be in compliance.**

The undersigned attorney hereby declares compliance with the IOLTA Act by **checking ONE or MORE of the boxes** below as appropriate.

### COMPLIANCE DETERMINATION

- 1. I certify that there has been **NO CHANGE REGARDING MY IOLTA PRACTICES OR ACCOUNT(S)** as reported in my IOLTA Compliance Report filed the prior year.
- 2. I certify that I have **DEPOSITED MY IOLTA ELIGIBLE TRUST FUNDS IN ACCOUNTS PAYING INTEREST** to the Maryland Legal Services Corporation (MLSC) Fund as identified below.
- 3. **FOR LAW FIRMS WITH "REPORTING ATTORNEYS" (check one below):** [See reverse side, Instruction #3]
  - 3a. I certify that I maintain and deposit all my IOLTA eligible funds in my Law Firm's IOLTA Account(s), which will be submitted under separate cover by the IOLTA Reporting Attorney of law firm identified below.
  - 3b. I certify that I am the IOLTA REPORTING ATTORNEY chosen and authorized by my Firm to file the annual law firm IOLTA Compliance Report and will provide my Firm's account(s) information as per Instruction #3 on the back of this form.
- 4. I hereby **ELECT A WAIVER OF PARTICIPATION IN THE IOLTA PROGRAM** and certify that the average monthly balance(s) of my non-IOLTA trust account(s) is/are \$3,500 or less.. I further attest that I will notify MLSC when the average monthly balance(s) of said account(s) exceeds \$3,500 and at such time convert to an IOLTA account.
- 5. I certify that I **MAINTAIN MY IOLTA ACCOUNT(S) IN A STATE OTHER THAN MARYLAND** in which I and/or my law firm practice law, and that I am fully participating in that state's IOLTA program. I further attest that I will notify MLSC at such time as I establish a trust account containing nominal or short-term client funds that is properly subject to Maryland's IOLTA law.  
**Name of State:** \_\_\_\_\_
- 6. I certify that I **DO NOT HAVE A CLIENT TRUST ACCOUNT** containing nominal or short-term funds that is subject to the IOLTA requirement because of my professional activities (new admittee, retired, government service, not in private practice of law, in-house corporate counsel, no legal activities in Maryland, other). I further attest that I will notify the Maryland Legal Services Corporation at such time as I establish a trust account containing nominal or short-term client funds that is properly subject to Maryland's IOLTA statute.

### ACCOUNT INFORMATION & ATTORNEY/LAW FIRM IDENTIFICATION

**Fields marked with asterisks (\*) must be completed to be in compliance. PLEASE PRINT LEGIBLY.**

Name of Attorney (\*) \_\_\_\_\_

Firm Name & Office Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Firm IOLTA Reporting Attorney (if known) \_\_\_\_\_

Name of Account(s) \_\_\_\_\_

Account Number(s) \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Mailing Address of Financial Institution \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Signature (\*) \_\_\_\_\_ Date (\*) \_\_\_\_\_

**SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING THIS FORM.**

