Attorney Information System (AIS) Assessment Payment Processing Quick Reference Card

Overview



Attorneys are responsible to pay annual Client Protection Fund Assessments each fiscal year in order to stay in compliance. This can be completed through the Attorney Information System (AIS). This Quick Reference Card will provide step by step instructions to pay assessments through AIS.

Assessment Payment Process

1. Log into AIS at <u>Sign in to AIS Attorney Portal (mdcourts.gov</u>). Select the **Start/Edit Pay Assessments link** to access your **Pay Assessments** tab.

Compliance Item	Status	Detail	Action
CPF	X	Payment Due. Click 'Start/Edit Pay Assessments' button to make payment or to download invoice.	Start/Edit Pay Assessments

2. The **Invoice Summary** will display, indicating the assessment balance due. In the bottom right corner of the page, select **Start Payment**.

Invoice Balance :	\$130.00
Other Balance :	\$0.00
otal Amount Outstanding :	\$130.00
	*A Third Party service fee will be applied.

3. The **Federal EIN (Tax ID) Verification** page will display. Attorneys are required to verify their Tax ID as part of their annual assessment reporting requirements. Select the appropriate answer.



4. Select the confirmation box and click **Next** to display the **Payment Information** page.

5. Enter Cre • N • A • E	edit/Debit Card – I Name on credit ca Valid credit card Account number Expiration date Security code	nformation required: rd			
	Payment Type	Payment Informatio	n	Submit Payment	
Payme	ent Informatior all required fields [*])			
Name on	Credit Card *				
Name o	n Credit Card				
Credit Ca	ard Number *				
Credit C	Card Number				
Expiratio	on Date *		Security Code *		
Select a	Month 🗸	Select a Year 🛛 🗸 🗸	3 or 4 digits		
		Previous	Next		
Note: Cr 6. Review C	edit/Debit Card fe	e is \$1.00 + 2% of the ation and Payment Ir	transaction am	nount. r accuracy.	
Cuct	Payr	Daymont Information	ayment		
Address	omerimonnation	Credit Card			If adita are required
	and a state from	Visa****1111 Name on Account	Pro	evious	if ealts are required, select Previous to make
	and a state from				changes.
Un	nited States	Exp.			If no edits are required
Email Ad	Idress		Submi	t Payment	select Submit Payment to
		Transaction Summa	ry		process the payment.
		Subtotal \$130.00			
		Fees \$3.60			
		Total \$133.60			
	Previous	Submit Payment			

7. When the payment is successfully processed, a **Payment Summary** of the transaction will display.

Payment Summ	nary				
Status:	The Transaction is Successful.				
Attorney:	designed the second				
Name:	States, and store				
Email:	Carlley, Souther Trace				
Payment Type:	CC				
Card Type:	VISA				
Card Number:	****_*****_****-1111				
Agency Amount Paid:	\$133.60				
Payment Date:	01/13/2022				
Status:	SUCCESS				
Confirmation Number:	19647450				
AIS WEB Transaction ID:	2589218				

A **Payment Receipt Confirmation** will automatically be sent to the attorney's Login ID/Email Address.

To	v.com					
U.						
Payment Receip Your payment may take up to 24 Note: Your bank statement will ref	Dt Confirmation hours to process. flect a charge from AIS Online Payment.					
Receipt Contact Info	rmation					
Contact Name	Client Protection Fund of the Bar of Maryland					
Contact Email	mdsuport@eqov.com					
Contact Phone	200 Harry S. Truman Parkway,					
Somact Address	Suite 350 Annapolis, Maryland 21401					
	- a report, maryana 2 1101					
Transaction Summar	y Description	Order ID	Amount			
Attorney Information Syste	em (AIS) Client Protection Fund	Order ID	\$130.00			
Transaction Summary	en (AIS) Gient Fotection Fund	19647450	\$130.00			
Transaction Commany	Description	Order ID	Amount			
Non-refundable NIC Man	land Service Fee	19647452	\$3.60			
This service is provided by NIC M	aryland, a third party working under a contract administe	red by the Maryland Administrative	Office of the Courts	VOC).		
Customer Informatio Customer Name Local Reference ID Receipt Date 1/13/2 Receipt Time 10:10: Payment Information Payment Type Credit Card Type Credit Card Number	n 2022JULY_BILLING2589151_13000_1 2022 17 AM EST Credit Card VISA					
Customer Informatio Customer Name Local Reference ID Receipt Date 1/13/2 Receipt Time 10:10: Payment Information Payment Type Credit Card Type Credit Card Type Credit Card Number Billing Information Billing Address Billing Address	n 2022JULY_BILLING2589151_13000_1 2022 17 AM EST Credit Card VISA VISA					
Customer Informatio Customer Name Local Reference ID Receipt Date 1/13/2 Receipt Time 10:10: Payment Information Payment Type Credit Card Type Credit Card Type Credit Card Number Billing Information Billing Address Billing City. State ZIP/Postal Code Country Phone Number This receipt has been em: Email Address	n 2022JULY_BILLING2589151_13000_1 2022 17 AM EST Credit Card VISA ARLINGTON , VA 22202 US ailed to the address below.					

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410.260.1114 or mdcourts@service-now.com.