

2012 – 2013 PA ATTORNEY'S ANNUAL FEE FORM

Register Online at <http://ujportal.pacourts.us>

Filing this form together with payment of the Active Annual Fee is a prerequisite to the practice of law in Pennsylvania.

Due on or before July 1, 2012

SECTION "A" – ATTORNEY STATUS & PAYMENT

MAIL YOUR COMPLETED FORM WITH YOUR SIGNED CHECK PAYABLE TO: ATTORNEY REGISTRATION OFFICE P.O. Box 598 Hazleton, PA 18201-0598 (717) 231-3380 Fax: (717) 231-3381 www.padboard.org	CHECK ONE	STATUS	DESCRIPTION	FEE	WRITE THE AMOUNT OF YOUR ENCLOSED CHECK HERE. \$ <input type="text"/> <input type="text"/> <input type="text"/> .00
	<input type="checkbox"/>	Active	I request Active Status and I am enclosing the active annual fee, plus any arrearage.	\$200	
	<input type="checkbox"/>	Inactive	I request Inactive Status and I am enclosing the inactive annual fee, plus any arrearage.	\$70	
	<input type="checkbox"/>	Retired	I request Retired Status. Prior Active annual fees due if reinstatement is requested.	None	
STATUS:			Arrearage Owed		

SECTION "B" – ATTORNEY DATA (SEE INSERTS AND REVERSE SIDE OF FORM)

1. NAME AND PREFERRED MAILING ADDRESS: Check box for public access use. 2. PRIMARY LOCATION: OFFICE OR RESIDENCE ADDRESS: Check box for public access use.

MAKE NECESSARY ADDITIONS AND REVISIONS IN THE BLUE AREA PROVIDED BELOW.

3. RESIDENCE ADDRESS; IF NOT LISTED:

4. TELEPHONE: _____
 FAX (OPTIONAL): _____
 E-MAIL (OPTIONAL): _____

5. COUNTY PRIMARY LOCATION: _____

6. S.S.N.: _____
 7. BIRTH DATE: _____
 8. PA ADMISSION DATE: _____
 9. GENDER M/F (OPTIONAL): _____

10. NAME OF LAW FIRM, INCLUDING PARTNERSHIP AND PROFESSIONAL CORP., THROUGH WHICH I PRACTICE:

11. NAME OF CORP. LEGAL DEPT., GOV'T LEGAL DEPT., LEGAL SERVICE ORGANIZATION, DISTRICT ATTORNEY AND PUBLIC DEFENDER OFFICE AND SIMILAR GROUP LEGAL PRACTICE ARRANGEMENT THROUGH WHICH I PRACTICE:

12. LIST BELOW ALL JURISDICTIONS WHERE YOU HAVE EVER BEEN LICENSED TO PRACTICE LAW (EXCEPT THE COMMONWEALTH OF PA):

COURT/JURISDICTION	ACTIVE	INACTIVE	ADMIN. SUSP.	RETIRED	SUSPENDED DISBARRED/ ETC.

SECTION "C" – ELIGIBLE INSTITUTIONS (SEE ENCLOSED LIST)

13. LIST ALL FINANCIAL INSTITUTIONS IN WHICH YOU OR ANY FIRM IDENTIFIED IN #10 ABOVE HELD FUNDS OF CLIENTS OR THIRD PERSONS SUBJECT TO PA.R.P.C. 1.15 AT ANY TIME FROM MAY 1, 2011 TO MAY 1, 2012. NONE/NOT APPLICABLE

BANK CODE	BANK NAME	ACCOUNT NUMBER	QUALIFIED FUNDS		NONQUALIFIED FUNDS	
			IOLTA ACCOUNT	IOLTA EXEMPT	INTEREST FOR CLIENTS	OTHER AUTHORIZED INVESTMENTS

SECTION "D" – PROFESSIONAL LIABILITY INSURANCE (CHECK ONLY ONE BOX)

<input type="checkbox"/>	I MAINTAIN, EITHER INDIVIDUALLY OR THROUGH MY FIRM, PROFESSIONAL LIABILITY INSURANCE PURSUANT TO THE PROVISIONS OF RULE OF PROFESSIONAL CONDUCT 1.4(C)
<input type="checkbox"/>	I DO NOT MAINTAIN PROFESSIONAL LIABILITY INSURANCE BECAUSE I DO NOT HAVE PRIVATE CLIENTS AND HAVE NO POSSIBLE EXPOSURE TO MALPRACTICE ACTIONS (E.G., RETIRED, FULL-TIME IN-HOUSE COUNSEL, PROSECUTOR, FULL TIME GOVERNMENT COUNSEL, ETC.)
<input type="checkbox"/>	I DO NOT MAINTAIN PROFESSIONAL LIABILITY INSURANCE PURSUANT TO THE PROVISIONS OF RULE OF PROFESSIONAL CONDUCT 1.4(C), BUT I DO HAVE PRIVATE CLIENTS AND/OR A POSSIBLE EXPOSURE TO MALPRACTICE ACTIONS.

SECTION "E" – CERTIFICATION, AGREEMENT AND SIGNATURE

I AM FAMILIAR AND IN COMPLIANCE WITH RULE 1.15 OF THE PA RULES OF PROFESSIONAL CONDUCT REGARDING THE HANDLING OF FUNDS AND OTHER PROPERTY OF CLIENTS AND THIRD PERSONS AND THE MAINTENANCE OF IOLTA ACCOUNTS AND WITH PA.R.D.E. 221 REGARDING THE MANDATORY REPORTING OF OVERDRAFTS ON TRUST ACCOUNTS.

I CERTIFY THAT ALL TRUST ACCOUNTS THAT I MAINTAIN ARE IN ELIGIBLE INSTITUTIONS APPROVED BY THE SUPREME COURT OF PENNSYLVANIA FOR THE MAINTENANCE OF SUCH ACCOUNTS PURSUANT TO PA.R.D.E. 221 (RELATING TO MANDATORY OVERDRAFT NOTIFICATION) AND THAT EACH TRUST ACCOUNT HAS BEEN IDENTIFIED AS SUCH TO THE ELIGIBLE INSTITUTION IN WHICH IT IS MAINTAINED.

I FURTHER CERTIFY THAT THERE ARE NO OUTSTANDING ORDERS OF SUSPENSION OR DISBARMENT AGAINST ME AS OF THE DATE OF THIS APPLICATION AND THAT THE INFORMATION PROVIDED IS TRUE. IF ANY STATEMENT MADE ON THIS FORM IS FALSE, I REALIZE I AM SUBJECT TO DISCIPLINE BY THE SUPREME COURT.

I HEREBY AGREE THAT ANY ACTION BROUGHT AGAINST ME BY THE PENNSYLVANIA LAWYERS FUND FOR CLIENT SECURITY FOR THE RECOVERY OF MONIES PAID BY THE FUND AS A RESULT OF CLAIMS AGAINST ME MAY BE BROUGHT IN THE COURT OF COMMON PLEAS OF ALLEGHENY, DAUPHIN OR PHILADELPHIA COUNTY.

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SIGNATURE OF ATTORNEY

DATE

ATTORNEY I.D.