BOARD OF BAR OVERSEERS
ANNUAL ATTORNEY REGISTRATION STATEMENT
PRO BONO RETIRED STATUS

For the billing cycle of _____

PLEASE MAIL THIS FORM TO: Registration Department, Board of Bar Overseers, One Beacon Street, Boston, Massachusetts 02108

NAME: _____

BBO NUMBER: _____

STATUS: PRO BONO RETIRED

FEE DUE: $51 (OR $0 TO OPT OUT OF THE VOLUNTARY ACCESS TO JUSTICE FEE)

OFFICE / MAILING ADDRESS:

_____

_____

_____

_____

HOME ADDRESS:

_____

_____

_____

_____

WORK PHONE NUMBER: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME OF LEGAL SERVICE ORGANIZATION:

_____

_____
ADDRESS

_____
CITY/TOWN, STATE AND ZIP CODE

_____
PHONE NUMBER

_____ _____
PRINE NAME OF AUTHORIZED REPRESENTATIVE **SIGNATURE OF AUTHORIZED REPRESENTATIVE**

I have completed all above information including the IOLTA information and the certification of professional liability insurance on the reverse side and certify all information is true and complete.

I attest that I have completed the Attorney Demographic and Law Practice Survey on this date, _____.

_____
SIGNATURE OF ATTORNEY

Please complete reverse side of form. Thank you.

ADDITIONAL INFORMATION FOR THE BOARD OF BAR OVERSEERS

Date of birth: ____/____/____

Names of all other jurisdictions in which you are admitted to practice and admission dates:

State	Date	Federal	Date	Administrative Bodies	Date
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	

Are you in good standing in all jurisdictions where you have been admitted to practice? ☐ Yes ☐ No

If not, please state the jurisdiction and attach statement of the circumstances.

CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE

I certify that I am (CHOOSE ONE):

_____ covered by professional liability insurance. (You must complete the additional form.)

_____ not covered by professional liability insurance.

_____ not applicable because (1) I practice law as a government lawyer or a military lawyer or (2) I am employed as in-house counsel and do not represent clients outside that capacity or (3) I am registered under inactive status or retired status.

COMPLIANCE STATEMENT
INTEREST ON LAWYER'S TRUST ACCOUNTS (IOLTA)

Supply your IOLTA account information or complete the REQUEST for EXEMPTION below.

_____ I have established an IOLTA account or

_____ My firm has established an IOLTA account

IOLTA ACCOUNT NAME _____

LAW FIRM NAME _____

IOLTA ACCOUNT NUMBER _____

BANK _____

REQUEST FOR EXEMPTION

I am exempt from the provisions of the Massachusetts Rules of Professional Conduct Rule 1:15 because:

_____ I am not engaged in the practice of law in Massachusetts.

_____ I am engaged in the practice of law but not within a private practice and DO NOT RECEIVE CLIENT FUNDS. (e.g. publicly employed, corporate counsel, teacher)

_____ Other - Specify**:** _____

Any attorney who fails to fill out this IOLTA Compliance Statement is subject to suspension.
For additional information, please call the IOLTA Committee at (617) 723-9093.

PROFESSIONAL LIABILITY INSURANCE INFORMATION

(If covered with professional liability insurance, you are required to complete the information below.)

POLICY NUMBER:

_____

POLICY START DATE: POLICY END DATE:

_____ _____

INSURANCE CARRIER:

CARRIER ADDRESS

CARRIER ADDRESS (Country/Territory)

_____ United States _____ Canada

CARRIER ADDRESS (Street)

City, State/Province, Zip/Postal Code