

# Board of Overseers of the Bar

P.O. Box 527 | Augusta, ME 04332-0527

T (207) 623-1121 F (207) 623-4175 [www.mebaroverseers.org](http://www.mebaroverseers.org)

## New Attorney Registration Statement

To be completed by office staff

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CK# \_\_\_\_\_

**Note:** For the protection of the public, the Board's records must contain both a home address and office address for every attorney. The Board will only disclose home addresses if no office address is provided. If you do not want Board staff to disclose your home address, please provide an alternate office address. Your alternate address may be a post office box address.

### Instructions

1. Complete your office and home contact information.
2. Answer questions 1 - 7 below.
3. Sign, date and return Annual IOLTA Trust Account Report.

Name: \_\_\_\_\_ Admission by:  Exam  Motion  UBE Score Transfer

Firm/Company Name: \_\_\_\_\_ Send mail to:  Home  Office

e-file email service address: \_\_\_\_\_

Office Address: Street/City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Fax: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Female  Male

Law School \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Maine Admission Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of First Admission to (any) Bar \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please answer the following questions:

1. Practice type:  Private Practice  Government  Judiciary  Legal Service  In-House/Corporate Counsel  Law School  
 Military  Law Clerk  Other

2. How many attorneys are in your office?  1  2 - 5  6 - 9  10-19  20-49  50-99  100+  N/A

3. If you are a solo practitioner, who would you like to designate as the attorney to provide coverage for your practice should you become disabled, missing or deceased (see M. Bar R. 1(g)(12))? Please identify your designee below:

Attorney: \_\_\_\_\_ Bar #: \_\_\_\_\_

4. In addition to Maine, I am admitted in the following jurisdictions and/or courts:

\_\_\_\_\_ Year: \_\_\_\_\_ \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_ \_\_\_\_\_ Year: \_\_\_\_\_

5. Have you been disciplined in any jurisdiction, excluding Maine, between 7/1/22 and 6/30/23?  Yes  No If yes, please explain by separate letter.

6. Do you or your law firm carry malpractice insurance?  Yes  No If not, why? \_\_\_\_\_

7. Have you been convicted of a crime between 7/1/22 and 6/30/23?  Yes  No If yes, please explain by separate letter.

**Payment Information** Registration Fee: \$ \_\_\_\_\_

Lawyer's Fund or Client Protection: \$20.00 (Mandatory)  
Maine Assistance Program for Lawyers and Judges: \$20.00 (Mandatory)  
**Total Enclosed:** \$ \_\_\_\_\_

### Fee Chart

New attorney never admitted to another jurisdiction: \$120  
New attorney admitted in another jurisdiction for less than 3 years: \$120  
New attorney admitted in another jurisdiction for more than 3 years: \$225

**Note:** Law Clerks only pay M.A.P. fee of \$20.00.

Signature \_\_\_\_\_ Date: \_\_\_\_\_