

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

New Attorney Registration Statement

To be completed by office staff

C I

\$ _____

CK# _____

Note: Pursuant to Maine Bar Rule 1(g)(4), every attorney **must provide both an office address and home address.**

The Board will only disclose home addresses if no office address is provided.

Instructions

1. Complete your office and home contact information.
2. Answer questions 1 - 7 below.
3. Sign, date and return with 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: _____ Preferred Contact Method: Email Phone

Office Address: Street/City/State/Zip: _____

Email Address: _____ Phone: _____/_____/_____ Fax: _____/_____/_____

Physical Residence Address: _____

City/State/Zip: _____

Email Address: _____ Phone: _____/_____/_____

Date of Birth: _____/_____/_____ Social Security # _____/_____/_____ Gender: Female Male Non-Binary

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 in private practice, who has agreed to serve 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 confirmed proxy 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/sanctioned and/or reinstated in any jurisdiction, excluding Maine, between 7/1/25 and the present? 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 7/1/25 and the present? Yes No If yes, please explain by separate letter.

Payment Information Registration Fee: \$ 0

Lawyer's Fund or Client Protection: \$

(M.A.P.) Maine Assistance Program for Lawyers and Judges: \$

Total Payable to Board of Overseers: \$ 0 Apr-June

Registration Fee Chart applies July-March only

Law Clerk: ONLY pays \$40.00 M.A.P. assessment

New attorney never admitted to another jurisdiction: \$155

New attorney admitted in another jurisdiction for less than 3 years: \$155

New attorney admitted in another jurisdiction for more than 3 years: \$260

****Note:** No annual registration fees or assessments due for those attorneys becoming admitted and sworn in during April, May or June. [see M.Bar R. 4(b)].

Signature _____

Date: _____