

**Affidavit of \_\_\_\_\_**

In accordance with the requirements of Maine Bar Rule 4(e) and (k), I, \_\_\_\_\_,  
Bar #, \_\_\_\_\_ of \_\_\_\_\_, certify that the following is true based on my personal  
knowledge:

1. I am an attorney in good standing in the state of Maine

\_\_\_\_\_ ;  
(ADD ANY OTHER STATES ADMITTED TO HERE)

2. Pursuant to Maine Bar Rule 4(e), I desire to be placed on inactive status;
3. I am not under an administrative suspension or the subject of a disciplinary investigation or proceeding under Maine Bar Rules 13(d) or (e); and
4. I have notified each client with whom I have an open engagement of my assumption to withdrawn status and the consequent inability to act as an attorney after the effective date of my assumption of withdrawn status (see attached list of clients).
5. I have notified each client with whom I am advising or representing in pending litigation or administrative proceedings, and the attorney or attorneys or other representative for each other party in such matter or proceeding, of my assumption to withdrawn status and consequent inability to act as an attorney;
6. I have advised each client with whom I have an open engagement to promptly seek legal advice elsewhere;
7. I have notified each court or federal, state or local administrative agency or private arbitration, mediation or alternative dispute resolution forum in which the attorney appears for any party of my assumption to withdrawn status and my consequent inability to act as an attorney identifying the particular proceeding by docket number as well as by names of parties, with copies of the notice sent to each party to the proceeding, and

8. Attached to this affidavit is a list of the names and addresses of all clients, attorneys, courts, administrative agencies and private dispute resolution forums to whom notice was sent as required by the rules, together with a copy of the text of the notices sent.
9. Client files that I am required to retain in accordance with M. R. Prof. R. 1.15 are in the custody of \_\_\_\_\_ and may be accessed by contacting \_\_\_\_\_ at \_\_\_\_\_ (email/phone number).
10. I have returned all funds and property to the appropriate client and have closed my client trust bank account (IOLTA).

Dated: \_\_\_\_\_  
MM/DD/YY

By: \_\_\_\_\_  
Attorney Signature  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone #



# Annual IOLTA Trust Account Report

Maine Rules Of Professional Conduct 1.15 and Maine Bar Rule 6(a)(2)

**EVERY ATTORNEY MUST COMPLETE, SIGN AND RETURN THIS FORM**

Mr.    Ms.

\_\_\_\_\_  
Attorney's Name

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Firm or Agency Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Business Mailing Address

\_\_\_\_\_  
Email

I report that: \*Check the appropriate box, type or print in other information that may be needed, and then sign below\*

Pursuant to Maine Bar Rule 6(a)(2), I set forth below a current listing of all Maine bank account number(s) and financial institution(s) of any pooled trust account(s) for me or my firm. By the signature below, I direct the financial institution(s) listed below to automatically and without further documentation convert all eligible trust accounts, which are not yet in the IOLTA program, to interest bearing accounts with all interest payable to the Maine Bar Foundation. I authorize the financial institutions to disclose information relating to the existence of these accounts.

Because I handle no client funds, I am exempt from the provisions of Maine Rules Of Professional Conduct 1.15 and Maine Bar Rule (6)(a)(2).

Because I practice outside the State of Maine and handle no Maine client funds, I am exempt from the provisions of Maine Rules Of Professional Conduct 1.15 and Maine Bar Rule (6)(b)(2)(b).

## Pooled Trust Accounts (IOLTA)

Name of Financial Institution and Branch

Name on Account

Account Number

<u>Name of Financial Institution and Branch</u>	<u>Name on Account</u>	<u>Account Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Continued on back

I authorize the Board of Overseers of the Bar to forward copies of this report to the Maine Justice Foundation, the authorized administrator of the Maine IOLTA program.

Attorney Name (Print Clearly): \_\_\_\_\_ Bar Number: \_\_\_\_\_

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

**\*Return this with Inactive Affidavit Request** \* Please make a copy for your files  
This form can also be downloaded from our Web site: [www.mbf.org](http://www.mbf.org)