

**LAWYER REGISTRATION
PAPER STATEMENT
(\$10 Fee for Paper Statement)**

YOUR PAYMENT IS DUE BY	YOUR PAYMENT STATUS IS		
If Payment is not received by due date, a \$75 late penalty will be applied.	Fee Due	Paper Fee \$10.00	Total Due

Name:
Address:

City, State, Zip:

Information:

Email:
Attorney ID:
Date Admitted:
CLE Status:

Instructions:

1. There must be one complete address on file. This address is used to mail the license card. You may use a P.O. Box number. This address information will be publicized on the MARS (Minnesota Attorney Registration System) website.
2. Make address corrections to the address at the left.
3. Your email address will not appear in your public record in MARS.
4. To request retired or permanent disabled status complete Step 5 on the back side of this form.
5. Return original statement with check payable to: Minnesota Supreme Court, Lawyer Registration Office, 180 E. 5th Street, Suite 950, St. Paul, MN 55101.
6. *\$10 Paper Filing Fee Not Charged if you file online at www.lro.mn.gov

Step 1: REQUIRED Complete this section by choosing your status and entering your check NUMBER here _____

ACTIVE LAWYER or JUDGE STATUS - AUTHORIZED TO PRACTICE

CLE Status MUST BE "Active"

- \$248.00 Practicing three years or more
- \$220.00 Income less than \$25,000 ** _____ →
- \$114.00 Practicing three years or less in each and every licensing state, incl. MN
- Fee Exempt active Military Duty (as defined by rule 24)

* * To claim the reduced fee, you must certify your yearly gross income is less than \$25,000 by checking the box and signing below. I hereby certify that my gross income from all sources, excluding the income of my spouse, is less than \$25,000 per year.

check here

Sign: _____

INACTIVE LAWYER or JUDGE STATUS – NOT AUTHORIZED TO PRACTICE

- \$205.00 General ***
- \$177.00 income less than \$25,000 ** *** _____ →
- Fee Exempt Retired Status (Complete Step 5 on the back side of this form)
- Fee Exempt Disabled Status (Complete Step 5 on the back side of this form)

* * * Selecting an inactive status does not exempt you from CLE requirements. To be exempt from CLE, request "CLE restricted status" by sending notice to Minnesota CLE Board 180 E. 5th Street, Suite 950, St. Paul, MN 55101. Lawyers on "CLE restricted status" must continue to pay the annual lawyer registration fee.

Step 2: REQUIRED Complete this section about compliance with MRPC 1.15 and your TRUST ACCOUNT. You MUST fill out either **A** or **B**

Interest On Lawyers Trust Account

- A.** I am exempt from provisions of Rule 1.15, Minnesota Rules of Professional Conduct because:
- (circle appropriate choice(s)).
1. An insignificant portion of my practice involves Minnesota cases
 2. Neither I nor my law firm handle client or third party funds that are subject to Rule 1.15.
 3. Other _____

- B.** I or my law firm maintains books and records as required by Rule 1.15 MRCP and Appendix 1 to the MRCP. The Minnesota Trust account(s) maintained by me or my firm are listed below:
- Law Firm Name: _____
- Name of Financial Institution(s): _____
- Routing #: _____
- Account #: _____
- This information is new

(PLEASE TURN OVER TO COMPLETE THE FORM)



Lawyer ID:
Lawyer Name:



Step 3: REQUIRED Complete the following section concerning PROFESSIONAL LIABILITY INSURANCE. Rule 22 of the Minnesota Rules of the Supreme Court on Lawyer Registration requires annual reporting of professional liability insurance information.

Professional Liability Insurance Coverage

- Not applicable because I elected INACTIVE status in Step 1 (skip to Step 4 Below)
- I am an Active status lawyer. (proceed to A)

A) Do you represent private clients?

- Yes, I represent private clients* -- Answer B.
 - No, I do not represent private clients* -- Skip to Step 4 below.
- *Clients of government lawyers and house counsel are not "private clients" for the purposes of reporting professional liability insurance coverage.

B) Are you covered by professional liability insurance?

- Yes -- Answer C. and D.
- No -- proceed to Step 4

C) Choose Primary Insurance Carrier below:

- | | | |
|--|--|---|
| <input type="checkbox"/> ALAS (Attorneys' Liability Assurance Society) | <input type="checkbox"/> Columbia Casualty Insurance | <input type="checkbox"/> CNA Insurance Services |
| <input type="checkbox"/> Lexington Insurance Company | <input type="checkbox"/> Liberty Mutual | <input type="checkbox"/> Lloyds of London |
| <input type="checkbox"/> Minnesota Lawyers Mutual | <input type="checkbox"/> OneBeacon Insurance | <input type="checkbox"/> Travelers |

HANDWRITE using only CAPITAL letters.

Other

D) Do you intend to maintain professional liability insurance during the next twelve months?

- Yes
- No

Step 4: REQUIRED Complete this section to provide DEMOGRAPHIC INFORMATION. This data will be used to prepare aggregate statistics about gender, race and ethnicity in the legal profession and will not otherwise be disclosed except as provided by law.

- | | |
|---|--|
| Gender (choose one): | Race/Ethnicity: How do you identify yourself (choose one or more): |
| <input type="checkbox"/> Male | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Choose Not to Answer | <input type="checkbox"/> Hispanic/Latino |
| | <input type="checkbox"/> White/Caucasian |
| | <input type="checkbox"/> Native American/Alaska |
| | <input type="checkbox"/> Choose Not to Answer |


Step 5: REQUIRED Choose and sign in only ONE certification area:

Affidavit of Lawyer Registration Status:

I hereby certify that the information provided above is correct.

SIGNATURE: _____

DATE: _____



Affidavit of Retired Status:

State of _____,

County of _____, I swear or affirm that (1) I am at least 68 years of age, (2) I am in good standing with the Lawyer Registration Office, (3) I do not hold judicial office in this state and do not sit by special appointment, and (4) I am not engaged in the practice of law in any state, territory, or the District of Columbia

SIGNATURE: _____

DATE: _____

Affidavit of Permanent Disabled Status:

State of _____,

County of _____, I swear or affirm that (1) I am currently on active or inactive status, (2) I do not hold judicial office in this state, (3) I am not engaged in the practice of law in Minnesota, and (4) I am totally disabled.

SIGNATURE: _____

DATE: _____

