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

Name and address

YOUR PAYMENT IS DUE BY	YOUR PAYMENT STATUS IS		
	CURRENT		
If Payment is not submitted by due date, your license will be administratively suspended and a $75 late penalty will be applied.	Fee Due	Paper Fee	Total Due
	$	$10.00	$

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.lawyerregistration.com

Information:
Email:
Attorney ID:
Date Admitted:
CLE Status:

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
$220.00 Practicing and yearly gross income less than $25,000 a year **

☐ $114.00 Admitted < 3 years in each and every licensing state, including MN
$100.00 Admitted < 3 years in each and every licensing state, including MN and yearly gross income less than $25,000 **

☐ $0.00 Full-time/active Military Duty in U.S. Armed Forces

* * 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 Resident - not practicing in MN ***
$177.00 Resident - not practicing in MN and yearly gross income less than $25,000 **

☐ $205.00 Out of State – not practicing in MN***
$177.00 Out of State – not practicing in MN and yearly gross 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 your TRUST ACCOUNT. You MUST fill out either A or B

Interest On Lawyers Trust Account (IOLTA)

☐ A. I am exempt from provisions of Rule 1.15, Minnesota Rules of Professional Conduct regarding trust accounts because:
(circle appropriate choice(s)).
1. I do not regularly practice in Minnesota
2. Neither I nor my law firm handle eligible (or applicable) client funds as provided for in Rule 1.15
3. Other_____

☐ B. I or my law firm maintains the Minnesota IOLTA account(s) listed below:
Law Firm Name:
_____
Name of Financial Institution(s):
_____
Routing #:_____
Account #:_____
☐ This information is new

(PLEASE TURN OVER TO COMPLETE THE FORM)

Print ID 1

1 Lawyer ID:
Lawyer Name:

1 0

Step 3: REQUIRED	Complete the following section concerning PROFESSIONAL LIABILITY INSURANCE. Rule 6 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:

☐ ALAS (Attorneys' Liability Assurance Society) ☐ Columbia Casualty Insurance ☐ CNA Insurance Services

☐ Lexington Insurance Company ☐ Liberty Mutual ☐ Lloyds of London

☐ Minnesota Lawyers Mutual ☐ OneBeacon Insurance ☐ 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):

☐ Male

☐ Female

☐ Choose Not to Answer

Race/Ethnicity: How do you identify yourself (choose one or more):

☐ Asian/Pacific Islander ☐ Black/African American

☐ Hispanic/Latino ☐ Native American/Alaska

☐ White/Caucasian ☐ 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 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, (4) I am at least 62 years of age, and (5) I am retired from any gainful employment.

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: _____

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