

DO NOT STAPLE ANYTHING TO THIS STATEMENT

LAWYER REGISTRATION PAPER
STATEMENT
(\$10.00 Fee for Paper
Statement)

Name:

Address:

Information:

Email:

Attorney ID:

Date Admitted:

CLE Status:

If Payment is not received by due date, a \$75 late penalty will be applied.		YOUR PAYMENT STATUS IS
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, 25 Rev. Dr. Martin Luther King Jr. Blvd, Suite 110, St. Paul, MN 55155.
6. *\$10 Paper Filing Fee Not Charged if you file online at oasis.cle.mn.gov

Step 1: REQUIRED

Complete this section by choosing your status and entering your check NUMBER here

ACTIVE LAWYER or ACTIVE JUDGE STATUS - AUTHORIZED TO PRACTICE

CLE Status MUST BE "Active"

- ☐ \$274.00 Practicing three years or more
- ☐ \$245.00 Income less than \$50,000 **
- ☐ \$128.00 Practicing three years or less (3 years in each and every licensing state, including 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 \$50,000 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 \$50,000 per year.

☐ check here

Sign:

INACTIVE LAWYER or INACTIVE JUDGE STATUS – NOT AUTHORIZED TO PRACTICE

- ☐ \$227.00 General ***
- ☐ \$196.00 income less than \$50,000 ** ***
- ☐ 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 Supreme Court, Lawyer Registration Office, 25 Rev. Dr. Martin Luther King Jr. Blvd, Suite 110, St. Paul, MN 55155.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 MRPC and Appendix 1 to the MRPC. 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 JUDGES: You May Skip to Step 4 Below

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

- ☐ Male
- ☐ Asian/Pacific Islander
- ☐ Black/African American
- ☐ Female
- ☐ Hispanic/Latino
- ☐ Native American/Alaska
- ☐ Gender Not Listed
- ☐ White
- ☐ Choose Not to Answer
- ☐ 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: