

**STATE BAR OF NEVADA**  
**CERTIFICATION OF COMPLIANCE AND CONSENT FORM**  
**SCR 78.5 NOTICE OF CHANGE**



This Space for Internal Use Only

**All attorneys must complete and return this section:**

\_\_\_\_\_  
Bar #

\_\_\_\_\_  
Today's Date

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Pursuant to Supreme Court Rule 78.5, **every active member** of the State Bar of Nevada must acknowledge compliance with and consent to this Rule annually. Further, a member shall immediately file with the State Bar an updated certificate of compliance and consent upon:

- (1) **any change of law firm affiliation**
- (2) **opening of any trust account with a financial institution; or**
- (3) **the utilization of any trust account for which there is no certification and consent on file with the State Bar for said active member**

Please sign below, acknowledging your compliance with SCR 78.5 and consent to the reporting and production requirements mandated by the Rule.

*I am familiar with the provisions of SCR 78.5 requiring that all active members of the State Bar of Nevada holding funds in trust for clients or third persons in connection with a representation must deposit such funds in a clearly identified trust account at a financial institution located in Nevada and approved by the State Bar of Nevada. (The list of approved banking institutions is on our website.)*

**You MUST check the appropriate box below:**

\_\_\_\_\_ I certify, under penalty of perjury, the forgoing that ***I am exempt from SCR 78.5 because I handle no client or third party funds in the State of Nevada;***

\_\_\_\_\_ I certify, under penalty of perjury, the forgoing and authorize the following: ***(Associates in law firms that maintain trust accounts should check this box. Anyone checking this box must complete "Authorization to Financial Institution" below.)***

**AUTHORIZATION TO FINANCIAL INSTITUTION**

Pursuant to Nevada SCR 78.5, I expressly authorize any financial institution in which I maintain a trust account for client funds to automatically notify the State Bar of Nevada whenever any properly payable instrument is presented against insufficient funds, irrespective of whether or not the instrument is honored. ***PLEASE IDENTIFY YOUR OR YOUR FIRM'S TRUST ACCOUNT FINANCIAL INSTITUTION BELOW.***

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Branch Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Account Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Name

\_\_\_\_\_  
Account Number

**YOU MUST RETURN THIS FORM TO: State Bar of Nevada 600 E. Charleston Blvd. Las Vegas, NV 89104-1563**