Internal Use Only

STATE BAR OF NEVADA

Please use this form to report new or additional trust accounts maintained by you or your firm.



Bar Number	ast Name	First Name	MI
SCR 78 & SCR 217 ACKNOWLEDGEMENT AND CERTIFICATION OF COMPLIANCE AND CONSENT TRUST ACCOUNT REPORTING			
Every active member of the State Ba report financial institutions outside of with and consent to the provisions of	of Nevada. <i>By signing below,</i>	-	<u>*</u> '
I am exempt from having a trust account pursuant to SCR 78 because I handle no client or third-party funds in the state of Nevada. If you check this box, you are done. Please sign and date at the bottom of this page.			
I or my firm maintains the trust account(s) listed below. Please check all that apply. If you check this box, you MUST select A or B below.			
A. This is an IOLTA	account created in accordan	ce with SCR 217.	
	nt is exempt from participatin fan approved financial institu	= -	do not maintain an office within
B. This account is nominal/short-		om mandatory IOLTA requirem	ents because I do not handle
Please list ALL Nevada, not out-of-state, trust accounts maintained by you or the law firm in which you work.			
Account #1			
Firm Name:			
Account Name as it appears on bank statement:			
Account Number (do not include the routing number):			
Name of Financial Institution:			
Nevada Address:			
City:	State: N\	7	Zip:
Account #2 Yes No Is this an IOLTA account created in accordance with SCR 217?			
Firm Name:			
Account Name as it appears on bank statement:			
Account Number (do not include the routing number):			
Name of Financial Institution:			
Nevada Address:			
City:	State: N\	7	Zip:
I certify all of the above statements required by SCR 78 and SCR 217 are true and complete:			
Signature		Date	

Please return to: State Bar of Nevada

3100 W. Charleston Blvd., Ste. 100

Las Vegas, NV 89102