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 Last Name		First Name	MI
SCR 78.5 & SCR 217 ACKNOWLEDGEMENT AND CERTIFICATION OF COMPLIANCE AND CONSENT TRUST ACCOUNT REPORTING			
Every active member of the State Bar of Nevada <u>MU</u> report financial institutions outside of Nevada. <i>By signand consent to the provisions of SCR 78.5</i>		-	The state of the s
I am exempt from having a trust account purs of Nevada. If you check this box, you are done			funds in the state
I or my firm maintains the trust account(s) list A or B below.	ed below. Please ch	eck all that apply. If you check this bo	x, you MUST select
A. This is an IOLTA account create	d in accordance with	SCR 217.	
This account is exempt from 20 miles of an approved fir		requirements because I do not main	tain an office within
B. This account is an SCR 78.5 acconominal/short-term funds.	ount exempt from m	andatory IOLTA requirements becaus	se 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: NV	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: NV	Zip:	
I certify all of the above statements required by SCR 78.5 and SCR 217 are true and complete:			
Signature		Date	
Please return to: State Bar of Nevada			

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