

## 2008 Trust Accounting Certificate *(Annual Requirement)*:

Please print:

Name: \_\_\_\_\_ OBA Number: \_\_\_\_\_

Firm or Affiliation: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

All members are annually required to fully complete and sign the Trust Accounting Certificate by **Rule 1.4** of the **Rules Governing Disciplinary Proceedings**:

1. I do not receive or disburse client's funds and therefore do not maintain a Trust Account *(skip to the signature line below)*.
2. I have read the provisions of **Rule 1.15** of the **Oklahoma Rules of Professional Conduct** and certify that I am exempt from maintaining an IOLTA Trust Account under **Rule 1.15(d)(7)** and my Explanation Statement of information necessary to determine justifiable reason for noncompliance with **Rule 1.15(d)** as provided by **Rule 1.15(d)(8)** is complete on the reverse side of this form *(complete Explanation Statement on reverse and go to paragraph 4 below)*.
3. I have read **Rule 1.15** of the **Oklahoma Rules of Professional Conduct** and certify that I am in substantial compliance with the requirements of **Rule 1.15(d)** concerning interest-bearing trust accounts as it pertains to the IOLTA program *(if this box is checked, report all Trust Accounts for Oklahoma practice in paragraph 4 below and indicate IOLTA participation)*.
4. I hereby certify that I am in substantial compliance with the requirements of **Rule 1.4** of the **Rules Governing Disciplinary Proceedings** as to trust accounting records and procedures and:
- There are no changes to the Trust and/or IOLTA Account information previously reported *(skip to the signature line below)*.
- I/my firm maintain(s) the following Trust Account(s) *(add additional sheets if necessary and report all Trust and/or IOLTA Accounts below)*.

Account Number:	Legal Account Name:	Okla. IOLTA Acct? (yes/no)	Financial Institution Name:	City where Acct. is located:

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
OBA Number

\_\_\_\_\_  
Current Date