

Office of Attorney Services

614.387.9320

## HOW TO REGISTER

Online at: <a href="mailto:sc.ohio.gov/attorneyPortal">sc.ohio.gov/attorneyPortal</a>

• Register ONLINE to avoid processing delays

Mail using enclosed envelope

Mail group registrations or overnight materials to: Ohio Supreme Court Attn: Office of Attorney Services 65 South Front Street Columbus, OH 43215-3431

CERT	TIFICATE	OF RE	EGISTRATION	2015-2		at perforation <b>befo</b> [U ${f M}$	<b>DRE</b> RETURNING↓	
PLEASE COMPLETE ALL SECTIONS OF THIS FORM REGISTRATION NUMBER					BUSINESS OR FIRM NAME			
NAME				TITLE OR POSITION				
RESIDENCE ADDRESS					BUSINESS OR FIRM ADDRESS			
CITY	CITY COUNTY				CITY COUNTY			
STATE/	STATE/COUNTRY ZIP				STATE/COUNTR	TE/COUNTRY ZIP		
DATE ADMITTED TO OHIO BAR					BUSINESS OR F	IRM PHONE		
DATE OF BIRTH GENDER					BUSINESS OR FIRM FAX			
E-MAIL	(please type o	r print cle	arly)					
	CHECK APPROPRIATE BOX(ES)					PLEASE CHECK EVERY RACE		
Active (\$350 Fee)			☐ Inactive (No Fee)		YOU CONSIDER YOURSELF TO BE			
Corporate (Not Applicable if			\$50 Late Fee (See Instructions)		☐ American Indian or ☐ Asian Alaska Native			
Admitted in Ohio; \$350 Fee)  Emeritus (\$75 fee)					☐ Black or ☐ Native Hawaiian or African American ☐ Pacific Islander			
			\$300 Reinstatement	nt Fee	☐ White			
\$50 Voluntary Fee (To fund civil legal aid services)			(See Instructions)		ARE YOU HISP	ANIC/LATINO?	es No	
			MAGISTI	RATE N	OTIFICATION			
Are yo	u serving as a	a magistr	ate in a court of record i		YES 🗌	NO 🗌		
If Yes, then provide the following information (Please answer Items 1 through 3):								
1. County: 2. Full-Time Magistrate  Part-Time Magistrate								
$3.$ Check Court Type: Court of Appeals $\square$ Common Pleas $\square$ Municipal/County $\square$								
I certify	that the info	rmation	<b>CERTIFICATION</b> am providing on this er	ntire forn	n is true and accu	rate. Make check or mon		
SIGNATURE OF ATTORNEY					DATE Amount:			
↓DO NOT DETACH LOWER PORTION OF FORM↓								
G.	CONFIDM/II	IDDATE C	IOLTA & IOTA ACC		REGISTRATIO	ON FORM		
Step	Registration		ONTACT INFORMATION .		Attorney Nam	ne:		
1	Step 2: IOLTA/IOTA Status and Title Agent Status - Please Complete Each Section							
Step 2	IOLTA/IOTA Status:  ☐ I do maintain IOLTA and/or IOTA Account(s). ☐ I do NOT maintain IOLTA and IOTA Account(s). ☐ My employer or I do NOT handle funds owned by my client(s); I am on inactive status with the Supreme Court; I am retired or unemployed; I am a corporate or government attorney. ☐ I am primarily situated outside of Ohio. ☐ My employer or I handle residential real es transactions outlined in ORC §3953.231. ☐ My employer or I do NOT handle residential						in the State stial real estate 953.231.	
Step	estate transactions outlined						DRC §3953.231.	
3	IF APPLICABLE				on a separate sheet and attach.			
	SECTION A: Account Registration  Account Name:					Account Holder	Туре	
	First				Institution:	□ Individual	□ IOLTA	
		Account	Name:			Account Holder	□ IOTA  Type	
	Second -	Account		Financial	Institution:	□ Individual	□ IOLTA	
					☐ Firm ☐ IOTA tance Foundation at www.olaf.org or 614.715.8560.			