

PLEASE SEE INSTRUCTIONS ON REVERSE SIDE

04102

NORTH DAKOTA STATE BOARD OF LAW EXAMINERS

JUDICIAL WING 1ST FL

600 E. BOULEVARD AVE

BISMARCK, ND 58505-0530 • 701-328-4201

PLEASE RETAIN A COPY FOR YOUR RECORDS

STATEMENT OF LICENSE FEES DUE

(Return complete statement with check. No credit cards accepted.)

Section 27-11-22, NDCC, provides every person engaged in the practice of law or who serves as a judge of a court of record shall secure an annual license **ON OR BEFORE JANUARY 1 OF EACH CALENDAR YEAR.**

ANNUAL LICENSE FEE FOR 2018 \$380.00 – five or more years from the date of admission.

PLEASE NOTIFY THIS OFFICE OF ANY CHANGES IN THE ABOVE INFORMATION

**REQUIRED ANNUAL CERTIFICATE OF COMPLIANCE TO
CLERK OF THE SUPREME COURT**

I certify that I have read rule 1.15, N.D. Rules of Professional Conduct and that:

A. TRUST ACCOUNT

I am in compliance with Rule 1.15. My trust account is:

Account Number _____

Financial Institution _____

OR

I am exempt from Rule 1.15 because:

_____ I do not actively practice law.

_____ I am admitted in, or associated with a law firm located in another jurisdiction where a trust account is maintained.

_____ I do not hold client funds because:

_____ I am a full-time judge, corporate counsel, or government attorney.

_____ I **never** hold property of clients or third persons.

_____ Other: Please explain

B. MALPRACTICE INSURANCE

_____ I represent private clients

_____ I am currently covered by professional liability insurance and intend to maintain such insurance during the next 12 months.

_____ I am **NOT** covered by professional liability insurance.

_____ Other: Please explain

_____ I do not represent private clients.

SIGNATURE: _____

LAW FIRM: _____

STATE BAR ASSOCIATION OF NORTH DAKOTA

ANNUAL SBAND SECTION

ENROLLMENT FORM

- | | |
|---|--|
| <input type="checkbox"/> Administrative & Government Lawyers – \$10 | <input type="checkbox"/> Real Property, Probate & Trust Law – \$25 |
| <input type="checkbox"/> Business & Corporations – \$10 | <input type="checkbox"/> Taxation – \$10 |
| <input type="checkbox"/> Criminal Defense – \$10 | <input type="checkbox"/> Women Lawyers – \$10 |
| <input type="checkbox"/> Family Law – \$25 | <input type="checkbox"/> Elder Law – \$10 |
| <input type="checkbox"/> Legal Economics – \$10 | <input type="checkbox"/> Indian Law – \$10 |

Subtotal \$ _____

ND BAR FOUNDATION

- | | |
|--|------------|
| <input type="checkbox"/> Sustaining Member (Annual) | \$ 25.00 |
| <input type="checkbox"/> Donor (\$500 total or \$50 Annual) | \$ 50.00 |
| <input type="checkbox"/> Patron (\$1,000 total or \$100 Annual) | \$ 100.00 |
| <input type="checkbox"/> Silver Patron (\$2,500 total or \$250 Annual) | \$ 250.00 |
| <input type="checkbox"/> Gold Patron (\$5,000 total or \$500 Annual) | \$ 500.00 |
| <input type="checkbox"/> Platinum Patron (\$10,00 total or \$1,000 Annual) | \$1,000.00 |

Pro Bono Fund

_____ Hours (\$85/hour) \$ _____

Subtotal \$ _____

OPTIONAL: Keller deduction relating to nonchargeable activities. Members (\$ _____) wanting to take this deduction may deduct \$1.45 if paying \$380; \$1.33 if paying \$350; and \$1.22 if paying \$325. (See Insert.)

TOTAL SECTION AND FOUNDATION

FEES REMITTED

TOTAL \$ _____

MAKE ALL CHECKS PAYABLE TO: STATE BOARD OF LAW EXAMINERS

600 E. BOULEVARD AVE, BISMARCK, ND 58505-0530

**INSTRUCTIONS FOR COMPLETING
LICENSE RENEWAL FORM**

The following information ***MUST BE COMPLETED*** on the Statement of License Fees/Certificate of Compliance.

1. **Verify your address, phone, fax, and e-mail information is correct.** Changes can be handwritten directly on the statement.
2. **Lower left portion of the statement – *Mandatory*:**
 - Answer section A regarding Trust Account Information
 - Answer section B regarding Malpractice Insurance
 - Sign the certificate and identify your law firm name, if applicable.
3. **Lower right portion of the statement – *Optional*:**
 - If you choose to enroll in any section of the State Bar Association, please send one check or money order which includes your license fee and the additional section fees.
 - If you choose the optional Keller deduction, please deduct that amount from the total section and foundation fees to be remitted. See enclosed insert explaining Keller deduction policy.

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4. Return the ***complete*** Statement (not just the top half) with your check or money order. The statement must accompany your check.

No credit card payments are accepted.

Please note: Licenses expire on December 31. You will not be licensed for the following calendar year without the completed license statement and fees on file in the Board office on December 31.

Failure to properly complete and return the license statement and provide the appropriate fees will result in a delay of your licensure.

Thank you.
