



THE WEST VIRGINIA STATE BAR

2000 Deitrick Blvd. Charleston, WV 25311

www.wvbar.org

Phone: 1.304.553.7220

Toll Free: 1.866.989.8227

Fax: 1.304.558.2467

FROM: Anita R. Casey, Executive Director

RE: **2014-2015 Annual Membership Fees, Financial Responsibility Disclosure (FRD) and IOLTA Reporting Requirements**

Enclosed you will find forms for payment of your membership fees for fiscal year 2014-15 and for completion of your Financial Responsibility Disclosure and IOLTA reporting requirements. **All members are encouraged to complete this information on line. There will be a \$20 processing fee assessed per lawyer to process the paper forms.** Payments submitted on line can be made by credit card. Assistance in completing the forms online can be obtained by contacting Mike Mellace (304-553-7223 or mellacem@wvbar.org) at the Bar. Paper forms must be returned to The State Bar, at: Membership Reporting/Fees, 2000 Deitrick Boulevard, Charleston, WV 25311, postmarked no later than September 2, 2014. Members' forms postmarked after September 2, 2014, are subject to separate \$25 late penalty fees for both fees and FRD. On line reporting also has a September 2, 2014, due date with penalty assessments for both fees payments and FRD reports received after that date. For questions regarding membership please contact Cheryl Petty at Cheryl@wvbar.org / 304-553-7229 or Anita Casey at 304-553-7228 / caseya@wvbar.org.

Failure to comply with payment of fees and FRD reporting will result in an automatic suspension from active membership in the State Bar. While there is no requirement for West Virginia lawyers to have professional liability insurance, there is a requirement to disclose whether or not you have insurance.

NOTE: Active But Not Practicing and Inactive members do not have to complete the FRD or IOLTA information.

In addition to fee and FRD reporting, members are required to do IOLTA Reporting. This combined reporting will make the collection of IOLTA information easier and more accurate. Any questions regarding completion of your IOLTA Reporting form, either on line or on paper, should be directed to Anita Casey.

**THE WEST VIRGINIA STATE BAR
ANNUAL MEMBER FEES CHECK SUBMISSION 2014-15**

First Name: _____

Middle Name: _____

Last Name: _____

Bar ID#: _____

Member Fees Payment Selection

Please select the applicable fee amount below and add the processing fee:

- Active or Active Not Practicing Member (Admitted by Reciprocity or admitted before June 30, 2013) - \$250 _____
- Active or Active Not Practicing Member (Admitted after June 30, 2013) - \$200 _____
- Inactive Member - \$100 _____

Plus \$20 paper processing fee _____ **\$20** _____

Total payment _____

For payment please attach a check with your bar ID number written on it for the amount calculated above. Payments received without the \$20 processing fee, per attorney, will not be processed.

Check number (of attached payment): _____

Please provide your updated contact information if it has changed:

Firm: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

The West Virginia State Bar
Interest on Lawyers Trust Accounts (IOLTA) Program
Notice of Compliance with Rule 1.15

Rule 1.15 of the West Virginia Rules of Professional Conduct establishes a comprehensive Interest on Lawyers Trust Accounts (IOLTA) program effective September 15, 1991.

This Notice of Compliance with Rule 1.15 must be filed annually with The West Virginia State Bar by each West Virginia lawyer participating in the IOLTA program, as required by The State Bar's Operating Regulations and Procedures for the Comprehensive IOLTA Program. A copy of Rules 1.15, instructions for completing the Notice of Compliance, and the Operating Regulations can be found online at www.wvbar.org.

The undersigned hereby declares compliance with the rules by checking one of the following options:

Option 1. I HAVE established the following interest - or dividend-bearing trust account for nominal or short-term client deposits, with interest or dividends payable to The West Virginia State Bar, in compliance with Rule 1.15:

Name of Account

Account Number

Name of Financial Institution

Mailing Address of Financial Institution

Telephone Number of Financial Institution

YES (please circle), I have attached a blank deposit slip, or facsimile thereof, for this account. In addition, if this account will be used by more than one lawyer, I have attached a list of all such lawyers, and The West Virginia State Bar membership numbers and signatures of all such lawyers.

Option 2. I HAVE NOT established an interest - or dividing-bearing client trust account as I do not receive, maintain, or disburse client funds in West Virginia.

Name of Lawyer (please print)

The West Virginia State Bar I.D. Number

Signature of Lawyer

Date

Please return this completed form to:

Anita R. Casey, Executive Director
The West Virginia State Bar
Attn: IOLTA - NOC RULE 1.15
2000 Deitrick Boulevard, Charleston, WV 25311
Phone: 304-558-7993; Fax: 304-558-2467
E-Mail: caseya@wvbar.org; Web: www.wvbar.org

NOTICE OF COMPLIANCE WITH STATE BAR BYLAWS
ARTICLE III (A). FINANCIAL RESPONSIBILITY DISCLOSURE

The By-Laws of The West Virginia State Bar require annual disclosure about the financial responsibility for professional liability claims of each active lawyer admitted to practice law in West Virginia.

1. Are you exempt from the provisions of this Rule because you are engaged in the practice of law as a full-time government lawyer or in-house counsel and do not represent clients outside that capacity?
 Yes No

If your answer to the above question is no, please answer the following questions:

2. I am engaged in the private practice of law and represent clients? Yes No
3. I am currently covered by professional liability insurance with limits of not less than \$100,000 per claim and \$300,000 policy aggregate covering generally insurable acts, errors and omissions occurring in the practice of law, other than the extended reporting endorsement. Yes No

If your answer to the above question is yes, please provide the following information:

Insurance Provider Name _____

Insurance Provider Address: _____

Insurance Policy Number: _____

4. If your answer to question number 3 was NO, advise whether you have another form of adequate financial responsibility/funds available in the form of a deposit in a financial institution of cash, bank certificates of deposit or United States Treasury obligation, a bank letter of credit or a surety or insurance company bond to cover errors and omissions occurring in the practice of law in an amount not less than \$100,000 to satisfy any liability arising from such errors or omissions and describe with reasonable particularity the funds.

5. Do you have any unsatisfied final judgment(s) after appeal against either you or any firm or professional corporation in which you have practiced, for acts, errors or omissions including, but not limited to, acts of dishonesty, fraud or intentional wrongdoing arising out of the performance of legal services?
 Yes No

6. If your answer to the above question is YES, please provide below information including the date, amount and court where the judgment(s) was rendered.

Name (please print) _____

By signing this notice, I am verifying the accuracy of the information provided.

Signature _____

WVSB ID # _____

DATE _____

All active members of The West Virginia State Bar must complete, sign, and return this FRD Notice to the WV State Bar office. Since September 1, 2014 is Labor Day, your notice must be postmarked by **September 2, 2014.**

If your notice is not postmarked on or before **September 2**, a **\$25 late filing fee** will attach to your account. **Failure to comply with this Notice will result in an automatic suspension from active membership in the State Bar. In addition to the \$25.00 penalty authorized by Article III (A) Section 4, a penalty of \$75.00 shall be added to the fees owed by all members who are suspended for the financial responsibility disclosure non-compliance.**