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STATE BAR OF MONTANA

Serving the people of Montana and their attorneys

TO: All Active Attorneys Residing in Montana

From: Christopher L. Manos, Executive Director, State Bar of Montana

Re: IOLTA Compliance Statement (As required by Rule 1.18 of the Rules of Professional Conduct) and Pro Bono Reporting Form

The IOLTA Compliance Statement must be completed by Montana attorneys each year in accordance with the Montana Supreme Court Rules of Professional Conduct. Reporting is MANDATORY.

NOTE: Only one representative from each firm should provide IOLTA account information when reporting. IOLTA Compliance Statements for firms comprised of more than one attorney should include names of all firm members.

If your IOLTA account information is being provided by someone else in your firm, you are asked to acknowledge this on your IOLTA Compliance Statement.

This electronic reporting uses Secure Sockets Layer (SSL), a cryptographic system that encrypts information during transmission to and from the reporting site. Additional safety features are employed. However, it is important to note that we do NOT ask you provide any information that is not readily available on a business or personal check. We do not ask for, nor should you ever provide, personal identifiers such as a social security or business identification numbers.

The Pro Bono Reporting Form appears first followed by the IOLTA Compliance Statement. If a representative of your office is reporting IOLTA information only, they may proceed directly to the IOLTA section by following the instructions on the following pages.

Please complete the IOLTA Compliance Statement and *Pro Bono* Reporting Form by December 1, 2009.

IOLTA COMPLIANCE STATEMENT 2009
(As required by Rule 1.18 of the Rules of Professional Conduct)

1. Do you or your firm currently have an IOLTA account?

- No, I or my firm do not have an IOLTA account (Skip to Question Number 6)
- Yes, and I am the only member of my firm
- Yes, and the names of attorneys comprising this IOLTA Compliance Statement/Account are attached to this form

2. There are the following number of attorneys who are included in this IOLTA Compliance Statement: _____

3. My/My Firm's IOLTA account(s) is held at (check all appropriate institutions or skip to Question #5 if you do not have an IOLTA account):

- | | | |
|---|--|---|
| <input type="checkbox"/> 1st Bank | <input type="checkbox"/> First Security Bank of Missoula | <input type="checkbox"/> Rocky Mountain Bank of Billings |
| <input type="checkbox"/> 1st Bank - Sidney | <input type="checkbox"/> First State Bank of Shelby | <input type="checkbox"/> Ruby Valley National Bank |
| <input type="checkbox"/> American Bank | <input type="checkbox"/> First Valley Bank | <input type="checkbox"/> Southwest Montana |
| <input type="checkbox"/> American Federal Savings Bank | <input type="checkbox"/> Flathead Bank | <input type="checkbox"/> State Bank & Trust Co. |
| <input type="checkbox"/> Bank of Baker | <input type="checkbox"/> Freedom Bank | <input type="checkbox"/> State Bank of Townsend |
| <input type="checkbox"/> Bank of Bozeman | <input type="checkbox"/> Glacier Bank | <input type="checkbox"/> Sterling Savings Bank |
| <input type="checkbox"/> Bank of the Rockies - Helena | <input type="checkbox"/> Granite Mountain Bank | <input type="checkbox"/> Stockman Bank of Montana -- Miles City |
| <input type="checkbox"/> Big Sky Western Bank | <input type="checkbox"/> Independence Bank | <input type="checkbox"/> Stockmen's Bank |
| <input type="checkbox"/> Bitterroot Valley Bank | <input type="checkbox"/> Lake County Bank | <input type="checkbox"/> Summit National Bank |
| <input type="checkbox"/> Community Bank | <input type="checkbox"/> Little Horn State Bank | <input type="checkbox"/> Three Rivers Bank of Montana |
| <input type="checkbox"/> Community Bank - Missoula, Inc. | <input type="checkbox"/> Mechanics Bank | <input type="checkbox"/> Treasure State Bank |
| <input type="checkbox"/> Community First Bank | <input type="checkbox"/> Missoula Federal Credit Union | <input type="checkbox"/> US Bank Main |
| <input type="checkbox"/> Farmers State Bank - Victor | <input type="checkbox"/> Montana State Bank | <input type="checkbox"/> Valley Bank of Glasgow |
| <input type="checkbox"/> First Bank of Montana | <input type="checkbox"/> Mountain West Bank of Bozeman | <input type="checkbox"/> Valley Bank of Helena |
| <input type="checkbox"/> First Citizens Bank of Butte | <input type="checkbox"/> Mountain West Bank of Great Falls | <input type="checkbox"/> Valley Bank of Kalispell |
| <input type="checkbox"/> First Citizens Bank of Polson | <input type="checkbox"/> Mountain West Bank of Helena | <input type="checkbox"/> Valley Bank of Ronan |
| <input type="checkbox"/> First Community Bank | <input type="checkbox"/> Mountain West Bank of Kalispell | <input type="checkbox"/> Wells Fargo |
| <input type="checkbox"/> First Interstate Bank --Billings | <input type="checkbox"/> Mountain West Bank of Missoula | <input type="checkbox"/> West One Bank |
| <input type="checkbox"/> First National Bank in Libby | <input type="checkbox"/> Mountain West Bank of Deer Lodge | <input type="checkbox"/> Western Bank of Wolfpoint |
| <input type="checkbox"/> First Security Bank of Bozeman | <input type="checkbox"/> People's Bank of Deer Lodge | <input type="checkbox"/> Western Security Bank |
| <input type="checkbox"/> First Security Bank of Helena | <input type="checkbox"/> Prairie Mountain Bank | <input type="checkbox"/> Yellowstone Bank |
| | <input type="checkbox"/> Ravalli County Bank | |
- Other (please specific) _____

4. Please provide your IOLTA account information:

Name as it appears on the account: _____

Account Number: _____

5. Are you requesting an IOLTA reporting Exemption?

- Yes, I am requesting an IOLTA reporting exemption because no banks in my county participate in the program.
- Yes, I am requesting an IOLTA reporting exemption because bank service charges exceed any interest earned.
- No, I am not requesting an IOLTA reporting exemption.
- Other (please specific) _____

6. I or my firm does not have an IOLTA account because:

- I have requested an IOLTA reporting exemption
- My employment does not involve client funds that require a trust account (e.g. government attorneys, in-house counsel, military, etc.) Please describe below.
- I am not engaged in the practice of law in Montana at this time (e.g. retired or very limited practice, employed outside of legal profession, etc.) Please describe below.

Describe: _____

I hereby certify that the above is true and correct to the best of my knowledge

Date: _____

Print Name (PLEASE TYPE OR WRITE LEGIBLY): _____

City: _____ Zip: _____

Signature: _____

Mail this Form BY DECEMBER 1, 2009 to:

**Montana State Bar
Attention: IOLTA/Pro Bono Reporting
P. O. Box 577
Helena, MT 59624**

2009 PRO BONO REPORTING

Rule 6.1 - Rules of Professional Conduct - Pro Bono Publico Service

Every lawyer has a professional responsibility to provide legal services to those unable to pay. A lawyer should render at least [50] hours of pro bono publico legal services per year. In fulfilling this responsibility, the lawyer should:

(a) provide a substantial majority of the [50] hours of legal services without fee or expectation of fee to:

- (1) persons of limited means; or
- (2) charitable, religious, civic, community, governmental and educational organizations in matters which are designed primarily to address the needs of persons of limited means; and

(b) provide additional services through:

- (1) delivery of legal services at no fee or substantially reduced fee to individuals, groups or organizations seeking to secure or protect civil rights, civil liberties or public rights, or charitable, religious, civic, community, governmental and education organizations in matters in furtherance of their organizational purposes, where the payment of standard legal fees would significantly deplete the organization's economic resources or would be otherwise inappropriate;
- (2) delivery of legal services at a substantially reduced fee to persons of limited means; or
- (3) participation in activities for improving the law, the legal system or legal profession.

In addition, a lawyer should voluntarily contribute financial support to organizations that provide legal services to persons of limited means.

(Revised Rule effective April 1, 2004.) Emphasis added.

PRO BONO CONTRIBUTIONS

1. *I have provided legal assistance WITHOUT EXPECTATION OF FEE to the following (this does not include those who employ you for pay):*

	Hours
Individuals/families of limited means referred by Montana Legal Services (MTLSA) or one of its programs	<input type="text"/>
Referred through an organized local or state pro bono program	<input type="text"/>
A court based program	<input type="text"/>
Outside of a organized pro bono program	<input type="text"/>
Charitable organization(s) designed to assist people with limited means	<input type="text"/>
Religious organizations(s) designed to assist people with limited means	<input type="text"/>
Community organization(s) designed to assist people with limited means	<input type="text"/>
Civic organization(s) designed to assist people with limited means	<input type="text"/>
Governmental organizations(s) designed to assist people with limited means	<input type="text"/>
Educational organizations(s) designed to assist people with limited means	<input type="text"/>
Organizations seeking to secure or protect civil or public rights and/or liberties	<input type="text"/>

If you had provided pro bono hours to an organized program other than MTLISA, please provide the name of the program or referring organization: _____

2. I have provided legal assistance at a **SUBSTANTIALLY REDUCED FEE** to the following (this does not include those who employ you for pay):

	Hours
Referred through an organized local or state pro bono program	<input type="text"/>
A court based program	<input type="text"/>
Charitable organization(s) designed to assist people with limited means	<input type="text"/>
Religious organizations(s) designed to assist people with limited means	<input type="text"/>
Community organization(s) designed to assist people with limited means	<input type="text"/>
Civic organization(s) designed to assist people with limited means	<input type="text"/>
Governmental organizations(s) designed to assist people with limited means	<input type="text"/>
Educational organizations(s) designed to assist people with limited means	<input type="text"/>
Organizations seeking to secure or protect civil or public rights and/or liberties	<input type="text"/>

3. I have provided **FREE OR SUBSTANTIALLY REDUCED** fee legal services to charitable, religious, civic, community, governmental or educational organizations in furtherance of their organizational purposes, where payment of fees would greatly deplete their economic resources

	Hours
Free hours	<input type="text"/>
Substantially reduced hours	<input type="text"/>

Please provide the name of any referring agency, organization or program.

-
-
-
-

4. *My pro bono hours were provided in the following areas of (you may choose more than one)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Alternative Dispute Resolution-all types | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Asylum Law |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Business | <input type="checkbox"/> Death Penalty |
| <input type="checkbox"/> Disability Rights | <input type="checkbox"/> Non Profit | <input type="checkbox"/> Self-Help Support |
| <input type="checkbox"/> Elder Law | <input type="checkbox"/> Indian Law | <input type="checkbox"/> Employment/Labor |
| <input type="checkbox"/> Family Law | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Pro Bono Program Administration/Coordination |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Human Rights | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Estate Planning/End of Life Planning | <input type="checkbox"/> Military/Veterans | <input type="checkbox"/> Other (please describe below) |
| <input type="checkbox"/> Probate | <input type="checkbox"/> Immigration | |
| <input type="checkbox"/> Consumer Law | <input type="checkbox"/> Health Law | |

Other Pro Bono Activity

5. *I provided the following hours participating in volunteer activities for improving the law, legal system or legal profession.*

Pro Bono hours

Please describe your volunteer activities for improving the law, legal system or legal profession for hours reported above.

CLE Preparation/Presentation

Committee/Task Force/Commission/Board

Presentations to organizations or institutions

Law school activities

Publications or articles

Educational Materials

Access/Equal Justice program development

Other (please describe)

6. I DID NOT provide pro bono or other assistance since the last reporting period as outlined in Rule 6.1 because:

- | | |
|--|---|
| <input type="checkbox"/> No reason | <input type="checkbox"/> I no longer practice law |
| <input type="checkbox"/> There was no opportunity given to me to provide pro bono assistance | <input type="checkbox"/> A specific rule or regulation prohibits participation (describe below) |
| <input type="checkbox"/> I did not have the necessary skills or training | <input type="checkbox"/> I have only recently been admitted to the practice of law |
| <input type="checkbox"/> I cannot afford to do pro bono | <input type="checkbox"/> I do not believe pro bono is my professional responsibility |
| <input type="checkbox"/> I do not have time to do pro bono | <input type="checkbox"/> Other (please describe below): |
| <input type="checkbox"/> My employment/employer does not permit me to do pro bono | |

Other or Comment

7. *I am interested in doing pro bono work and would like further information about training and opportunities in my area. (You must include your name on the first page to receive the information.)*

- Yes
 No

8. *I made financial contributions to the following:*

- Montana Justice Foundation
 Montana Legal Services Association
 Local Pro Bono Program

I live and/or practice in the following Judicial Districts: (1st - 22nd): _____

Printed Name: _____

Street Address: _____

City: _____ Zip: _____

Signature: _____

Mail this form BY DECEMBER 1, 2009 to:

**Montana State Bar
Attention: IOLTA/Pro Bono Reporting
P. O. Box 577
Helena, MT 59624**