

# 2017 Attorney Trust Account Certification Form

Please fill out this form and return it to: Gino Dunfee  
P.O. Box 577  
Helena, Montana 59624

You may also scan the completed form and email it to [gdunfee@montanabar.org](mailto:gdunfee@montanabar.org)

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## Attorney Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Bar Number: \_\_\_\_\_

Law Firm: \_\_\_\_\_

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

Email Address (if any): \_\_\_\_\_

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## Attorney Certification

Please select one of the choices below that best describes your *current* status. If you work in a law firm and you participate in IOLTA through your firm's trust account, select the first option below.

- I or my law firm maintains an IOLTA trust account at a Montana financial institution
- The nature of my practice is such that no Montana client funds are ever received requiring an IOLTA trust account
- I do not practice in Montana
- I am retired, a full-time judge, or a government, military or inactive lawyer
- I am requesting an exemption because:
  - The service charges on the account will equal or exceed any interest generated
  - No financial institution in the county where I do business will accept IOLTA accounts

If you are requesting an exemption, Montana Justice Foundation staff will contact you for further information in support of your exemption request.

If you selected "I or my law firm maintains an IOLTA trust account," please provide the contact information for the person responsible for maintaining IOLTA accounts in your firm:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address (if any): \_\_\_\_\_

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**I hereby certify that the information I have provided on this form is true and accurate.**

Signature \_\_\_\_\_

Date \_\_\_\_\_