THE WEST VIRGINIA STATE BAR
2020-21 ANNUAL MEMBERSHIP FEE
CHECK SUBMISSION

WV STATE BAR ID#: _____

NAME: _____
First **Middle** **Last**

Member Fees Payment Selection:

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

- Active - **$250** $_____
  (Admitted by Reciprocity or admitted before June 30, 2018)

OR

- Active 1-3 - **$200** **$**_____
  (Not Admitted by Reciprocity)

Plus $25 paper processing fee **$ 25**

TOTAL PAYMENT **$**_____

For payment please attach a check with your State Bar ID number written on it for the amount calculated above. Payments received without the $25 processing fee, per attorney, will not be processed. Checks received without this form will be returned and you may be subject to the late reporting and payment penalties.

Check number (of attached payment): _____

Please provide your updated contact information if it has changed:

Firm: _____

Address: _____

_____

Phone: _____

Email: _____

Return Forms & Payments to:
Attn: Membership Fees The West Virginia State Bar 2000 Deitrick Blvd - Charleston, WV 25311

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.
Your notice must be postmarked or received online by **September 1, 2020.** If your notice is not postmarked or received online by **September 3, 2019** an automatic **$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 $200.00 penalty authorized by Article III (A) Section 4, a penalty of $200.00 shall be added to the fees owed by all members who are suspended for the financial responsibility disclosure non-compliance.**

The West Virginia State Bar
Interest on Lawyers Trust Accounts (IOLTA) Program
Notice of Compliance with Rule 10

Rule 10 of the West Virginia State Bar's Administrative Rules requires an annual reporting with The West Virginia State Bar by each active West Virginia lawyer. A copy of Rule 10 can be found online at **www.wvbar.org** under the For Attorneys – IOLTA tab.

The undersigned hereby declares compliance with the rule 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 10:

_____
Name of Account

_____
Account Number

_____
Name of Financial Institution

_____
Mailing Address of Financial Institution

_____
Telephone Number of Financial Institution

_____
Email Address of Financial Institution Contact

NOTE: If this account will be used by more than one lawyer, please attach a list of all such lawyers and include their West Virginia State Bar membership numbers.

_____**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) West Virginia State Bar I.D. Number

_____ _____
Signature of Lawyer Date

All active members of The West Virginia State Bar must complete, sign, and return this IOLTA Notice to the WV State Bar office. Your notice must be postmarked or received online by **September 1, 2020.** If your notice is not postmarked or received online by **September 1, 2020** a **$200 late filing fee** will attach to your account.

Please return this completed form to:
Attn: IOLTA
2000 Deitrick Boulevard, Charleston, WV 25311

Questions:
Anita R. Casey – caseya@wvbar.org
Phone: 304-553-7228