Fillable Form

LAW FIRM CERTIFICATE OF ACCOUNTS					
Firm Name:					
Street Address:					
City/Town:	State:	Zip Code:			
Pursuant to SCRs 20:1.15(i)(2) and maintains trust account(s), fiduciar belonging to clients or third parties the total number of each type of ac to this Certificate.	ry account(s), an s is held in trust.	d/or safe deposit box(es) in w The location of each account	hich funds and/or safe	or proper e deposit b	ty oox and
Name of Financial Institution	Street Address of Financial Institution		Account Type		
	Street Address		Trust Fid. Box		
	Telephone Number		-		
	Street Address		Trust Fid.		Вох
	Telephone Number		_		
	Street Address		Trust	Fid.	Вох
	Telephone Number Street Address Telephone Number		-		
			Trust	Fid.	Вох
A list of the locations of add	ditional trust acco	unts, fiduciary accounts and/or	safe deposi	t boxes is a	ttached.
Name of Partner/Member Respons for Trust/Fiduciary Account	ible	Date			
Print Name					
Name of Partner/Member Responsible for Trust/Fiduciary Account		Date			
Print Name					

LAW FIRM CERTIFICATE OF ACCOUNTS INSTRUCTIONS

Filing Requirements: SCR 20:1.15(i)(1) requires lawyers to certify the name, address, and telephone number of each financial institution in which the lawyer/law firm maintains a trust account, a fiduciary account, or a safe deposit box. Pursuant to SCR 20:1.15(i)(2), a law firm must file a Certificate of Accounts on behalf of the lawyers in the firm who are required to file a certificate under SCR 20:1.15(i)(1).

Each lawyer who signs the Certificate of Accounts as the partner/member responsible for management of the firm's trust/fiduciary account(s) must also make the required acknowledgments on his/her own dues statement.

When to File: A Certificate of Accounts must be filed annually in conjunction with the filing of State Bar Dues Statements. The list must include the names of all financial institutions at which accounts are maintained by the firm as of the date of the filing of the Certificate. Trust accounts, fiduciary accounts, and safe deposit boxes opened after filing a Certificate of Accounts must be reported to the State Bar on the following year's Certificate.

Where to File: A Certificate of Accounts should be mailed or sent by email to:

State Bar of Wisconsin P.O. Box 14290 Madison, WI 53708-0290 Email: service@wisbar.org

Identification of Financial Institution and Type of Account:

Under SCR 20:1.15(i)(1) and (2) (effective July 1, 2023), for each trust account, fiduciary account, or safe deposit box maintained by a lawyer or law firm, the lawyer or law firm must certify the name of the institution, its street address, including the city, town or municipality in which the lawyer/law firm does its banking, and its telephone number. Do not provide the address of the financial institution's main office or corporate headquarters as the location of the account(s). If the firm maintains accounts at more than four financial institutions, please attach a separate list to the Certificate of Accounts, and check the box specifying that a list is attached. Finally, please identify the accounts at each financial institution as either a trust account, a fiduciary account, or a safe deposit box by checking the appropriate box(es) under the Account Type column.

Penalty for Non-compliance: Pursuant to SCRs 20:1.15(i)(4) and (k)(11), failure to file the Certificate of Accounts is grounds for automatic suspension from the practice of law in the same manner as for nonpayment of dues.

For further information, contact the OLR Trust Account Program at:

Email: olr.trustaccount@wicourts.gov

Website: https://www.wicourts.gov/services/attorney/trust.htm