

**PLEASE FILL OUT FORM COMPLETELY AND PERSONALLY DELIVER TO:**

**STATE OF COLORADO SUPREME COURT  
OFFICE OF ATTORNEY REGISTRATION  
1300 Broadway, Suite 510  
Denver, CO 80203  
(303) 928-7800**

<b>FOR OFFICE USE ONLY</b>
Attorney Reg. #: _____
Date of Admission: _____

**EMPLOYMENT (please check one):**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Attorney General   | <input type="checkbox"/> House Counsel  | <input type="checkbox"/> Other                               | <input type="checkbox"/> Private Attorney (Sole Practitioner) |
| <input type="checkbox"/> City Attorney      | <input type="checkbox"/> Judge          | <input type="checkbox"/> Other-Government                    | <input type="checkbox"/> Public Defender                      |
| <input type="checkbox"/> County Attorney    | <input type="checkbox"/> Judge Advocate | <input type="checkbox"/> Private Attorney (firm 2-10 attys)  | <input type="checkbox"/> Retired From Practice                |
| <input type="checkbox"/> District Attorney  | <input type="checkbox"/> Law Clerk      | <input type="checkbox"/> Private Attorney (firm 11-50 attys) | <input type="checkbox"/> Teaching                             |
| <input type="checkbox"/> Government Counsel | <input type="checkbox"/> Magistrate     | <input type="checkbox"/> Private Attorney (firm 51+ attys)   |   |

**STATUS (required):** ("Inactive status" may be selected by attorneys who will **not** be engaged in the practice of law in Colorado.)

- Active       Inactive      Have you ever held a limited license in Colorado     Yes     No

**ATTORNEY NAME (PRINT/TYPE your name *exactly* as you want it to appear on your license):**

First  Middle  Last  Suffix (Jr., II, III)

(Use full middle name **only** if you want it on your license)

**WHICH ADDRESS DO YOU PREFER TO USE AS MAILING?**     Home     Business

**BUSINESS:**

Business/Firm Name  Street  Suite   
P.O. Box  City  State  Zip Code   
Phone Number  Ext.  Fax Number  email

**HOME:** (WILL **NOT** BE PUBLIC)

Street  Apt  P.O. Box   
City  State  Zip Code  Phone Number   
email

**COURT:** (PUBLIC AND MUST BE FILLED IN IF ACTIVELY PRACTICING IN COLORADO) (Provide the address Colorado courts should use to mail)

Business/Firm Name  Street  Suite   
P.O. Box  City  State  Zip Code   
Phone Number  Ext.  Fax Number  email

Female     Male    Date of Birth (Required)

**ALL EMAIL ADDRESS ARE CONFIDENTIAL AND WILL NOT BE PROVIDED TO THE PUBLIC**

**ALSO LICENSED IN:**

State	<input type="text"/>	Date	<input type="text"/>	State	<input type="text"/>	Date	<input type="text"/>
State	<input type="text"/>	Date	<input type="text"/>	State	<input type="text"/>	Date	<input type="text"/>

Pursuant to § 26-13-126(3), 8 C.R.S. (1998), C.R.C.P. 227, and the federal "Family Support Act of 1988" and the federal "Personal responsibility and Work Opportunity Reconciliation Act of 1996," the Colorado Supreme Court requires all attorneys and applicants to answer whether you have been ordered to pay child support.

**Check one and sign below.**

- I hereby certify that I am **NOT UNDER ANY COURT ORDER** to pay child support.
- I hereby certify that I am **IN COMPLIANCE** with respect to any child support orders.
- I hereby certify that I am **NOT IN COMPLIANCE** with respect to any child support.

**Compliance Statement for Rule 1.15 A-E - COLTAF**

THE UNDERSIGNED DECLARES COMPLIANCE WITH COLORADO RULE OF PROFESSIONAL CONDUCT 1.15 (INTEREST ON CLIENT TRUST ACCOUNTS) AS FOLLOWS:

- I or my law firm have established one or more interest-bearing accounts for client funds in a financial institution approved by the Supreme Court Regulation Counsel with interest payable to the Colorado Lawyer Trust Account Foundation (COLTAF), except those client funds held with interest payable to the client. Client funds are held in:

Account Name	Account Number	Financial Institution	City
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- I am exempt from the requirement to establish a COLTAF account because:
  - All client funds are deposited in trust accounts with interest payable to the clients.
  - I do not receive, maintain or disburse client funds in Colorado.
  - A COLTAF account is not feasible for reasons beyond my control: Specify:

**Malpractice Insurance**

- Are you in private practice?  Yes  No
- Are you currently covered by Professional Liability Insurance and do you intend to maintain coverage?  Yes  No

- Indicate carrier if covered:**  ALAS (Attorneys' Liability Assurance Company)  ALPS (Attorneys' Liability Protection Society)
- AmTrust (Wesco Insurance Company)  Travelers (St. Paul Mercury Insurance Company)  CNA (Continental Casualty)
- Other

CERTIFY STATEMENTS: Please certify that the above marked statements are true and correct by signing below:

- I certify that I completed my registration statement and that the answers provided are accurate.
- I understand that my annual registration is not complete until the Court has received my annual registration fee payment.
- I understand that pursuant to C.R.C.P. 227(b) I must provide the Office of Attorney Registration with a supplemental statement of change in the information previously submitted, within 30 days of any changes. Such changes include changes to my registered mailing address, phone number, email, trust account information, child support payment status, or professional liability insurance coverage status.

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date