

Signature

COLORADO SUPREME COURT OFFICE OF ATTORNEY REGISTRATION 1300 Broadway, Suite 510 Denver, CO 80203 (303) 928-7800 Fax (303) 501-1146 2023

Date

STO	Denver, CO 80203 (303) 928-7800 F	3 fax (303) 501-1146	-		
NAM	IE:		REGISTRATION #		
	ATTORNEY REGI	STRATION STATE	MENT - Complia	nce Statements	
<u>1. CHI</u>	LD SUPPORT				
Please	e refer to C.R.C.P. 227(A)(2)(a) cert	ification pertaining to child sup	port and compliance with any c	hild support order.	
\circ	I hereby certify that I am NOT UNDER ANY COURT ORDER to pay child support.				
\circ	I hereby certify that I am IN COM	hereby certify that I am IN COMPLIANCE with respect to any child support orders.			
\circ	I hereby certify that I am NOT IN COMPLIANCE with respect to child support orders.				
2. COMPLIANCE STATEMENT FOR RULE 1.15 A-E - COLTAF The following statement only applies to Colorado accounts and Colorado client funds. 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). Client funds are held in:					
	Account Name	Account Number	Financial Institution	City	
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.					
	O I do not receive, maintain or disburse client funds in Colorado.				
		feasible for reasons beyond my	control: SPECIFY:		
3. MALPRACTICE INSURANCE Are you in private practice? YES NO					
	you currently covered by Profes	sional Liability Insurance and do	you intend to maintain coverag	ge? O YES O 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)					
\circ	Other				
4. CEI	1. 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.				
0	I understand that my appual registration is not complete until the Court has received my appual registration fee navment				
I understand that pursuant to C.R.C.P. 227(A)(2)(b) I must provide the Office of Attorney Registration with a supplemental statement of char information previously submitted, within 28 days of any changes. Such changes include changes to my registered mailing address, phone nur email, trust account information, child support payment status, or professional liability insurance coverage status.				red mailing address, phone number,	