

Signature

COLORADO SUPREME COURT OFFICE OF ATTORNEY REGISTRATION 1300 Broadway, Suite 510 Denver, CO 80203 (303) 928-7800 Fax (303) 501-1146 2024

Date

SHOW	(303) 928-7800 F	ax (303) 501-1146			
NAMI	E:		REGISTRATION #		
	ATTORNEY REGI	STRATION STATI	EMENT - Complia	nce Statements	
<u>1. CHIL</u>	<u>LD SUPPORT</u>				
Please	refer to C.R.C.P. 227(A)(2)(a) cert	ification pertaining to child sup	pport and compliance with any c	hild support order.	
\bigcirc	I hereby certify that I am NOT UNDER ANY COURT ORDER to pay child support.				
\bigcirc	hereby certify that I am IN COMPLIANCE with respect to any child support orders.				
\bigcirc	I hereby certify that I am NOT IN COMPLIANCE with respect to child support orders.				
The fo	MPLIANCE STATEMENT FOR RUL llowing statement only applies t I or my law firm have established Supreme Court Regulation Cour funds are held in:	o Colorado accounts and Color d one or more interest-bearing	accounts for client funds in a fin	ancial institution approved by the t Foundation (COLTAF). Client	
	Account Name	Account Number	Financial Institution	City	
		<u> </u>			
	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:				
3. MA	LPRACTICE INSURANCE	leasible for reasons beyond my	control. SPECIFY:		
	Are you in private practice?				
Are	you currently covered by Profes	sional Liability Insurance and do	o you intend to maintain coverage	ge? C YES C 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)					
0	AmTrust (Wesco Insurance Com	Travelers (St. Paul	mercury insurance company)	CNA (Continental Casualty)	
 ⊿ CER	Other Other	y that the above marked statem	pents are true and correct by sign	ning helow:	
CLIN	<u>CERTIFY STATEMENTS:</u> 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.				
\bigcirc	I understand that my annual registration is not complete until the Court has received my annual registration fee payment.				
0	information previously submitted, w	ithin 28 days of any changes. Such c	Office of Attorney Registration with a shanges include changes to my registe sional liability insurance coverage state		