



NAME:

REGISTRATION #

**LICENSED LEGAL PARAPROFESSIONAL REGISTRATION STATEMENT - COMPLIANCE STATEMENT**

**1. CHILD SUPPORT**

Please refer to C.R.C.P. 207.14(A)(2)(a)(4) certification pertaining to child support and compliance with any child support order.

- 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 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.
  - I do not receive, maintain or disburse client funds in Colorado.
  - A COLTAF account is not feasible for reasons beyond my control: SPECIFY:

**3. 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

**4. 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. 207(A)(2)(b) I must provide the Office of Attorney Registration with a supplemental statement of change in the information previously submitted, within 28 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.
- I certify that I will confine my practice of law to all limitations set forth in applicable rules, statutes, and other law.

Signature \_\_\_\_\_

Date \_\_\_\_\_