

**2018 IOLTA COMPLIANCE AND CERTIFICATION**  
**Supreme Court Rule 11**

**IMPORTANT**

*(All attorneys, whether active or inactive, are required to complete this IOLTA Compliance and Certification Form).*

\_\_\_\_\_ **YES:** In compliance with Supreme Court Rule 11, I/my firm established and currently maintains the following interest bearing trust account for nominal or short term client deposits, with interest payable to the Hawaii Justice Foundation. **Please complete the following information.**

Attorney Name: \_\_\_\_\_

Trust Account Name: \_\_\_\_\_

Name and Address of Financial Institution:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trust Account Number: \_\_\_\_\_

**NO:** I have not established an interest bearing trust account because I am exempt due to the following provisions (check one):

\_\_\_\_\_ I **never** receive client funds that would require an IOLTA trust account, Rule 11(e)(1).  
or

\_\_\_\_\_ I **do not receive, maintain, or disburse client funds in Hawaii**, Rule 11(e)(2). (Note: This selection is for those attorneys who practice in jurisdictions other than Hawaii).  
or

\_\_\_\_\_ I am on **"inactive"** status or a **full-time judge, government attorney, or military attorney or Pro Hac Vice**, and have no client funds requiring an IOLTA trust account.

I attest that the above information is true and correct and certify my compliance with RSCH Rule 11 and HRPC Rule 1.15. I am aware that the original or a copy of this Certification will be provided to the Office of Disciplinary Counsel. I further attest and certify below that I will notify the Hawaii State Bar Association at such time in the future that I establish, join, or change an existing trust account containing nominal or short term client funds that are subject to the IOLTA rule.

*For further information on IOLTA compliance, please see URL: <http://www.hawaiijustice.org>.*

**PAYMENT METHOD**

Payment by

MC  VISA  DISCOVER  CHECK # \_\_\_\_\_

Cardholder Name (Print) \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Account #: \_\_\_\_\_ Exp. Date : \_\_\_\_\_

Billing Address: \_\_\_\_\_

**SIGNATURE**

I have read the above and certify that the information above is current and correct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ JD# : \_\_\_\_\_