



**HOW TO REGISTER**

Online at: [sc.ohio.gov/attorneyPortal](http://sc.ohio.gov/attorneyPortal)

- Register ONLINE to avoid processing delays

**OR**

Mail using enclosed envelope

Mail group registrations or overnight materials to: Ohio Supreme Court  
Attn: Office of Attorney Services  
65 South Front Street  
Columbus, OH 43215-3431

↓DETACH AT PERFORATION BEFORE RETURNING↓

**CERTIFICATE OF REGISTRATION ■ 2017-2019 BIENNIUM**

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

REGISTRATION NUMBER	BUSINESS OR FIRM NAME
NAME	TITLE OR POSITION
RESIDENCE ADDRESS	BUSINESS OR FIRM ADDRESS
CITY COUNTY	CITY COUNTY
STATE/COUNTRY ZIP	STATE/COUNTRY ZIP
DATE ADMITTED TO OHIO BAR	BUSINESS OR FIRM PHONE
DATE OF BIRTH GENDER	BUSINESS OR FIRM FAX
E-MAIL (please type or print clearly)	

CHECK APPROPRIATE BOX(ES)

<input type="checkbox"/> Active (\$350 Fee)	<input type="checkbox"/> Inactive (No Fee)
<input type="checkbox"/> Corporate (Not Applicable if Admitted in Ohio; \$350 Fee)	<input type="checkbox"/> \$50 Late Fee (See Instructions)
<input type="checkbox"/> Emeritus (\$75 fee)	<input type="checkbox"/> \$300 Reinstatement Fee (See Instructions)
<input type="checkbox"/> \$50 Late Fee (See Instructions)	
<input type="checkbox"/> \$50 Voluntary Fee (To fund civil legal aid services)	

PLEASE CHECK EVERY RACE YOU CONSIDER YOURSELF TO BE

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> White	

ARE YOU HISPANIC/LATINO?  Yes  No

**MAGISTRATE NOTIFICATION**

Are you serving as a magistrate in a court of record in Ohio? YES  NO

If Yes, then provide the following information (Please answer Items 1 through 3):

1. County: \_\_\_\_\_ 2. Full-Time Magistrate  Part-Time Magistrate

3. Check Court Type: Court of Appeals  Common Pleas  Municipal/County

**CERTIFICATION**  
I certify that the information I am providing on this entire form is true and accurate.

Make check or money order payable to THE SUPREME COURT OF OHIO

Amount: \_\_\_\_\_

SIGNATURE OF ATTORNEY \_\_\_\_\_ DATE \_\_\_\_\_

↓DO NOT DETACH LOWER PORTION OF FORM↓

**IOLTA & IOTA ACCOUNT REGISTRATION FORM**

**Step 1** CONFIRM/UPDATE CONTACT INFORMATION  
Registration Number: \_\_\_\_\_ Attorney Name: \_\_\_\_\_

**Step 2** Step 2: IOLTA/IOTA Status and Title Agent Status - Please Complete Each Section

<p><b>IOLTA/IOTA Status:</b></p> <input type="checkbox"/> I do maintain IOLTA and/or IOTA Account(s). <input type="checkbox"/> I do <b>NOT</b> maintain IOLTA and IOTA Account(s). <input type="checkbox"/> My employer or I do <b>NOT</b> handle funds owned by my client(s); I am on inactive status with the Supreme Court; I am retired or unemployed; I am a corporate or government attorney. <input type="checkbox"/> I am situated outside of Ohio.	<p><b>Title Agent Status:</b></p> <input type="checkbox"/> I am <b>NOT</b> a licensed title insurance agent in the State of Ohio. <input type="checkbox"/> I am a licensed title insurance agent in the State of Ohio. <input type="checkbox"/> My employer or I handle residential real estate transactions outlined in ORC §3953.231. <input type="checkbox"/> My employer or I do <b>NOT</b> handle residential real estate transactions outlined in ORC §3953.231.
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**Step 3** PROVIDE/UPDATE ACCOUNT(S) INFORMATION IF APPLICABLE  
SECTION A: Account Registration

First Account	Account Name:	Account Holder	Type
	Account Number: _____ Financial Institution: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Firm	<input type="checkbox"/> IOLTA <input type="checkbox"/> IOTA
Second Account	Account Name:	Account Holder	Type
	Account Number: _____ Financial Institution: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Firm	<input type="checkbox"/> IOLTA <input type="checkbox"/> IOTA

QUESTIONS: Contact the Ohio Legal Assistance Foundation at [www.olaf.org](http://www.olaf.org) or 614.715.8560.