



**VERMONT SUPREME COURT
OFFICE OF THE STATE COURT ADMINISTRATOR
BOARD OF MANDATORY CONTINUING LEGAL EDUCATION**

**Attorney Licensing Statement
and
Certification of Compliance with the Rules for Mandatory Continuing Legal Education**

I INSTRUCTIONS

This form has been prescribed by the State Court Administrator as the attorney licensing statement for both first-time licensing and biennial license renewal. It has also been approved by the Board of Mandatory Continuing Legal Education as the biennial report of compliance with the Rules for Mandatory Continuing Legal Education.

An attorney who completes and submits this form acknowledges having reviewed and complied with Administrative Order 41, Administrative Order 44, and the Rules for Mandatory Continuing Legal Education.

For Renewing Attorneys: YOU ARE REQUIRED TO COMPLETE AND FILE THIS FORM AND PAY THE REQUIRED FEE EVERY TWO YEARS, ON OR BEFORE JULY 1 FOLLOWING THE END OF THE APPLICABLE TWO-YEAR REPORTING PERIOD. ATTORNEYS WHO FAIL TO MEET THE JULY 1 DEADLINE ARE SUBJECT TO IMMEDIATE SUSPENSION AND THE IMPOSITION OF AN ADDITIONAL FEE. From May 1 through July 1, you can renew and pay online rather than submit this form, by going to <https://secure.vermont.gov/courts/licensing>. If you renew online, you do not need to otherwise submit this form.

Complete this form, retain a copy, and mail to:

Office of Attorney Licensing
Costello Courthouse
32 Cherry Street, Suite 213
Burlington, VT 05401

This form must be accompanied by a check for the appropriate fee per the [fee schedule](#) approved by the State Court Administrator. Checks should be made payable to ATTORNEY LICENSING.

If you intend to relinquish your license, do not fill out this form. Contact the Office of Attorney Licensing.

II CONTACT INFORMATION (each field is required, except that attorneys licensing for the first time should leave the space for attorney license number blank)

1. Last name:
2. First name:
3. Attorney License Number:
4. Email address:
5. Phone:
6. Business address:
7. Residential address:

**III CERTIFICATION OF COMPLIANCE WITH THE RULES FOR MANDATORY CONTINUING LEGAL EDUCATION
(for renewing attorneys only)**

For the two-year reporting period ending June 30 of this year:

_____ I have been on ACTIVE or PRO BONO EMERITUS status and thus was required to complete the relevant Mandatory Continuing Legal Education (“MCLE”) requirements specified in Rule 3 of the Rules for Mandatory Continuing Legal Education.*

_____ I satisfied the relevant MCLE requirements.

_____ I did not satisfy the MCLE requirements. I have filed, or will file within 10 days, a makeup plan with the Board of Mandatory Continuing Legal Education.

_____ I did not satisfy the MCLE requirement but am claiming INACTIVE status for the upcoming reporting period that begins on July 1 of this year. I understand that I will be subject to the requirements of Rule 10(C) of the Rules for Mandatory Continuing Legal Education should I at any time seek to be reinstated to ACTIVE or PRO BONO EMERITUS status.

_____ I have been on JUDICIAL or INACTIVE status and thus am exempt from the MCLE requirement.

_____ I have been on INACTIVE status for at least three years immediately preceding July 1 of this year, but I am claiming ACTIVE or PRO BONO EMERITUS status for the upcoming reporting period that begins on July 1 of this year. Within the two years immediately preceding July 1 of this year, I completed the relevant MCLE requirements specified in Rule 3 of the Rules for Mandatory Continuing Legal Education.*

***Any hours of continuing legal education that were completed pursuant to a prior makeup plan cannot be used to satisfy other continuing legal education requirements.**

IV LICENSING STATUS (for the upcoming reporting period)**

Please indicate the licensing status that you are claiming for the upcoming reporting period**.

_____ ACTIVE

_____ INACTIVE

_____ JUDICIAL

_____ PRO BONO EMERITUS (An attorney claiming this status for the first time must also submit a completed pro bono emeritus licensing statement.)

**** Upcoming Reporting Periods**

For Attorneys Licensing for the First Time (except Pro Bono Emeritus attorneys): Your upcoming reporting period begins on the date of admission and ends on June 30 of the second full year following the year of admission.

For Pro Bono Emeritus Attorneys Licensing for the First Time: Your upcoming reporting period begins on the date you receive your licensing card and ends on June 30 of the second full year following the year of licensing.

For Renewing Attorneys: Your upcoming reporting period begins on July 1 and ends on June 30 of the second succeeding year.

V POOLED INTEREST BEARING TRUST ACCOUNT INFORMATION

Administrative Order 41 requires an attorney who claims ACTIVE status to provide the account number for the attorney’s pooled interest bearing trust account (IOLTA) or to claim an exemption.

Please list each pooled interest bearing trust account. Include additional pages if necessary.

Account number:
Financial Institution:

Account number:
Financial institution:

Account number:
Financial institution:

OR

Please certify why you are not providing an account number for a pooled interest bearing trust account.

____ I am claiming ACTIVE or PRO BONO EMERITUS status, but, as defined by Rule 1.15(a)(2) of the Rules of Professional Conduct, I do not handle or receive funds of clients or third persons “in connection with a representation” and have no reasonable expectation of doing so during the upcoming reporting period.

____ I am claiming INACTIVE or JUDICIAL status.

VI HOLDING OF FUNDS OR PROPERTY FOR A CLIENT OR THIRD PARTY

Do you currently hold other funds or property for a client or third party in connection with a representation as defined under Vermont Rule of Professional Conduct 1.15(a)(2)?

____ Yes ____ No

VII DECLARATION REGARDING TAXES DUE TO THE STATE OF VERMONT

____ By signing and submitting this licensing statement, I declare, under the pains and penalty of perjury, that I am in good standing with respect to any and all taxes due to the State of Vermont, as of the date of my signature and as defined by Administrative Order 41.

VIII CERTIFICATION REGARDING CHILD SUPPORT

____ I certify that I am not under an obligation to pay child support or am in good standing with respect to any and all child support that I am under an obligation to pay.

IX VOLUNTEER OPPORTUNITIES

Please check any of the following that you are interested in. The Vermont Judiciary will maintain lists of interested persons and will reach out to those persons should an opportunity arise.

- I am interested in serving as a supervising attorney for a participant in the Law Office Study Program.
- I am interested in serving as a mentor for a recently-admitted attorney.
- I am interested in serving on the following Board(s) and/or Committee(s):

- Board of Bar Examiners
- Character and Fitness Committee
- Mandatory Continuing Legal Education Board
- Civil Rules Committee
- Criminal Rules Committee
- Evidence Rules Committee
- Family Rules Committee
- Judicial Conduct Board
- Judicial Ethics Committee
- Probate Rules Committee
- Professional Responsibility Board
- Public Access Rules Committee
- Other Committees Periodically Established by the Supreme Court to Study Specific Topics

X VERMONT BAR FOUNDATION OPT-IN

The Vermont Supreme Court has authorized the attorney licensing statement to include an “opt-in” for attorneys to donate to the Vermont Bar Foundation (“VBF”) to support legal services for the disadvantaged. **By opting in, an attorney commits to making a donation, in the amount of his or her own choosing, to the VBF.**

To make your optional donation, you can visit the VBF website at <https://vtbarfoundation.org/donate/> or mail your donation to: Vermont Bar Foundation, P.O. Box 1170, Montpelier, VT 05601-1170.

_____ **I opt-in to make a donation to the Vermont Bar Foundation.**

XI CERTIFICATION OF REGISTRATION OF E-MAIL ADDRESS WITH eCABINET

_____ I certify that I have registered, or will register within 24 hours of receiving my license card, at least one e-mail address with eCabinet pursuant to Administrative Order 44 and the Rules for Electronic Filing.

OR

_____ I am exempt from this registration requirement because I am claiming INACTIVE status.

XII ATTESTATION AND SIGNATURE

By signing and submitting this document, I attest that the representations herein are true and that I have not omitted any information that is reasonably responsive or related to the information requested. I also certify that I have reviewed Administrative Order 41 and that I understand the licensing status that I have claimed.

Dated this _____ day of _____, 20____.

Signature of Attorney

***FOR RENEWING ATTORNEYS: THE DEADLINE FOR RENEWING YOUR LICENSE IS JULY 1.
ATTORNEYS WHO FAIL TO MEET THIS DEADLINE ARE SUBJECT TO IMMEDIATE SUSPENSION
AND THE IMPOSITION OF AN ADDITIONAL FEE.***