



WASHINGTON STATE BAR ASSOCIATION

1325 4th Ave., Ste. 600, Seattle, WA 98101-2539 • 800-945-9722 / 206-443-9722 / questions@wsba.org

2019 LAWYER LICENSE RENEWAL - DEADLINE: February 1, 2019

The WSBA administers the licensing and renewal process for Washington licensed legal professionals on behalf of and under rules adopted by the Washington Supreme Court. Failure to comply with licensing requirements may result in a Supreme Court order of suspension (Washington Supreme Court Admission and Practice Rule 17).

1. CONTACT INFORMATION

Public/Mailing Address:

Name

Company

Address

City, State, Zip

Business/Public Phone: (xxx) xxx-xxxx Fax: (xxx) xxx-xxxx

License #: XXXXX

Status: ACTIVE

Home Address:

Address

City, State, Zip

Home Phone: (xxx) xxx-xxxx

Primary Email: email address

I do not want my email published in the online directory.

Check this box to sign up for **Paperless License Renewal for 2020**. You will receive an email reminder instead of a paper packet.

INSTRUCTIONS: Complete steps 1 – 8 on this form or renew and pay online at mywsba.org—it's easier and more efficient!

- **Deadline February 1, 2019:** File online at mywsba.org or postmark or deliver this form. Late fee assessed February 2.
- **Contact Information:** As required by WA Supreme Court APR 13, update your mailing address, phone number and email address on mywsba.org or by contacting the WSBA Service Center. If your public address of record is not in WA or is not a physical street address, you must provide the name and address of a resident agent. APR 13(f). *Do not make changes on this form.*
- **Payment Options:** (1) Credit card (note that our service provider will charge you a separate, non-refundable transaction fee of 2.5% on all bank card transactions), (2) Electronic Funds Transfer (online only – no transaction fee), or (3) Check (mail with this form or with an invoice that you can print if you renew online – no transaction fee).

Visit wsba.org/licensing or contact the WSBA Service Center with questions or to learn about the WSBA Payment Plan (payments may be made in up to five installments with the balance required to be paid in full by February 1), and the One-time Hardship Exemption for qualifying Active lawyers (apply by February 1).

QUESTIONS? Unless otherwise indicated, contact the WSBA Service Center at questions@wsba.org or call 206-443-9722 / 800-945-9722.

2. VOLUNTARY DEMOGRAPHIC INFORMATION Please complete the enclosed form or update your information at mywsba.org. This information assists WSBA in understanding the demographic makeup of our licensed legal professionals.

3. STATUS CHANGES INFORMATION

Information/forms are available at wsba.org/statuschanges for status changes to: **Active, Inactive, Judicial, Emeritus Pro Bono, Honorary, and Voluntary Resignation**. For questions, contact statuschanges@wsba.org or call 206-239-2131.

- Request **Voluntary Resignation** as part of online license renewal or by filing Voluntary Resignation form, effective upon approval.
- Request **Inactive Status** as part of online license renewal, or on page 2 of this form. The change will be effective immediately. Review WSBA Bylaw Article III, Section D.1 regarding Transfer from Inactive to Active.

4. MCLE REPORTING STATUS You are not due to report. To view your online MCLE roster, go to mcle.wsba.org.

5. VOLUNTARY REPORTING OF PRO BONO PUBLICO SERVICE HOURS

In 2018, I provided the following hours of pro bono publico service as defined in WA Supreme Court RPC 6.1:

____ hours of free legal services to persons of limited means and/or to organizations that address needs of persons of limited means [RPC 6.1(a)].

____ hours of other public service or reduced-fee services [RPC 6.1(b)].

____ **TOTAL hours** [RPC 6.1(a) hours + RPC 6.1(b) hours].

If you contributed 50 or more hours, you will receive commendation in *NWLawyer* and on the WSBA website unless you check this box: I prefer to remain anonymous.

Note: You may complete the other portions of your renewal early and report your service hours online at the end of 2018.

TURN OVER AND COMPLETE OTHER SIDE

License #:

Name:

Order #:

6. LICENSE FEE PAYMENT: MANDATORY FOR ALL LAWYERS

| | | |
|-----------|--|----------|
| A. | 2019 License Fee (based on earliest admission to any jurisdiction) NOTE: For Active lawyers only, mandatory \$30 Client Protection Fund assessment is added to the \$453 license fee. <input type="checkbox"/> <i>Change my status to Inactive, effective immediately.</i> Strike license fee above and pay \$200. (Inactive late Fee is \$60.00.) | \$483.00 |
| B. | After February 1, 2019: add 30% license late fee of \$135.90 | |
| C. | OPTIONAL: Keller Deduction Lawyers may elect to reduce their license fee payment by the pro rata amount used for political activities not related to regulating the practice of law or improving the quality of legal services. Lawyers wanting to take this deduction may deduct up to \$1.25 if paying \$453; \$.63 if paying \$226.50; or \$.55 if paying \$200. | () |
| D. | Total Amount of Mandatory Licensing Fees (add lines A and B; subtract C if taking Keller Deduction) | \$ |
| E. | OPTIONAL charitable donation to the Washington State Bar Foundation to help advance justice through support of WSBA's public service and diversity programs. Learn more at www.wsba.org/foundation . To opt out or donate a different amount to the Bar Foundation, strike the \$50 and enter a different amount. | \$ 50.00 |
| F. | OPTIONAL charitable donation to the Campaign for Equal Justice to support over 20 civil legal aid programs that serve our state's poorest families and individuals. Learn more at legalfoundation.org/the-campaign-for-equal-justice . To opt out or donate a different amount to the Campaign for Equal Justice, strike the \$50 and enter a different amount. | \$ 50.00 |
| G. | TOTAL Add lines D, E and F above and enter here. | \$ |

- The portion of the license fee not deductible from federal income tax because it is allocable to WSBA lobbying expenditure is \$3.81 (Public Law 03-066).
- Inactive and Emeritus Pro Bono members only: *NWLawyer* is available online. Check here for a free subscription to the paper copy.

PAYMENT (Electronic Funds Transfer – EFT – is available online)

- CHECK ENCLOSED** Send form and check, made payable to WSBA, in the enclosed envelope.
- CREDIT CARD Please Note:** Our service provider will charge you a separate, non-refundable transaction fee of 2.5% on all bank card transactions. There is no transaction fee if you renew online and pay by (1) check or (2) Electronic Funds Transfer. Fill out information below, **sign at bottom of page**, and send in enclosed envelope.
- AMEX MC VISA _____ - _____ - _____ Exp _____ - _____
- Name (as it appears on credit card): _____
- Billing address (for credit card): _____

7. PROFESSIONAL LIABILITY INSURANCE & TRUST ACCOUNT CERTIFICATION: MANDATORY FOR ALL ACTIVE LAWYERS**A. Professional Liability Insurance (WA Supreme Court APR 26)**

I certify that I am (choose one):

- Engaged in the private practice of law, covered by, and intend to maintain Professional Liability Insurance.
- Engaged in the private practice of law, covered by, but DO NOT intend to maintain, Professional Liability Insurance.
- Engaged in the private practice of law BUT NOT covered by Professional Liability Insurance.
- NOT engaged in the private practice of law because: (1) I do not practice law, or (2) I practice law as a government lawyer, or (3) I am employed by an organizational client, and I do not represent clients outside that capacity.

B. Trust Account (WA Supreme Court ELC 15.5; APR 17)

- Yes** **No** I or my firm maintain(s) either an IOLTA account or other client trust account(s) for the deposit of client funds received in connection with representations undertaken using my Washington license. **If yes, I certify that all funds and property of WA clients and all WA trust accounts and records are maintained in compliance with RPC 1.15A and B, and that my or my firm's trust account information is as follows (attach separate page if necessary):**

Institution

Branch/City

IOLTA Account number

8. CERTIFICATION

I certify under penalty of perjury under the laws of the state of Washington that the foregoing information is true and correct. I also approve payment of all fees and assessments owed as of the date my payment is postmarked or received.

Signature

Date

Place signed (city, state)

Thank you for your service to our profession and the justice system.

For Office Use Only

| | | | |
|--------------------|-----------|----------------|---------------|
| (AR) Date | Check # | Amount \$ | |
| (AP) Refund Reason | Amount \$ | Requested/Date | Approved/Date |