

NOTE: This form template is for viewing only. To submit an affidavit and remit undistributable funds, visit <https://maiolta.org/for-attorneys/undistributable-iolta-funds>.

Affidavit to Remit to the Massachusetts IOLTA Committee Unidentified and Unclaimed Funds in IOLTA Account

More than \$500 in 12-month period

This Affidavit is for funds held in IOLTA accounts only (not other types of trust accounts) and is account specific. If funds are held in more than one IOLTA account, submit a separate Affidavit for each account.

*Pursuant to Massachusetts Rule of Professional Conduct 1.15(i)(4), a copy of this Affidavit will be provided to the Board of Bar Overseers (BBO). You do not need to send a copy to the BBO.

Section 1

1. I am Attorney or *, the authorized agent of Attorney , and wish to remit to the IOLTA Committee from the IOLTA Account of Attorney , because [check all that apply]. Amounts below must match the total remitted.

- I am unable to determine the owner(s) of of these funds.
- I am unable to locate the owners(s) of of these funds.
- The owner(s) of of these funds can be located but the funds cannot be disbursed.

* Authorized signer on the IOLTA account or personal representative of an attorney's estate

Section 2

2. Including these funds, Attorney , or the authorized agent(s) of Attorney has/have transferred to the IOLTA Committee in the preceding twelve-month period.

Section 3

3. Attorney is/was licensed to practice in the Commonwealth of Massachusetts, BBO Number , and maintain(s)/maintained an IOLTA Account pursuant to the Massachusetts Rules of Professional Conduct and the IOLTA Guidelines as follows:

Name of IOLTA Account:

Account Number:

Confirm Account Number:

Routing Number:

Bank Name:

Bank Address1:



Bank Address2:

City:

State:

Zip Code:

Approximate date of account opening:

If account is closed, approximate date of closing:

Section 4

4. I discovered that these funds are unidentified in approximately and/or unclaimed in approximately . Since that time, I have made reasonable and diligent efforts to identify the owner(s) of unidentified funds and/or locate the owner(s) of unclaimed funds and disburse the funds to the owner(s), as described below.

Section 5

5. For UNIDENTIFIED FUNDS : Please provide a detailed description of all efforts made to identify the rightful owner(s) of these funds, including, but not limited to:

- a) All steps taken by you to review and analyze all available trust account ledgers, reconciliation reports, bank statements and relevant client files ("records");
- b) The dates of the records that you reviewed;
- c) If you engaged an accountant or bookkeeper to perform an examination of all relevant financial records, please provide the name and contact information for the accountant or bookkeeper; and the findings made by that person or entity;
- d) All other efforts made to identify the owner(s) of the unidentified funds.

Please enter description of all efforts made to identify the rightful owner(s) of these funds in the box below:

Upload any documents reflecting the above efforts to identify the rightful owner(s) below. Please click 'Upload' after selecting a document to save the selected document. Repeat the steps to upload additional documents:

Select document:

No file chosen

Document description:

Section 6

6. For UNCLAIMED FUNDS : Please provide each owner's name, last known contact information and amount belonging to that owner, as well as a detailed description of all efforts to made to locate each rightful owner of these funds and disburse the funds to that owner, including, but not limited to:

- a) Attempted contacts by telephone, mail, email, or text message; and dates thereof;
- b) Databases searched including internet, social media, public records, Westlaw and Lexis/Nexis;
- c) Attempted contact of known family members, co-workers, friends, or employers and the results of those contacts;
- d) If the owner can be located but the funds cannot be disbursed, please explain; and
- e) All other attempts to locate the owner and disburse the funds to the owner.

Please enter each owner's information below and click 'Add Owner' button to save the owner's information. Repeat the steps to add all of the owners:

| | | | |
|------------------------------------|----------------------|------------------|--|
| First Name/Business Name of Owner: | <input type="text"/> | Country: | <input type="text" value="United States"/> |
| Last Name of Owner: | <input type="text"/> | Address1: | <input type="text"/> |
| Owner's Date of Birth: | <input type="text"/> | Address2: | <input type="text"/> |
| Amount Unclaimed(\$): | <input type="text"/> | City: | <input type="text"/> |
| Phone: | <input type="text"/> | State/Province: | <input type="text" value="Select"/> |
| | | Zip/Postal Code: | <input type="text"/> |

Email:

Add Owner

Please enter description of all efforts made to locate each rightful owner of these funds and disburse the funds to the owner(s) in the box below:

Upload any documents reflecting the above efforts to locate each rightful owner of these funds and disburse the funds to that owner. Please click 'Upload' after selecting a document to save the selected document. Repeat the steps to upload additional documents:

Select document:

Choose File No file chosen

Document description:

Enter brief description of the selected document here

Upload

Section 7

7. I understand that pursuant to Massachusetts Rule of Professional Conduct 1.15(i)(5)(iii), if in the future I identify or locate the owner of funds previously remitted to the IOLTA Committee or I am able to disburse to the rightful owner unclaimed funds previously remitted to the IOLTA Committee, I will notify the IOLTA Committee and the BBO and make reasonable and diligent efforts to assist the owner in reclaiming the funds.

Section 8

8. I understand that the IOLTA Committee may, in its discretion, decline to accept some or all of these funds pending further efforts by me to distribute such funds to the rightful owner or owners, or for any other reason.

Electronic Signature & Submittal

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Signature:

Please complete the CAPTCHA verification below. This helps us reduce SPAM submissions. Note: If you are using the audio CAPTCHA verification option, press "SPACE" to begin audio playback; press "R" to replay audio CAPTCHA; type in the numbers you hear and press the "Enter" key when done.

I'm not a robot



Submit