



**STATE BAR
OF WISCONSIN**
P.O. Box 14290, Madison, WI 53708-0290
wisbar.org/trustaccount

**Fiscal 2026 State Bar of Wisconsin
Membership Dues and
Supreme Court Assessments Statement
Trust Account/WisTAF Certificate**

July 1, 2025 - June 30, 2026

Name _____
Firm _____
Street Address _____
City, State, Zip _____
Member Number _____

All attorneys must complete this certificate.

Mail this form to:
State Bar of Wisconsin
P.O. Box 14290
Madison, WI 53708-0290

Trust Account / WisTAF Certificate & Acknowledgments – Required by SCR 20:1.15(i) and (k)(11)

ALL ATTORNEYS AND JUDGES MUST COMPLETE AND SIGN THIS CERTIFICATE AND ACKNOWLEDGEMENTS.

* The Law Firm Certificate of Accounts is available at: wicourts.gov/forms1/olr.htm. Questions: Contact OLR at olr.trustaccount@wicourts.gov

1. Please identify the location of each trust account, fiduciary account, and safe deposit box in Wisconsin into which you deposit funds or property belonging to clients or third parties. **Under Account Type, identify how many of each type (T, F or S) are at that location. (If you do not have a trust account; if your firm files a Certificate of Accounts; or, if you are an out-of-state lawyer, go to Section 2.)**

Name of Financial Institution	Street Addresses of Financial Institutions	Account Type** Circle T, F or S		
	Telephone Number	T	F	S

** Account Types: T – Trust Account F – Fiduciary Account S – Safe Deposit Box

A list of additional Trust Accounts, Fiduciary Accounts and/or Safe Deposit Box Numbers is attached.

2. CERTIFICATIONS: By marking each applicable box and signing below, I certify:

a. I practice law in Wisconsin. b. I do not practice law in Wisconsin.

c. I have identified the name, address, and telephone number of each financial institution in which I maintain a trust account, fiduciary account, or safe deposit box for Wisconsin legal matters in Section 1 or an attached list.

d. I do not accept or receive funds in trust and do not maintain a Wisconsin trust account. (N/A if Box e. is checked)

e. I practice law in Wisconsin, and my firm is filing a **Certificate of Accounts***. (N/A for Solo Practitioners) Any funds or property that I receive in trust are held in trust by my firm unless identified above or in an attached list.

f. I am licensed in Wisconsin and in another jurisdiction where I principally practice law and maintain a trust account. That jurisdiction has overdraft notification requirements. If I maintain a Wisconsin trust account, I have identified its location in Section 1.

g. I am an out-of-state lawyer licensed solely in Wisconsin and have either identified the location of my Wisconsin trust account in Section 1 or certified that I do not accept or receive funds in trust in Section 2.d.

3. ACKNOWLEDGMENTS: By signing below, I acknowledge:

- That SCR 20:1.15 establishes fiduciary obligations for trust and fiduciary property in my possession, including the duty to hold such property in trust separate from my own, safeguard it, maintain complete records of it, fully account for it, and promptly deliver it to the owner; and
- That SCR 20:1.15 requires me to maintain each IOLTA trust account in an IOLTA participating institution, file an overdraft agreement with OLR for each draft-type account, and annually report each trust account, fiduciary account, and safe deposit box to the State Bar of Wisconsin, unless an exception under SCR 20:1.15(m) applies.

X Member Signature _____ Date _____