

**Monthly Trust Account Report**

Monthly Reconciliation and Review

Pursuant to Rules 1.15-3(d)(2) and 1.15-3(i)(1)

**GENERAL INFORMATION**

- Complete one form for *each* general trust account
- **Attach the following:** copy of general ledger/checkbook register, list of outstanding deposits, list of outstanding checks, corresponding bank statement, cancelled checks or images thereof

**Reconciliation of Lawyer’s Trust Account Records**

1. **General ledger/checkbook register balance** as of last day of bank statement..... \$ \_\_\_\_\_  
(Attach copy of general ledger/checkbook register)

**Bank Statement Reconciliation**

2. **Account Ending Balance** as of \_\_\_\_\_ (per attached bank statement)..... \$ \_\_\_\_\_

**Plus:** Deposits in transit (deposits made to the account through end of month yet not reflected on bank statement) ..... + \_\_\_\_\_

Number of deposits in transit ..... \_\_\_\_\_  
(attach list of outstanding deposits)

**Less:** Outstanding (uncleared) disbursements (disbursements made through end of month not reflected in bank statement)..... - \_\_\_\_\_

Number of outstanding disbursements..... \_\_\_\_\_  
(attach list of outstanding disbursements)

3. **Adjusted Trust Account Bank Balance** (as of end of report month)..... \$ \_\_\_\_\_

4. The balance on line #3  *agreed*  *did not agree* with the balance reflected in line #1. If different, attach explanation and corrective action.

Report prepared by a non-lawyer?  Yes  No

If yes, does non-lawyer have trust account check signature authority?  Yes  No

Report prepared by: \_\_\_\_\_  
Name and position Signature Date

**Lawyer Certification**

I certify that I personally reviewed the above report, personally reviewed the monthly bank statement and cancelled checks for each general trust account, dedicated trust account, and fiduciary account, and that all discrepancies shall be investigated, identified, and resolved within ten days of this review.

\_\_\_\_\_  
Lawyer Name Signature Date Firm Name