

Attorney Certification Form for Participation in Prepaid Legal Services Plan

I, _____, am an attorney participating in _____¹, which is registered or is seeking registration with the North Carolina State Bar as a prepaid legal services plan. I am not an employee, director, or owner of the plan. I understand that registration does not constitute approval by the State Bar. I also understand that the plan may not operate in any capacity in North Carolina until it is registered by the North Carolina State Bar and that I may not provide services under a plan until it is so registered.

I certify that I have read the provisions of Rule 7.3(d) and understand my professional obligations regarding participation in the plan. I understand that I must investigate and have a good faith belief that the plan is being operated in compliance with the Rules of Professional Conduct and all other pertinent rules of the State Bar. The Rules of Professional Conduct require, among other things, that as an attorney participating in the plan, I must do the following: maintain professional independence; preserve the confidences of clients; avoid conflicts of interest; not improperly share fees; not aid the unauthorized practice of law; and comply with the rules on advertising and solicitation.

Having thoroughly investigated this plan in accordance with the requirements of the North Carolina Rules of Professional Conduct, including the plan’s contracts, advertising and marketing materials, terms and conditions, documents, fee schedule and division, services offered, and registration status, I hereby certify that it is my good faith belief that (1) this plan meets the definition of a prepaid plan pursuant to 27 N.C. Admin. Code Chapter 1, Subchapter E, § .0303 of the North Carolina State Bar Regulations for Organizations Practicing Law, and (2) my participation herein will not lead me to violate the North Carolina Rules of Professional Conduct.

Attorney’s printed name

Attorney’s NC bar number

Attorney’s address

Attorney’s phone number

Attorney’s signature

NORTH CAROLINA, _____ COUNTY

Sworn to and subscribed before me this the _____ day of _____, 20____.

Notary Public

My commission expires:

¹ Note: The certification form must list the **specific** plan in which the certifying attorney is participating. If the certifying attorney is participating in several plans that are under the direction or management of one entity, the attorney must complete a certification form for each **specific** plan.