

Quarterly Review Report

Rule 1.15-3(e) Random Transaction Review

GENERAL INFORMATION

- Complete one form for *each* general trust account, dedicated trust account, and fiduciary account
- Attach the following for each transaction: statement of costs and receipts, client ledger, cancelled checks or images thereof, any other documentation necessary to complete review, and any required explanations
- At least three transactions shall satisfy the requirement in Rule 1.15-3(e), but a larger sample may be advisable

Transaction #1

1. Client Name/Matter: _____/_____ Date Range of Disbursement(s) _____ :
2. Does client ledger show a negative balance? Yes No If yes, attach explanation and corrective action.
3. Lawyer reviewed the following:
 (Attach to Report)

Statement of Costs and Receipts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Client Ledger	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cancelled Checks (or images thereof)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Did the transaction involve multiple disbursements? Yes No Number of disbursements _____
5. Are any disbursements outstanding? Yes No If yes, attach explanation and corrective action.
6. Were any disbursements improperly made? Yes No If yes, attach explanation and corrective action.

Transaction #2

1. Client Name/Matter: _____/_____ Date Range of Disbursement(s) _____ :
2. Does client ledger show a negative balance? Yes No If yes, attach explanation and corrective action.
3. Lawyer reviewed the following:
 (Attach to Report)

Statement of Costs and Receipts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Client Ledger	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cancelled Checks (or images thereof)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Did the transaction involve multiple disbursements? Yes No Number of disbursements _____
5. Are any disbursements outstanding? Yes No If yes, attach explanation and corrective action.
6. Were any disbursements improperly made? Yes No If yes, attach explanation and corrective action.

Transaction #3

1. Client Name/Matter: _____/_____ Date Range of Disbursement(s) _____ :
2. Does client ledger show a negative balance? Yes No If yes, attach explanation and corrective action.
3. Lawyer reviewed the following:
 (Attach to Report)

Statement of Costs and Receipts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Client Ledger	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cancelled Checks (or images thereof)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Did the transaction involve multiple disbursements? Yes No Number of disbursements _____
5. Are any disbursements outstanding? Yes No If yes, attach explanation and corrective action.
6. Were any disbursements improperly made? Yes No If yes, attach explanation and corrective action.

Lawyer Certification

I certify that I personally randomly selected the above transactions, that I personally conducted the review, and that all discrepancies shall be investigated, identified, and resolved within ten days of this review.

_____ Lawyer Name	_____ Signature	_____ Date	_____ Firm Name
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