

**Quarterly Review Report**

Account Name: \_\_\_\_\_

Rule 1.15-3(i) Random Transaction Review

Account #: \_\_\_\_\_

**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(i), 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:   

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

  
 (Attach to Report)
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:   

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

  
 (Attach to Report)
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:   

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

  
 (Attach to Report)
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