Monthly Trust Account Reconciliation and Review Certification

*REQUIRED BY STANDARD (1)(d) IN ACCORDANCE WITH SUBDIVISIONS (d)(3) and (e) OF RULE 1.15.

Firm Name		
Bank Name		
Account Name		
Account Number		

Month and Year	
Account Open Date	
Account Close Date	
Reconciliation Date	

INSTRUCTIONS

For each account, use the following documents to complete the form and attach a copy: (1) account journal; (2) individual ledgers; (3) bank statement with check copies; (4) client ledger summary with balances; (5) list of outstanding deposits; and (6) list of outstanding disbursements.

	FIRM RECORDS - ACCOUNT BALANCE	S	
	1. TRUST ACCOUNT JOURNAL BALANCE		
1	Does each entry contain the information required by Standard (1)(b), adopted pursuant rule 1.15(e)? (client name, date, amount, payor/payee, current balance)	to (Y/N)	
	2. TOTAL OF ALL INDIVIDUAL LEDGER BALANCES		
	A. Total Individual Client Ledger Balances, including all undisbursed funds pursuant to rule 1.15(c)(2)		
2	Do all of the client ledgers have a positive or zero balance? — If no, attach an explanation, including any corrective action taken.	(Y/N)	
	Does each entry contain the information required by Standard (1)(b), adopted pursuant to rule 1.15(e)? (date, amount, payor/payee, purpose, current balance) — If no, attach an explanation, including any corrective action taken.	(Y/N)	
	B. Total Bank Charges Balance in Trust Account	+	
	In compliance with rule 1.15(c)(1), are the firm funds in the account no more than reasonably sufficient to pay bank charges?	(Y/N)	
	TOTAL 2. INDIVIDUAL LEDGERS (A+B) (automatically calculated)	=	
	BANK RECORDS - ACCOUNT BALANC	E	
	3. ADJUSTED BANK STATEMENT BALANCE		
	A. Bank Statement Ending Balance		
	B. Add Outstanding Deposits (total deposits made to the account through the end o		
3	period, but not reflected on bank statement)		
	C. Less Outstanding Disbursements (checks and other disbursements made through bank statement period, but not reflected in bank statement)		
	TOTAL 3. (A+B-C) ADJUSTED BANK STATEMENT BALANCE (automatically calculated) =	
	DO TOTAL BALANCE OF 1, 2 and 3 AGREE? — If no, your account is not reconciled, Identify the error(s) and re-reconcile the acco	(Y/N)	

RECONCILIATION PREPARED BY Preparer Name Position Signature Date

ATTORNEY CERTIFICATION

I certify that I personally reviewed the above trust account reconciliation report and all supporting documents listed above, and understand this reconciliation is not deemed complete until all discrepancies are resolved and balances agree. I acknowledge that I have a nondelegable duty and bear responsibility to ensure all funds are properly held, regardless of who prepared the reconciliation.

Attorney	Name

Bar Number

Signature

Date