

**Monthly Reconciliation and Review Report**

Pursuant to RPC 1.15A(h)(6)

**INSTRUCTIONS**

- Every month, complete one form for *each* trust account.
- **Attach the following:** copy of checkbook register, list of outstanding deposits, list of outstanding checks, corresponding bank statement, cancelled checks or images thereof, copy of client ledgers, list of client balances.

**Trust-Account Records Balances**

1. **CHECKBOOK REGISTER BALANCE** as of \_\_\_\_\_ (last day of bank statement)..... \$ \_\_\_\_\_  
(Attach copy of the checkbook register)

Does each entry contain the information required by RPC 1.15B(a)(1)?  
(client matter I.D., date, check number, payor or payee, new balance).....  Yes  No  
If no, attach explanation and corrective action.

2. **TOTAL OF ALL POSITIVE CLIENT LEDGERS** as of \_\_\_\_\_ (last day of bank statement) \$ \_\_\_\_\_  
(Attach a list of each positive client ledger balance, identified by client name, used to reach this total)

Do any client ledgers show a negative balance?.....  Yes  No  
If yes, attach explanation and corrective action.  
Does each entry contain the information required by RPC 1.15B(a)(2)?  
(purpose, date, check number, payor or payee, new balance).....  Yes  No  
If no, attach explanation and corrective action.

**Bank Statement Reconciliation**

3. **ACCOUNT ENDING BALANCE** as of \_\_\_\_\_ (last day of bank statement)..... \$ \_\_\_\_\_

**Plus:** Outstanding deposits (total of deposits made to the account through end of bank statement period, not yet reflected on bank statement) ..... +\$ \_\_\_\_\_  
(attach list of outstanding deposits)

**Minus:** Outstanding (uncleared) disbursements (disbursements made through end of the bank statement period, yet not reflected in bank statement)..... -\$ \_\_\_\_\_  
(attach list of outstanding disbursements)

4. **ADJUSTED TRUST ACCOUNT BANK BALANCE** (last day of bank statement).....+\$ \_\_\_\_\_

5. The balances reflected in lines #1, #2 and #4 .....  *agreed*  *did not agree*  
If different, attach explanation and corrective action.

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

**Lawyer Certification**

I certify that I personally reviewed the above report, the checkbook register, the client ledgers, the monthly bank statement and cancelled checks for each trust account, and that all discrepancies will be investigated, identified, and resolved within ten days of this review.

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