

**LOUISIANA BAR FOUNDATION**  
**1615 Poydras Street, Suite 1000**  
**New Orleans, LA 70112**  
**(504) 561-1046**

**UNIDENTIFIED FUNDS REMITTANCE REPORT**

This form is for the remittance of unidentified funds from IOLTA accounts pursuant to the Louisiana Rules of Professional Conduct 1.15

**A. PERSON MAKING REPORT:**

1. Name: \_\_\_\_\_
2. Law Firm Name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Phone: \_\_\_\_\_
5. Email: \_\_\_\_\_

**B. IOLTA ACCOUNT OWNER INFORMATION: (Complete only if different from reporting lawyer)**

1. Name: \_\_\_\_\_
2. Law Firm Name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Phone: \_\_\_\_\_
5. Email: \_\_\_\_\_

**C. IOLTA ACCOUNT & UNIDENTIFIED FUNDS INFORMATION:**

1. Bank Name: \_\_\_\_\_
2. Bank Address: \_\_\_\_\_
3. Bank Account Number: \_\_\_\_\_
4. Bank Account Routing Number: \_\_\_\_\_
5. Amount of Unidentified Funds Remitted: \_\_\_\_\_  
(Enclose check for above amount payable to Louisiana Bar Foundation)
6. Other Details (optional): \_\_\_\_\_  
\_\_\_\_\_

**REMINDER: Remit only funds that are unidentified and meet requirements of Rule 1.15.**

**D. VERIFICATION:** I verify that the information reported on this form is true and correct, and that I am remitting the unidentified funds referenced above pursuant to the Louisiana Rules of Professional Conduct 1.15.

\_\_\_\_\_  
**Signature** (if unsigned, report will be returned)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

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**FOR OFFICE ONLY: Check No.** \_\_\_\_\_ **Date Posted:** \_\_\_\_\_