



EQUITY INTEREST SUPPLEMENT

Applicant: _____

A. Ownership/Officers or Directors

Provide the following information for each client in which the applicant or any firm member has an equity interest or in which any firm member is an officer or director. Financial Institutions do not need to be reported on this form. (Financial institutions must be reported on the **Financial Institution Information Supplement**.)

NAME OF CLIENT OR BUSINESS VENTURE	ATTORNEY(S) WITH INTEREST	OFFICES HELD	% OF INTEREST	NATURE OF BUSINESS

B. Risk Management Procedures

1. Yes No Does the Applicant or any firm member provide the previously identified client(s) with written disclosure of potential conflicts of interest in each of these equity situations?

2. Yes No Has the Applicant or any firm member accepted any type of equity interest in lieu of attorney's fees?
 If yes, either explain in the space provided below Question 3 or attach a separate addendum including the following information:
 - a. What are the circumstances that would permit the Applicant or any firm member to accept an equity interest in lieu of attorney's fees?
 - b. What is the approval process to accept an equity interest in lieu of attorney's fees?

3. Yes No Has the Applicant or any firm member provided any professional legal services for a client in relation to the preparation of any disclosure or offering documents for investors and/or State or Federal Regulators?
 If yes, what procedures have been adopted to avoid an actual or alleged conflict of interest?

I understand information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions.

Signature of Applicant: _____ Date _____