

TO: Lawyers Professional Responsibility Board  
1500 Landmark Towers  
345 St. Peter Street  
St. Paul, MN 55102-1218

**PROFESSIONAL FIRMS FIRST REPORT**

Pursuant to the Minnesota Professional Firms Act, Chapter 319B, Minnesota Statutes, this form must be completed, executed and filed with the Lawyers Professional Responsibility Board before furnishing professional services within Minnesota.<sup>1</sup> If additional space is needed for any answer, please attach a separate sheet.

The undersigned states the following under oath:

- (1) Firm Name: \_\_\_\_\_  
(Name as registered with Secretary of State)

Firm Address (as registered with Secretary of State - *P.O. Box itself is not acceptable*):

\_\_\_\_\_  
\_\_\_\_\_

Firm Telephone Number: \_\_\_\_\_

Firm Email: \_\_\_\_\_

- (2) Please designate the position(s) within the firm that have governance authority (e.g., owner, shareholder, partner, member). N/A is not acceptable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (3) Please list the name and address of each owner with an ownership interest and each person occupying a position with governance authority (N/A or a lawyer's name is not acceptable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) Are all employees, agents and independent contractors who furnish professional **legal** services (as defined by Minn. Stat. § 319B.02, subdiv. 19) within Minnesota, on behalf of the professional firm, professionals authorized to practice law?\*

Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_ (Professional firm has no employees, agents or independent contractors)

**\*NOTE: Clerks, paralegals and other support staff furnishing services under the supervision of a licensed attorney are not furnishing professional services as defined in Minn. Stat. § 319B.02, subdiv. 19.**

(5) Are all owners or other persons occupying a position with governance authority professionals authorized to practice law? Yes \_\_\_\_ No \_\_\_\_

This firm has, as of this date, complied with all of the provisions of the Minnesota Professional Firms Act.

I, \_\_\_\_\_, declare under oath and penalty of perjury  
(Print name of authorized attorney)

that the above statements are true and correct and that I am an owner or employee of the firm, licensed to practice law, and authorized to make the above statement on behalf of the professional firm.

Dated: \_\_\_\_\_  
(Signature of authorized attorney)

**Make Checks Payable to: Lawyers Professional Responsibility Board. The fee is \$100.00.**

**\*NOTE: Do not use this First Report form for filing your Annual Report. An Annual Report form will be mailed to you by December 1 each year.**

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<sup>1</sup> This report, must be accompanied by a copy of the firm's organizational document, certificate of authority, or statement of qualification as filed with the Secretary of State and exhibiting the Secretary of State's filing stamps.