

THE LAW SOCIETY OF UPPER CANADA RULE 6.07 APPLICATION FORMER, REVOKED OR SUSPENDED LAWYER'S INFORMATION

Instructions: Complete all sections. Provide additional information on separate sheets if required.

FOR THE PURPOSES OF THIS APPLICATION A FORMER OR REVOKED OR SUSPENDED LAWYER INCLUDES:

Any person who, in Ontario or elsewhere, has been disbarred and struck off the Rolls, has had his or her license to practise law or to provide legal services revoked, has been suspended, has had his or her license to practise law or to provide legal services suspended, has undertaken not to practise law or to provide legal services, or who has been involved in disciplinary action and been permitted to resign or to surrender his or her license to practise law or to provide legal services, and has not had his or her license restored.

PART A – FORMER OR SUSPENDED LAWYER INFORMATION AND STATUS

PERSONAL INFORMATION	PRIOR STATUS (choose one)
First Name: _____ Middle Name(s): _____ Last Name: _____ Date of Birth: _____ / / DD MM YYYY I called to the bar in Ontario on: / / DD MM YYYY Law Society Number: _____	<input type="checkbox"/> A sole practitioner, practising alone in Ontario <input type="checkbox"/> A sole practitioner, practising in Ontario with one or more lawyers as employees <input type="checkbox"/> A sole practitioner, practising in Ontario with one or more lawyers in shared facilities <input type="checkbox"/> A partner in a law partnership in Ontario <input type="checkbox"/> An employee/associate in a law firm in Ontario <input type="checkbox"/> Corporate Counsel Insured by LawPRO <input type="checkbox"/> Corporate Counsel Not Insured by LawPRO <input type="checkbox"/> Employed by Legal Aid Ontario or a community legal clinic <input type="checkbox"/> Employed in government in Ontario <input type="checkbox"/> Employed in education in Ontario <input type="checkbox"/> Employed other, in Ontario <input type="checkbox"/> A lawyer practising law outside of Ontario <input type="checkbox"/> Employed other, outside of Ontario <input type="checkbox"/> Emeritus lawyer providing pro bono legal services through Pro Bono Law Ontario <input type="checkbox"/> Not working or on parental leave or unemployed <input type="checkbox"/> Suspended
EMPLOYMENT INFORMATION	HOME AND MAILING ADDRESSES
Employer's Name: _____ Employer's Address: _____ _____ Business Number: () _____ Facsimile Number: () _____ Email Address: _____ Occupation: _____	Home Address: _____ _____ _____ Mailing Address: _____ (if different) _____ Home Number: () _____ Facsimile Number: () _____ Email Address: _____

PART B – WORK HISTORY

Provide a description of legal work history and employment both before and since you became a former or suspended licensee. Include information regarding your practice status (e.g. sole practitioner, partner, associate) and areas of practice.

Employer/Firm Name	Describe your Work History	Dates From/To
	Position Title: Description of work:	<i>DD/MM/YY – Present</i>
	Position Title: Description of work:	<i>DD/MM/YY – DD/MM/YY</i>
	Position Title: Description of work:	<i>DD/MM/YY – DD/MM/Y</i>
	Position Title: Description of work:	<i>DD/MM/YY – DD/MM/YY</i>
	Position Title: Description of work:	<i>DD/MM/YY – DD/MM/YY</i>
	Position Title: Description of work:	<i>DD/MM/YY – DD/MM/YY</i>

PART F - ACKNOWLEDGEMENT & RELEASE OF INFORMATION

I acknowledge that in the course of considering this application, the Law Society will review any and all information in its possession. I acknowledge that the Law Society will be releasing information in its possession to the Applicant, in order to confirm his/her knowledge of my history and information contained herein. I acknowledge that I may be requested by the Law Society to provide releases or directions, for the purpose of assisting the Law Society in confirming and determining information from other sources.

CERTIFICATION

I certify that the information provided by me in this form and attachments, submitted in support of an application by a licensee of the Law Society of Upper Canada to employ, use the services of, or occupy office space with me, is true and complete.

Signed at _____, *this* ____ *day of* _____, 20__.

Signature

Witness

Witness Name (Printed)

NOTE:

It is a significant responsibility for a licensee to employ, use the services of or occupy office space with a disbarred or suspended person. In making a determination, the Hearing Panel will have regard to the experience, competence and ethical standards of the applicant; the ability of the applicant to effectively supervise the disbarred or suspended person; and, the character, attitudes and abilities of the disbarred or suspended person. The Hearing Panel may consider and review any relevant information, including the records maintained by the Law Society in connection with the applicant member or the disbarred or suspended person.

Applications are generally approved for a defined term of three years at which time the application maybe renewed or the applicant may be required to re-apply.

Authorization and Direction to LawPRO to release information

I, _____, of _____, hereby authorize and direct LawPRO to provide full disclosure to the Law Society of Upper Canada with respect to claim file information and deductible details.

This Consent is valid only for the purposes of the processing of my application to be employed by a Lawyer under Rule 6.07 to the Law Society of Upper Canada.

Signature of Witness

Signature of Former Or Suspended Lawyer

Witness Name (Printed)

Date

Date