

THE LAW SOCIETY OF UPPER CANADA RULE 6.01 APPLICATION PARALEGAL LICENSEE APPLICANT'S INFORMATION

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

Ensure you have enclosed a non-refundable payment in the amount of \$200 + HST using the Rule 6.01 Application Remittance Slip.

FOR THE PURPOSES OF THIS APPLICATION A FORMER OR REVOKED OR SUSPENDED LICENSEE 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 – APPLICANT INFORMATION AND STATUS

PERSONAL INFORMATION	STATUS (choose one)
First Name: _____ Middle Name(s): _____ Last Name: _____ Date of Birth: _____ / / DD MM YYYY I obtained my licence on: _____ / / DD MM YYYY Law Society Number: _____ _____	<input type="checkbox"/> A sole practitioner, providing legal services, alone (with no other paralegals) <input type="checkbox"/> A sole practitioner, providing legal services with one or more paralegals as employees <input type="checkbox"/> A sole practitioner, providing legal services with one or more paralegals and/or lawyers in shared facilities <input type="checkbox"/> A partner with one or more paralegals only, in a paralegal firm providing legal services <input type="checkbox"/> A partner with a lawyer providing legal services for the law firm <input type="checkbox"/> An employee/associate in a paralegal firm <input type="checkbox"/> An employee in a law firm <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 paralegal providing legal services outside of Ontario <input type="checkbox"/> Employed other, outside of 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 – APPLICANT’S MAIN AREAS OF LEGAL SERVICES

Provide information about the main areas of your legal services.
<p>(percentage of total time)</p> <p>_____ % Ontario Court of Justice <i>Provincial Offences Act</i> matters</p> <p>_____ % Ontario Court of Justice – Summary Conviction matters</p> <p>_____ % Worker’s Compensation</p> <p>_____ % Small Claims Court matters</p> <p>_____ % Property Tax Assessment</p> <p>_____ % Statutory Accident Benefits Schedule matters (SABS)</p> <p>_____ % Human Rights</p> <p>_____ % Landlord and Tennant</p> <p>_____ % Other (specify)</p>

PART C – WORK HISTORY

Provide a description of legal work history and employment. Include information regarding your practice status (e.g. sole practitioner, partner, associate).		
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/YY</i>
	Position Title: Description of work:	<i>DD/MM/YY – DD/MM/YY</i>

PART D – MEMBERSHIP HISTORY

Answer **all** of the following questions. If you answer **yes** to any question below provide an explanation at the bottom of this page.

- | | | |
|---|---------------------------------|--------------------------------|
| 1. Do you have a discipline record with the Law Society of Upper Canada, or the equivalent in another jurisdiction or profession? | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO |
| 2. Are you currently the subject of a formal complaint of professional misconduct or conduct unbecoming a paralegal authorized by the Law Society of Upper Canada, or the equivalent proceedings in another jurisdiction or profession? | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO |
| 3. Have you ever been suspended from the provision of legal services as a paralegal in Ontario for failure to pay your Law Society of Upper Canada annual fees, failure to maintain practice insurance, or for failure to file the Paralegal Annual Report? | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO |
| 4. Have you been the subject of insurance claims related to your provision of legal services during the three years immediately preceding the date on this application? | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO |
| 5. Have you been the subject of a practice review authorized by the Chair or Vice Chair of the Professional Development and Competence Committee in the 5-year period immediately preceding the date of this application? | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO |
| 6. Have you ever applied under Rule 6.01 to employ, use the services of, or occupy office space with a former or suspended paralegal? | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO |
| 7. Have you ever employed, used the services of, or occupied office space with a former or suspended paralegal, without the express approval of the Law Society? | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO |

If you have answered “YES” to any of the above questions, provide relevant information to be considered in support of your ability to act as an appropriate supervisor for a former or suspended paralegal.

PART E - YOUR PARALEGAL OFFICE AND SUPPORT STAFF

Provide information about your paralegal office and support staff.		
<i>In relation to your paralegal office:</i>		
Do you have more than one office location?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you share office space with anyone else, if so whom?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<hr/> <hr/> <hr/>		
Will the former or suspended paralegal have his or her own office, telephone line, etc?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>In relation to your support staff:</i>		
Describe the number of staff and their basic functions:		
<hr/> <hr/> <hr/>		
Do you share staff with anyone else?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there other paralegals in your firm?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What contact will they and/or your staff have with the former or suspended paralegal?		
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PART H-PLAN OF SUPERVISION

Provide a detailed description of your Plan of Supervision for the former/suspended paralegal.
(Provide an attachment)

YOUR PLAN OF SUPERVISION MUST INCLUDE:

- **Intended areas of practice and nature of tasks to be performed.**
- **Other intended non-legal tasks and functions.**
- **Former/suspended paralegal’s reporting procedures.**
- **Applicant Paralegal’s monitoring and evaluation procedures.**
- **Paralegal office accounting record safeguards.**
- **Disclosure to office staff and occupants.**
- **Disclosure to clients and to other paralegals.**
- **Other relevant information.**

ACKNOWLEDGEMENT REGARDING PLAN OF SUPERVISION

I acknowledge that the proposed plan accurately reflects the areas of practice in which tasks will be delegated to the former/disbarred paralegal licensee, and, the nature and types of tasks to be performed within each area. I acknowledge that if my application request granted I will ultimately be called upon to undertake to follow and comply with the final Plan of Supervision, as approved by the Hearing Panel and that I will be responsible for adherence to this plan.

(Note that under Rule 6.01, the final Plan of Supervision will be provided by the Law Society to any person who submits a request to obtain it.)

Signature of Applicant

Date

Witness Signature

Witness Name (Printed)

PART I - ACKNOWLEDGEMENT & CERTIFICATION

I acknowledge that in the course of considering this application, the Law Society will review the records maintained by the Law Society, particularly records in connection with my errors and omissions insurance, professional standards, professional conduct, accounts and books and records.

I understand that the Law Society will place a notice in the *Ontario Reports* that indicates I have applied under Rule 6.01 to employ the former/suspended paralegal named in this application. Such a notice is to contain a statement that the Plan of Supervision in place can be obtained by submitting a written request to the Law Society.

If permission is granted, I acknowledge that I am required to report quarterly to the Law Society regarding adherence to the Plan of Supervision and conditions. Each report must be accompanied by a fee of \$50.00 + HST and is due within 15 days of the end of each quarter.

CERTIFICATION

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE.

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

Signature of Applicant Lawyer

Signature of 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 former, disbarred, revoked, surrendered 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 former, disbarred, revoked, surrendered 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 a former, disbarred, revoked, surrendered 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.

Please ensure that you have enclosed the application fee for \$200.00+HST.