



**THE LAW SOCIETY OF UPPER CANADA  
APPLICATION FOR MULTI-DISCIPLINE  
PARTNERSHIP BY LICENSEE(S)  
FORMING A PARTNERSHIP  
(Under Part III of By-law 7 s. 20)**

**LICENSEE APPLICANT WITH ONE PROFESSIONAL:**

Complete **Parts A, B, C, and D.**

Include a **non-refundable payment** of \$250 + HST.

**LICENSEE APPLICANT WITH MULTIPLE PROFESSIONALS:**

In addition to the above, for each additional Professional, photocopy and complete Part C and submit an additional \$50 + HST.

**Mail your completed application and remittance slip with the non-refundable payment to:**

The Law Society of Upper Canada  
Accounts Receivable  
130 Queen Street West  
Toronto, Ontario M5H 2N6

**PART A –LICENSEE APPLICANT INFORMATION**

Applicant Name: _____			
Applicant Law Society Number: _____			
Applicant Firm Address:			
_____			
_____			
_____			
_____			
Firm Telephone: _____		Firm Fax: _____	
Applicant E-mail: _____			
If there are multiple Lawyer/Paralegal applicants, indicate below the name(s) and Law Society number(s) for whom you will be filing this application on behalf of. Provide an additional sheet if required.			
_____ LICENSEE NAME	_____ LAW SOCIETY NUMBER	_____ LICENSEE NAME	_____ LAW SOCIETY NUMBER
_____ LICENSEE NAME	_____ LAW SOCIETY NUMBER	_____ LICENSEE NAME	_____ LAW SOCIETY NUMBER

**PART B – PROPOSED MDP FIRM INFORMATION**

\* If you practise law/provide legal services at more than one location, provide the contact information for each location as an attachment.

Firm name of the MDP: \_\_\_\_\_  
\_\_\_\_\_

Address where the MDP will carry on business:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Firm Telephone: \_\_\_\_\_ Firm Fax: \_\_\_\_\_

Firm E-mail: \_\_\_\_\_

Specify the areas of law that you practise/provide legal service including the percentage of time devoted to each area of law/legal services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a detailed description of the type of services to be provided by each Professional in the proposed MDP:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MDP COMPLIANCE AGREEMENTS**

The Professional(s) has/have agreed in writing with the Applicant(s) to the following **required conditions** (place a checkmark next to each). **Copies of the pertinent written agreements between the Applicant(s) and the Professional(s) must be submitted along with this application.**

The Applicant(s) will have effective control over the profession, trade or occupation of the Professional(s) in so far as the Professional(s) practises their profession, trade or occupation to provide services to clients of the proposed MDP.

In respect of the practice of their profession, trade or occupation in partnership with the Applicant(s), the Professional(s) will conform with the *Law Society Act*, the regulations, the Law Society's by-laws, *Rules of Practice and Procedure*, *Rules of Professional Conduct/ Paralegal Rules of Conduct* and policies and guidelines.

The Professional(s) will be governed by the Law Society's rules, policies and guidelines on conflicts of interest in relation to clients of the proposed MDP who are also clients of the Professional(s).

In partnership with the Applicant(s), the Professional(s) will only practise their profession, trade or occupation solely to provide services to clients of the proposed MDP.

As an exception to the preceding condition, the following Professional will also practise independently of the proposed MDP at the following locations:

Professional's Name: \_\_\_\_\_

Business Address:

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

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

The following **required agreements** to comply with sections 19, 25, 26, 27, and 30(2) and 30(3) of By-law 7, Part III respectively have been made:

**Section 19** of By-law 7, Part III: *Responsibility for actions of Professional*

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

**Section 25** of By-law 7, Part III: *Filing requirements: partnerships*

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

**Section 26** of By-law 7, Part III: *Changes in partnership*

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

**Section 27** of By-law 7, Part III: *Dissolution of partnership: breach of certain provisions*

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

**Section 30(2) and (3)** of By-law 7, Part III: *Insurance requirements*

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

**PART C – PROFESSIONAL’S INFORMATION** (Each Professional must complete and sign Part C of this form)

Professional’s Name: \_\_\_\_\_

The Profession, Trade or Occupation to be practised in the MDP:  
\_\_\_\_\_

Professional’s Qualifications (e.g. academic background, learning experience, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Number of years you have practised the Profession, Trade, or Occupation: \_\_\_\_\_

Professional’s Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional Telephone: \_\_\_\_\_ Professional Fax: \_\_\_\_\_

Professional E-mail: \_\_\_\_\_

**MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS**

\*Set out in chronological order your membership history to the present in Professional organizations where you are or have been a member.

Dates (DD/MM/YY)	Name, address, and telephone of the Professional association	Is or was “good character” a requirement of membership?	Current or previous standing within the Professional association
/ / to / /		Yes No	
/ / to / /		Yes No	
/ / to / /		Yes No	

**NOTE:** Provide details for any disciplinary action taken against you during your membership in any Professional association on a separate page.

**AUTHORIZATION OF THE PROFESSIONAL**

*I hereby authorize the Law Society of Upper Canada to make enquiries of any person or government, any official or body, including, without limitation, any police or academic authority, with regard to my background or character. On request by a Law Society of Upper Canada Official, I will furnish any additional specific authorization or any release that is required for the purpose of enabling the Law Society of Upper Canada to obtain information related to my background or character for the purposes of this application.*

\_\_\_\_\_  
**Signature of Non-Licensee Professional**

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

**PART D – LAWYER/PARALEGAL LICENSEE APPLICANT AUTHORIZATION AND DECLARATION**

*I hereby authorize the Law Society of Upper Canada to make enquiries of any person or government, any official or body, including, without limitation, any police or academic authority, with regard to my background or character. On request by a Law Society of Upper Canada Official, I will furnish any additional specific authorization or any release that is required for the purpose of enabling the Law Society of Upper Canada to obtain information related to my background or character.*

I undertake that if the proposed Multi-Discipline Partnership is approved, I will comply with the *Law Society Act*, By-laws, the *Rules of Professional Conduct/ Paralegal Rules of Conduct*, other rules, regulations and requirements of the Law Society of Upper Canada.

I understand that I have a continuing obligation to notify the Law Society of Upper Canada immediately of any change to the information that I have provided herein.

I, \_\_\_\_\_, solemnly declare that all information provided by me in this application or supplemental thereto, and in the documents furnished in connection with this application, is true, complete, and accurate.

**DECLARED BEFORE ME** )

at \_\_\_\_\_, \_\_\_\_\_ )

on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ )

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**(Commissioner for Oaths or Notary Public)**

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*(for office use only)*

*Approved by:*

*Approval date:*

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