

**DO NOT FAX**



**THE LAW SOCIETY OF UPPER CANADA  
APPLICATION FOR PERMIT AS A  
FOREIGN LEGAL CONSULTANT  
(Under By-Law 14)**

**PART A – APPLICANT’S INFORMATION**

1. PERSONAL CONTACT INFORMATION		
First Name	Middle Name	Last Name
Date of Birth: _____ Day / Month / Year		

2. HOME CONTACT INFORMATION	3. BUSINESS CONTACT INFORMATION
Home Address: _____ _____ _____	Business/Employer Name and Address: _____ _____ _____
Use my home address for mailing: <input type="checkbox"/>	Use my business address for mailing: <input type="checkbox"/>
Telephone: _____	Telephone: _____
Mobile: _____	Mobile: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

4. a) List chronologically each Law Society or governing body of the legal profession of which you are now, or have been, a member: <i>An original and certified (with seal) Certificate(s) of Standing (dated within the last 30 days) from each jurisdiction of which you are or have been a member, inside and outside of Canada is to be forwarded directly from the governing or regulatory body to Administrative Compliance at the Law Society of Upper Canada.</i>	
<b>Governing Body Name and Contact Information</b> Name: _____ Jurisdiction: _____ Address: _____ _____ _____ Telephone: (    ) _____	<b>Membership Information:</b> Year of Call/Licence date: _____ Day / Month / Year Law Society number: _____ Status: _____ Name used (if different from personal contact information in question 1.): _____

<p><b>Governing Body Name and Contact Information</b></p> <p>Name: _____</p> <p>Jurisdiction: _____</p> <p>Address: _____          _____          _____</p> <p>Telephone: (    ) _____</p>	<p><b>Membership Information:</b></p> <p>Year of Call/Licence date: _____          Day / Month / Year</p> <p>Law Society number: _____          _____</p> <p>Status: _____</p> <p>Name used (if different from personal contact information in question 1.): _____          _____</p>
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<p><b>Governing Body Name and Contact Information</b></p> <p>Name: _____</p> <p>Jurisdiction: _____</p> <p>Address: _____          _____          _____</p> <p>Telephone: (    ) _____</p>	<p><b>Membership Information:</b></p> <p>Year of Call/Licence date: _____          Day / Month / Year</p> <p>Law Society number: _____          _____</p> <p>Status: _____</p> <p>Name used (if different from personal contact information in question 1.): _____          _____</p>
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**4. b)** If you listed more than one jurisdiction in 4 a), for which foreign jurisdiction(s) are you applying for a Foreign Legal Consultant permit in Ontario?

\_\_\_\_\_

**NOTE:** You are not authorized to provide legal advice in Ontario respecting the law of the foreign jurisdiction(s) until you receive your permit.

**5.** Have you been lawfully engaged in the practice of law in the foreign jurisdiction(s) for which you are applying for a permit for at least 3 of the last 5 years immediately before this application?

YES     NO     N/A (I am licensed to practise law in Ontario as a barrister and solicitor.)

**If “No”:**  
 I undertake to be supervised directly by \_\_\_\_\_, who has a Foreign Legal Consultant permit from the Law Society of Upper Canada and who is authorized to practise law in the jurisdiction of \_\_\_\_\_, and has satisfied the 3-year practice requirement.

<p><b>6.</b> Are you authorized to practise law in the foreign jurisdiction(s) for which you are applying for a permit?  <i>If “No”, attach a written explanation.</i></p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
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## PART B – GOOD CHARACTER

*If you answer “Yes” to any of the questions in this part, provide full details on a separate sheet and attach any relevant documents including orders and/or judgments.*

7.	Are you currently the subject of criminal proceedings or proceedings for any other offence under any statute in Canada or elsewhere?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	Have you ever been found guilty of, or convicted of, any offence under any statute in Canada or elsewhere? Exclude speeding and parking tickets.	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.	Has judgment ever been entered against you in an action involving fraud?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	Are there any outstanding civil judgments against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	Have you ever disobeyed an order of any court requiring you to do any act or to abstain from doing any act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.	While attending a post-secondary institution (for example a university or college), have allegations of misconduct ever been made against you or have you ever been suspended, expelled or penalized by a post-secondary institution for misconduct?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13.	Have you ever been refused admission in a professional / regulatory / governing body?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14.	Are you now or have you ever been suspended, disqualified, censured, the subject of a conduct, capacity or competence proceeding or otherwise the subject of discipline in any jurisdiction(s) where you are or were licensed to practise law or provide legal services?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15.	Are you now or have you ever been a member of a professional/regulatory/governing body (other than those listed in Question #4) in any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16.	Have you ever been denied a licence or permit, or had any licence or permit revoked for failure to meet good character requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17.	Are you now the subject of a prosecution or have you ever been prosecuted, suspended, disqualified, censured, the subject of a conduct, capacity or competence proceeding or otherwise disciplined by any professional organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18.	Are you aware of any complaint or charge pending against you in your professional capacity, which has not yet come to the attention of your Law Society or professional/regulatory/governing body?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19.	Are you now or have you ever been the subject of an insurance claim alleging fraud or dishonesty under a policy for professional liability insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20.	Have you ever been discharged from any employment where the employer alleged there was cause?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21.	Have you ever been disciplined by an employer, or been a respondent in proceedings alleging a violation of the <i>Human Rights Code</i> or similar legislation in any jurisdiction (e.g., sexual harassment, racial discrimination)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
22.	Are you or any company or partnership of which you are or were a director, officer or employee currently subject to a petition or assignment in bankruptcy or a proposal to creditors under the <i>Bankruptcy and Insolvency Act</i> , or similar legislation in any jurisdiction and/or have you or any company or partnership of which you are or were a director, officer or employee ever been bankrupt or insolvent, under any statute?	<input type="checkbox"/> YES <input type="checkbox"/> NO
23.	Are there events, circumstances or conditions, other than those mentioned above, that are potentially relevant to your ability to give legal advice in Ontario respecting the law of a foreign jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO

## PART C – DETAILS OF INSURANCE

Provide the details of your professional liability insurance below **and** arrange for your insurance provider to forward directly to Administrative Compliance at the Law Society of Upper Canada written confirmation that you have professional liability insurance for the giving of legal advice in Ontario respecting the law of the foreign jurisdiction(s) for which you are applying for a permit, which is at least equivalent to that required of a lawyer licensed to practise law in Ontario (currently at least \$1,000,000 per claim and \$2,000,000 in the aggregate).

The LawPRO Standard Policy (#001), which is required for all Ontario lawyers in private practice, can be reviewed on the LawPRO website at **www.lawpro.ca**.

- a) Name of Insurer: \_\_\_\_\_
- b) Address of Insurer: \_\_\_\_\_  
\_\_\_\_\_
- c) Policy Number: \_\_\_\_\_
- d) Policy Period: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year Day / Month / Year
- e) Limits of Liability:
- i) For each claim arising out of an error or omission: \$ \_\_\_\_\_  
MUST BE AT LEAST \$1,000,000 CAD
- ii) Annual aggregate per insured: \$ \_\_\_\_\_  
MUST BE AT LEAST \$2,000,000 CAD
- f) Deductible per claim: \$ \_\_\_\_\_  
The standard insurance program deductible for Ontario lawyers is \$5,000 CAD
- g) Does your insurance policy cover services rendered by you as a Foreign Legal Consultant in Ontario?  YES  NO

### INSURANCE DECLARATION

I understand that I must have professional liability insurance coverage for the giving of legal advice in Ontario respecting the law of the foreign jurisdiction(s) for which I am applying for a permit, which is at least equivalent to that required of a licensee who holds a Class L1 licence for the licensee's practice of law in Ontario. I declare that I have reviewed the LawPRO Standard Policy (#001) and confirm that the coverage provided by my professional liability insurance is at least equivalent to the coverage required for Ontario lawyers.

\_\_\_\_\_  
Signature

## PART D – REQUIRED DOCUMENTS CHECKLIST

Required Document	Include the following required attachments with your application or make arrangements for their delivery directly to Administrative Compliance at the Law Society of Upper Canada from the appropriate entity	
<b>Application &amp; Fee</b>	<b>Original</b> application and non-refundable fee of \$500 (CAD) + HST using the Application Fee Remittance Form.	<input type="checkbox"/>
<b>Certified Certificate(s) of Standing</b>	<b>Original and certified</b> (with seal) <b>Certificate(s) of Standing</b> (dated within the last 30 days) from each jurisdiction of which you <u>are or have been</u> a member, <u>inside and outside</u> of Canada. To be forwarded directly from the governing or regulatory body to Administrative Compliance at the Law Society of Upper Canada.	<input type="checkbox"/>
<b>Insurance Confirmation</b> If submitting more than one application, a separate document is required for <b>each and every</b> application.	Written confirmation* that you have professional liability insurance for the giving of legal advice in Ontario respecting the laws of each foreign jurisdiction(s) for which you are applying for a permit, which is at least equivalent to that required of a lawyer who is licensed to practise law in Ontario (currently at least \$1,000,000 CAD per claim and \$2,000,000 CAD in the aggregate).  *To be forwarded directly by the insurance provider to Administrative Compliance at the Law Society of Upper Canada.	<input type="checkbox"/>
<b>Proof of Reciprocity</b> If submitting more than one application, a separate document is required for <b>each and every</b> application.	A copy of the foreign jurisdiction’s provisions that confirm the foreign jurisdiction has reciprocity for Foreign Legal Consultants that is comparable to Ontario’s By-Law 14.	<input type="checkbox"/>
<b>Supervising Foreign Legal Consultant Letter</b>	An <b>original</b> letter from the Supervising Foreign Legal Consultant who has agreed to supervise you confirming the supervision agreement.  N/A (I am licensed to practise law in Ontario as a barrister and solicitor) N/A (I have been lawfully engaged in the practice of law in the foreign jurisdiction(s) for which I am applying for a permit for at least 3 of the last 5 years immediately before this application)	<input type="checkbox"/> <input type="checkbox"/> N/A <input type="checkbox"/> N/A
<b>Curriculum Vitae</b>	A copy of your curriculum vitae (resumé).	<input type="checkbox"/>
<b>Photo Identification</b>	A <b>notarized copy</b> of your passport, driver’s licence or other government issued photo identification.  N/A (I am a licensee of the Law Society of Upper Canada)	<input type="checkbox"/> <input type="checkbox"/> N/A

**PART E –AUTHORIZATION AND DECLARATION**

I hereby authorize the Law Society of Upper Canada to make inquiries of any person or government, any official or body, including, without limitation, any police or academic authority, about my background or character. I will furnish any additional specific authorization or 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 understand that if I am granted a Foreign Legal Consultant Permit in Ontario, I must comply with the *Law Society Act*, the Law Society’s By-Laws, the *Rules of Professional Conduct*, and all other rules, regulations and requirements of the Law Society of Upper Canada. I also understand that a Foreign Legal Consultant may not provide legal advice and/or services with respect to the laws of Ontario or the laws of Canada.

I understand that I have a continuing obligation to immediately provide written notification of any change to the information that I have provided to the Law Society of Upper Canada in connection with this application, including but not limited to any change in my status to practise law in the foreign jurisdiction(s) for which I am applying for a permit, changes to my employment status or information, or changes to my liability insurance coverage. I also understand that I must notify the Law Society immediately if I fail to comply with the continuing legal education requirements of the governing body in the jurisdiction(s) for which I am applying for a permit.

I solemnly declare that all information provided by me with respect to this application, and in the documents furnished in connection with this application, is true, accurate, and complete.

DECLARED BEFORE ME )

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

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

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

\_\_\_\_\_  
A Commissioner for Taking Affidavits

\_\_\_\_\_  
Print Name

(for office use only)

Approved by:	Date:
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