

THE LAW SOCIETY OF UPPER CANADA
APPLICATION FOR EXEMPTION FROM THE REQUIREMENT TO
PAY ANNUAL FEE AND TO SUBMIT THE LAWYER
ANNUAL REPORT
(under By-Laws 5 & 8)

Instructions: Complete all sections. Strike through the parts that are not applicable. Provide additional information on a separate sheet if required. Incomplete applications will delay processing.

PART A – APPLICANT INFORMATION AND STATUS

PERSONAL INFORMATION	CURRENT STATUS (choose one)
First Name: _____ Middle Name(s): _____ Last Name: _____ Date of Birth: _____ / / /_____ DD MM YYYY	A. <input type="checkbox"/> Sole Practitioner in Ontario B. <input type="checkbox"/> Partner in a Law Firm in Ontario C. <input type="checkbox"/> Employee in a Law Firm in Ontario D. <input type="checkbox"/> Associate in a Law Firm in Ontario E. <input type="checkbox"/> Employed in Education in Ontario F. <input type="checkbox"/> Employed in Government in Ontario G. <input type="checkbox"/> Otherwise Employed in Ontario H. <input type="checkbox"/> Not Working I. <input type="checkbox"/> Not in Ontario
I was called to the Ontario Bar on: _____ / / /_____ DD MM YYYY	HOME AND MAILING ADDRESSES
Law Society Number: _____ _____	Home Address: _____ _____ _____
EMPLOYMENT INFORMATION	Mailing Address: _____ (if different) _____ _____
Employer's Name: _____ Employer's Address: _____ _____ _____	Home Number: () _____ Facsimile Number: () _____
Business Number: () _____ Facsimile Number: () _____ Email Address: _____ Occupation: _____	Email Address: _____

PART B – STATUS HISTORY

Choose <u>ALL</u> that apply:	
<input type="checkbox"/>	I practised law in Ontario as a Sole Practitioner within the past three years and ceased to practise law in that capacity on: <u> </u> / <u> </u> / <u> </u> DD MM YYYY
<input type="checkbox"/>	I practised law in Ontario as a Partner/Associate/Employee within the past three years and ceased to practise law in that capacity on: <u> </u> / <u> </u> / <u> </u> DD MM YYYY <i>NOTE: Provide a letter from the firm's signing partner confirming that you no longer have signing authority over all estate/trust/mixed trust accounts</i>
<input type="checkbox"/>	I was never engaged in the private practise of law as an Ontario lawyer within the past three years.

Reason for Exemption: (Choose <u>ONE</u>)	
<input type="checkbox"/>	I am over sixty-five years of age.
<input type="checkbox"/>	I am incapacitated and as a result, I am unable to practise law as an Ontario lawyer. <i>NOTE: Provide a letter from a qualified medical practitioner indicating that you are suffering from a permanent illness or disability and are unable to practise law in Ontario</i>

PART C – TRUST MONIES AND PROPERTY

Choose <u>ONE</u> response that is most appropriate with respect to your practice as an Ontario lawyer:	
<input type="checkbox"/>	I have paid over and distributed all money and property held in trust, including money and property held for estates to the person(s) entitled thereto for which I was responsible, or to another lawyer entitled to practise law. <i>NOTE: Provide confirmation from your bank that all open estate/trust/mixed trust accounts have been closed</i>
<input type="checkbox"/>	I have not accounted for and/or paid over money and property held in trust for which I was responsible. Provide an explanation in Part G (page 4).
<input type="checkbox"/>	I have not been responsible for any money or property held in trust.

PART D – CLIENT FILES, DOCUMENTS AND PROPERTY

Choose ONE response that is most appropriate with respect to your practice as an Ontario lawyer:	
<input type="checkbox"/>	I have disposed of/or arrangements have been made to the clients’ satisfaction to have their files, documents and property returned to them.
<input type="checkbox"/>	I have turned over clients’ files, documents and property with the clients’ authorizations to another lawyer entitled to practise law. Provide details in Part H (page 5).
<input type="checkbox"/>	I have not disposed of/or made arrangements to have clients’ files, documents and property returned to them to their satisfaction. Provide an explanation in Part G (page 4).
<input type="checkbox"/>	I have not been responsible for any client matters, files, documents and property.

PART E – ESTATES AND POWERS OF ATTORNEY

Answer ALL of the following questions.		
a)	I am currently a sole estate trustee or a trustee of an <i>inter vivos</i> trust in Ontario.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	I am currently a Power of Attorney for property in Ontario.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	I act in these capacities for related persons* only.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p><i>NOTE:</i> So long as you are a sole estate trustee and/or Power of Attorney for non-related persons you must:</p> <ul style="list-style-type: none"> • Continue to file the lawyer Annual Report • File the appropriate exemption forms annually with LawPRO to confirm continuing status as exempt from payment of insurance premium levies • Continue to be subject to the Spot Audit Program <p><i>*"Related persons" as used in this application, has the same meaning given it for the purposes of the Income Tax Act Canada). Refer to section 251 of the Income Tax Act.</i></p>		

PART H – CLIENT PROPERTY AND FILE INFORMATION

I have transferred and disposed of my clients' files, documents and property as follows:

	Transferred to/ Location stored (Name, Address)	Contact Information (Name, Telephone Number)
Active Files		
Closed Files		
Wills		
Powers of Attorney		
Corporate Minute Books		
Corporate Seals		

PART I – DECLARATION

I, _____ solemnly declare that all information provided by me
(Full Name of Applicant)
in this application or supplemental thereto, 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: _____ **Approval date:** _____

PART J – UNDERTAKING TO THE LAW SOCIETY OF UPPER CANADA

I, _____, of _____, hereby
(Full Name of Applicant) (City/Town/etc.)

Choose ONE response that is most appropriate with respect to your practice as an Ontario lawyer:	
<input type="checkbox"/>	I confirm that my law practice and any trust account(s) I have operated have been wound up. I further confirm that I have completed and filed the Lawyer Annual Report to the last filing due date required of me of the closure of both my law practice and all trust account(s); or
<input type="checkbox"/>	I confirm that I was never engaged in the private practise of law as an Ontario lawyer and therefore have no trust accounts to wind up. I further confirm that I have completed and filed all outstanding Lawyer Annual Reports to the last filing due date before my exemption.

In order to be exempted from further filing requirements, I hereby undertake to The Law Society of Upper Canada that should my circumstances change and I decide to return to legal practice and accept client monies or property in the future, I will immediately notify the Law Society of my intention. I will provide any required documentation to the Law Society to change my status. I understand that my obligation for Law Society annual fees and filing of the Lawyer Annual Report will then resume.

Signature of Applicant

Date

Signature of Witness

Date

Print Name