

THE LAW SOCIETY OF UPPER CANADA
APPLICATION FOR EXEMPTION FROM THE REQUIREMENT TO PAY
ANNUAL FEE AND TO SUBMIT THE PARALEGAL
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	STATUS (choose one)
First Name: _____ Middle Name(s): _____ Last Name: _____ Date of Birth: ____/____/____ DD MM YYYY Date of licence in Ontario: ____/____/____ DD MM YYYY Law Society Number: _____	A. <input type="checkbox"/> Sole Practitioner in Ontario B. <input type="checkbox"/> Partner in a Paralegal Firm or Law Firm in Ontario C. <input type="checkbox"/> Employee in a Paralegal Firm or Law Firm in Ontario D. <input type="checkbox"/> Associate in a Paralegal Firm or 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
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 – STATUS HISTORY

Choose <u>ALL</u> that apply:	
<input type="checkbox"/>	I provided legal services in Ontario as a Sole Practitioner within the past three years and ceased to provide legal services in that capacity on: ____/____/____ DD MM YYYY
<input type="checkbox"/>	I provided legal services in Ontario as a Partner/Associate/Employee within the past three years and ceased to provide legal services in that capacity on: ____/____/____ DD MM YYYY <i>NOTE: Provide a letter from the firm's signing partner confirming that you no longer have signing authority over all trust/mixed trust accounts</i>
<input type="checkbox"/>	I never provided legal services in Ontario as a paralegal 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 provide legal services as a Paralegal in Ontario. <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 provide legal services in Ontario</i>

PART C – TRUST MONIES AND PROPERTY

Choose <u>ONE</u> response that is most appropriate with respect to your practice as a paralegal in Ontario:	
<input type="checkbox"/>	I have paid over and distributed all money and property held in trust, or to another paralegal entitled to provide legal services, or a lawyer entitled to practise law. <i>NOTE: Provide confirmation from your bank that all open 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 F (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 paralegal:	
<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 paralegal entitled to provide legal services, or a lawyer entitled to practice law. Provide details in Part G (page 4).
<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 F (page 4).
<input type="checkbox"/>	I have not been responsible for any client matters, files, documents and property.

PART E – GOOD CHARACTER

Answer ALL of the following questions. If you answer yes to any question below provide an explanation in Part F (page 4).		
a)	I am currently aware of a claim against me in either my professional capacity or with respect to my practice.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	I am the subject of an audit, investigation and/or search or seizure by the Law Society.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	I am party to a proceeding under Part II of the <i>Law Society Act</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
d)	I am party to a proceeding under section 33 of the <i>Law Society Act</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART H – 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:** _____ 5

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 paralegal:	
<input type="checkbox"/>	I confirm that my paralegal practice and any trust account(s) I have operated have been wound up. I further confirm that I have completed and filed the Paralegal Annual Report to the last filing due date required of me of the closure of both my paralegal practice and all trust account(s); or
<input type="checkbox"/>	I confirm that I never provided legal services for which a licence was required as a Ontario paralegal and therefore have no trust accounts to wind up. I further confirm that I have completed and filed all outstanding Paralegal 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 paralegal 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 Paralegal Annual Report will then resume.

Signature of Applicant

Date

Signature of Witness

Date

Print Name