

Home & Mailing Contact Information

Effective Date (YYYY-MM-DD):

Address:		
City/Town:	Prov:	Postal Code:
Telephone:	Cell:	
Email:		

Client Matter Contact Information

In the event that the Law Society of Manitoba is contacted by a member of the public or counsel regarding one of my client matters please provide them with my following contact information.

Email Address:	Phone:
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SECTION B – DISPOSITION OF FILES, TRUST MONEY AND OTHER VALUABLE PROPERTY**Option A:**

If you are leaving a law firm or a(n) in-house/government counsel position and the firm/employer will continue in existence and will continue to have possession and control over open and closed files, wills, titles, documents, records, other valuables and trust money, please provide:

Name of Firm/Employer:	
Address:	

OR - If Option A is not applicable (e.g. because you are leaving a Sole Practice)**Option B:**

You must advise of your intended disposition of client files, trust money and other valuable property by completing all of the following questions:

I confirm that all client matters have been completed.

Yes

No

Initials

- (a) Open Client Files:** I confirm that pursuant to my clients' instructions I have returned their files, original wills and titles, and other important documents, records and valuables to them or their new counsel.

Initials

If applicable: My practice has been essentially transferred to the following lawyer(s):

Name(s) of Practising Lawyer(s):

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- (b) Closed Client Files:** I confirm that all closed client files and documents have been turned over to:

Name(s) of Practising Lawyer(s):

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OR

Stored at the following location:

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(c) **Original Wills:** I confirm that original wills and corporate documents in my possession have been dealt with as follows:

(d) **Original Titles:** I confirm that original titles in my possession have been dealt with as follows:

SECTION C – TRUST ACCOUNTS

Option A: I am leaving a Firm/Employment

During the past 12 months I utilized the trust account of:

Name of Current Firm/Employer

And no other Yes No _____
Initials

If you answered No above, please explain:

OR

Option B: I am leaving my Sole Practice

(a) During the past 12 months I maintained a trust bank account(s) at a Savings Institution. Yes No _____
Initials

If Yes, please complete all parts of questions (b) and (c):

(b) Have all monies in your trust account been disbursed? Yes No _____
Initials

If Yes:

I confirm that all money or other valuable property held in trust has been accounted for and either remitted to the clients or other persons on whose behalf they were held or, with the consent of the client, transferred to

Name of Practising Lawyer: _____
Initials

for the benefit of the clients or other persons entitled to money/property.

I confirm that any net interest earned on my pooled trust account(s) has been remitted to the Manitoba Law Foundation. _____
Initials

My trust account is closed or will be closed by (insert a date not later than 90 days from the date of the application):

Initials

If No: Indicate the bank balance(s) in all pooled and specific trust investment accounts as of the date of this application:

(1) Bank/Credit Union Name:	
Account #:	Branch Amount in Trust:
(2) Bank/Credit Union Name:	
Account #:	Branch Amount in Trust:
(3) Bank/Credit Union Name:	
Account #:	Branch Amount in Trust:

Briefly outline what matters remain outstanding (i.e. outstanding cheques that need to clear the bank, number of and amount of trust balances remaining, etc.):

I undertake to disburse all monies in my trust account(s) and close my account(s) within 90 days of this application. _____
Initials

(c) I undertake to cooperate with the audit department to provide any necessary documents or information regarding my accounting records and the closure of my trust account. _____
Initials

SECTION D – PERSONAL REPRESENTATIVE CAPACITY

I have been appointed to act in a personal representative capacity (as defined in Law Society Rule 5-49(1) and/or I am acting as a personal representative. Yes No _____
Initials

If Yes: I confirm that I have provided written notice, as required by Law Society Rule 5-50(1), to all known persons for whom I have been appointed to act in a representative capacity or for whose benefit I am acting in a representative capacity that I am withdrawing from practice and that I will no longer have professional liability insurance coverage or reimbursement coverage. Yes No _____
Initials

SECTION E – MISCELLANEOUS

1. COURT LOCKER

If you have a court locker, you must return the key to the Law Society:

- I have returned the locker key previously or with this application.
- I will return the locker key before the date of my withdrawal from practice.
- I do not have a locker key.
- I gave the locker key to

2. FAST TRACK CARD

I confirm that if I have received a fast track photo ID card issued by the Law Society:

- I will return on or before the date of my withdrawal from practice.
- I do not have a fast track photo ID card.

3. LAW CORPORATION

I currently practice through a law corporation.

Yes No _____
Initials

If Yes, provide name of law corporation(s):

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I am a Voting Shareholder.

Yes No _____
Initials

4. MEMBERS PRACTICE

I am not aware of any claims or potential claims against me in my professional capacity or in respect of my practice which have not been reported to the Law Society's Professional Liability Claims Fund.

Initials

5. ANNUAL MEMBERS REPORT

I confirm that I understand that I am required to complete this report for the current calendar year pursuant to Law Society Rule 2-81.2(1).

Initials

SECTION F – REFUND OF FEES

If your practicing fees and insurance have been paid for the year, you may be eligible to receive a prorated refund. Our [Refund Policy](#) is to issue refunds to the party who originally paid the fee.

I am requesting a refund to be issued to:

My Employer

Employer Name:

Attention:

Or

Myself *(Member's Home & Mailing Contact Information provided on page 2 will be used for issuing payment below)*

- Cheque
- e-transfer - for this option auto-deposit must be enabled

If your employer initially paid your fees and/or insurance, but you are requesting the refund be sent to you, please provide contact information from the original payee for verification.

Contact name:

Telephone:

As you are becoming a non-practising member, you are required to complete the following undertaking:

UNDERTAKING

I undertake that I will not practice law in Manitoba once I become a **non-practising** member except as a visiting lawyer pursuant to the provisions of the National Mobility Agreement.

Signature of Member

Date (YYYY-MM-DD)

Rev. 26.1

HOW TO SUBMIT YOUR FORM

Mail:

The Law Society of Manitoba
Admissions and Membership
200 – 260 St. Mary Avenue
Winnipeg, MB R3C 0M6

Email:

membership@lawsociety.mb.ca

Fax:

204-956-0624
Attention:
Admissions and Membership

Questions about this form? Contact:

membership@lawsociety.mb.ca

Questions about practising or insurance fees? Contact:

Sandra Alleyne
Chief Financial Officer
204-926-2054
salleyne@lawsociety.mb.ca