

This application must be submitted by non-practising members seeking to resume active practice, together with the appropriate non-refundable application fee

Out of practice for less than one (1) year **\$157.50** (\$150.00 plus \$7.50 GST)

Out of practice for more than one (1) year **\$315.00** (\$300.00 plus \$15.00 GST)

All fees are subject to change without notice

All members must complete Parts A, B, C, E and F.

Members requesting an exemption from insurance, must also complete Part D.

You cannot return to active practice until your fees have been received by the Society and you have fulfilled any conditions imposed. Upon approval of your resumption application, you must pay your fees within 30 days or another application to resume will be required.

Please review the [Guidelines for Good Character](#).

Note that any omissions or inaccuracies will be grounds for rejection of the application.

COMPLETE AND RETURN WITH THE APPLICATION FEE TO:

Admissions & Membership

The Law Society of Manitoba

200 – 260 St. Mary Avenue, Winnipeg, Manitoba, R3C 0M6

Fax: (204) 956-0624

membership@lawsociety.mb.ca

I am returning to active practice from:

☐ Maternity / Parental Leave

☐ Leave of Absence

☐ Suspension

☐ Other: _____

Anticipated date of return to practice: _____

☐ **I hereby request a release from my undertaking not to practice law in Manitoba upon being approved to resume active practising status.**

Part A: Name and Current Residential Address

Last name		First name		Middle name(s)
Street				
City	Province	Postal Code	Home Phone # ()	
Fax ()	Personal Email			
Alternate Email Address:				
Preferred email contact after resuming practice: <input type="checkbox"/> Business email <input type="checkbox"/> Home Email <input type="checkbox"/> Alternate				

Part B: Practice or Employment Information on Resumption

1. Firm or Employer name
- Street
- City Province Postal Code Business Email
- Telephone Direct Line Fax
() () ()
2. I will:
- ☐ use the firm's trust account
 - ☐ apply to the Law Society for approval to open my own trust account, as required by Rule 5-42(1)
 - ☐ not handle trust money, use or operate a trust account
- Please provide details of your intended professional endeavours, including area of law.
- _____
- _____
- _____
- _____
3. Name of person(s) in new firm/employment designated to receive information from the Law Society about complaints, disciplinary matters and insurance claims in which you may be involved (not required to name a Designated Member if you are sole practitioner or if you are the sole shareholder and lawyer practising through a law corporation):
- _____

Part C: Practice History

1. Date ceased active practice in Manitoba: _____
- Reasons: _____
- _____
2. Please list all professional and occupational endeavours **since you left active practice in Manitoba**. Include details such as name of employer, position, duties, institution and further education. If you wish, you may attach a resume containing this information.
- _____
- _____
- _____
3. Areas of law which you have practised: _____
- _____
- _____

4. I am or have been a member of the following law society(s) or equivalent body(s) in other jurisdiction(s). ☐ Yes ☐ No

Law Society(s) of: _____

☐ I have enclosed a certificate of standing from that/those organization(s) dated not more than 30 days before the date of this application, **OR**

☐ I have arranged for certificate(s) of standing to be sent directly to the Law Society of Manitoba.

5. As a member of the Law Society of Manitoba have you: **Yes** **No**

(a) been convicted of professional misconduct, conduct unbecoming or incompetence? ☐ ☐

(b) accepted a formal caution? ☐ ☐

(c) been limited by the Law Society in your ability to practise law (such as inability to sign trust cheques or practise under supervision of another practitioner)? ☐ ☐

(d) granted a pardon by a panel of the Discipline Committee? ☐ ☐

6. Do you owe any money to the Law Society of Manitoba? ☐ ☐
If so, how much? \$ _____

7. Since ceasing to hold a Manitoba practising certificate have you been:

(a) found guilty of a criminal offence? ☐ ☐

(b) found liable in any proceeding based on fraud or dishonest ☐ ☐

(c) a judgment debtor? ☐ ☐

(e) refused membership in another Canadian Law Society ☐ ☐

8. (a) Have you ever made a proposal or voluntary assignment in bankruptcy or been petitioned into bankruptcy? ☐ ☐

(b) Have you been discharged? ☐ ☐

If **not**, explain the circumstances on a separate sheet.

**If you answered "YES" to any part of Questions 5-8,
you must provide full particulars on a separate sheet.**

9. Are there any events, circumstances or conditions, other than those mentioned above, that might be considered an impediment to your resumption of active practice or might require further inquiry by The Law Society of Manitoba? If so, please provide full particulars on a separate sheet.

10. Consent to Release of Information

I, _____ consent to the disclosure of all information in the possession of The Law Society to be reviewed in considering my application to resume active practice. I understand and agree that the information which may be disclosed may include full particulars about any insurance claims against me, and my audit, complaints, competence and discipline histories, including information concerning any pending complaints or charges against me.

11. Some members may be eligible for an exemption from professional liability insurance.

Are you claiming an exemption from professional liability insurance? ☐ Yes ☐ No

If YES, please complete Part D of this application.

Part D: Exemption from Insurance – Please check the applicable option

If in your new practice/employment, are you are seeking an Exemption from Professional Liability Insurance please indicate the basis of your request below and **attach an original completed Professional Liability Insurance Exemption application form, found on the Law Society's website at: <http://www.lawsociety.mb.ca/forms/insurance>** along with any additional documentation as specified below:

- ☐ I will be employed exclusively by the Government of Manitoba, an agency of the Government as defined in ss. 1(1) of *The Civil Service Act* (except the Legal Aid Services Society of Manitoba), a municipality, or the Federal Government and will not practise law in Manitoba outside the scope of this employment.

Attach an original completed Insurance Exemption Application form.

- ☐ I am a member in good standing of the Law Society of _____ with a current practising certificate in that jurisdiction and current professional liability insurance with coverage of at least \$1,000,000 per occurrence with respect to professional services I will perform in Manitoba. I do not maintain an office in Manitoba from which I provide legal services on a regular basis.

Attach a Certificate of Insurance from your home law society.

- ☐ I am a member in good standing of the Law Society of _____ with a current practising certificate in that jurisdiction and current professional liability insurance with coverage of at least \$1,000,000 per occurrence with respect to professional services I will perform in Manitoba. I maintain an office in Manitoba from which I provide legal services, however, I continue to maintain an office in _____, and this is my primary place of business.

Attach a Certificate of Insurance from your home law society.

- ☐ Other _____

Part E: Privacy Information

On occasion, the Law Society may provide basic contact information about practising members (name, business address, email address, fax and phone numbers) to professional legal associations, organizations and institutions without charge, in order to enhance communications with the profession and to facilitate the maintenance of mailing lists. Contact information will be provided only when the requested information will be used for a purpose that will assist in fulfilling the mandate of the Law Society and will be secured in a manner that is satisfactory to the Law Society.

Members of the public are able to access basic contact information about practising members by accessing the "Lawyer Lookup" function on our website or by contacting us.

If you have any questions or concerns regarding the Privacy Information, please contact Rennie Stonyk, Deputy Chief Executive Officer at rstonyk@lawsociety.mb.ca

- ☐ I do **NOT** want the Law Society to provide my contact information to any professional legal association, organization or institution.

Part F: Practising Fees

For an explanation of the fees/insurance and the amount to be paid, please contact either the Chief Financial Officer, Sandra Alleyne at (204) 926-2054 or Carol Hiebert, Assistant to the Chief Financial Officer at (204) 926-2046.

Please indicate all that are applicable

- ☐ Yes, I am aware that my practicing fees must be paid prior to resuming practice.

Please provide an invoice to: ☐ my employer
☐ me directly

at the following email address: _____

- ☐ I have not made arrangements as to where I will practise but will submit practicing and insurance fees on or before my anticipated start date to maintain *Practicing* status as a sole practitioner – Barrister & Solicitor.

- ☐ I have enclosed my practising fees and contributions in the amount of \$_____

I certify that the above information is true and accurate.

Date

Signature