



APPLICATION TO WITHDRAW FROM PRACTICE – LEAVING A FIRM / EMPLOYMENT

COMPLETE AND RETURN ORIGINAL TO:

Admissions & Membership Department
The Law Society of Manitoba
200 - 260 St. Mary Avenue, Winnipeg, Manitoba, R3C 0M6

I, _____, make application to the Law Society
First / Middle / Last

of Manitoba to change my membership category from that of practising member to:

- Non-Practising Member** (*annual fee of \$105.00 [\$100 plus GST] to receive Law Society publications and access to Members Portal*)
- Inactive Member** (*no fee payable and no services provided*)

I wish to withdraw from practice because I am:

- Retiring from my legal practice effective: _____
- Taking a maternity/parental leave, commencing: _____
 Anticipated date of return to work: _____
- Taking a leave of absence from my employment/practice commencing: _____
 Anticipated date of return to work: _____
- Transferred to another Jurisdiction: _____ Date of Call: _____
- Other: _____

Change of status effective: _____

1. Business Contact Information <small>(if applicable)</small>	Home & Mailing Contact Information
after date of withdrawal	For Law Society use only
Business Name	
Business Address	Address
Business e-mail	Personal e-mail
Telephone ()	Telephone ()
Direct line ()	Cell # ()
Fax # ()	Fax # ()

For those members taking maternity/parental leave please provide updated home contact information

2. Court Locker

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

- N/A
- 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.

3. Fast Track Card

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

- N/A
- I will return the fast track card on or before the date of my withdrawal from practice.

4. I currently practice through a law corporation: Yes No _____
Initials

If "Yes" name of law corporation(s): _____

Voting Shareholder Yes No _____
Initials

5. Disposition of Files, Trust Money and Other Valuable Property

(a) If you are leaving a law firm or an 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 the firm name and address below.

Name of Firm/Employer: _____

Address: _____

--OR--

(b) If (a) is not applicable, you must advise of your intended disposition of client files, trust money and other valuable property by completing all of the following questions.

(i) 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

(Complete the following, if applicable)

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

(name[s] of practising lawyer[s])

(ii) Closed Client Files

I confirm that all closed client files and documents have been turned over to:

(name[s] of practising lawyer[s])

OR are stored at:

5. Disposition of Files, Trust Money and Other Valuable Property *continued...*

(b)

(iii) Original Wills

I confirm that original wills and corporate documents in my possession have been dealt with as follows:

(iv) Original Titles

I confirm that original titles in my possession have been dealt with as follows:

6. 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

7. Trust Accounts

During the past 12 months I utilized the trust bank account of _____
(Name of current firm)

and no other: Yes No

Initials

If no, please explain: _____

8. 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

9. 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

10. Refund of Fees

Inquiries regarding refunds should be directed to the Law Society's Finance Department

If your practising fees have been paid for the year, you may be eligible to receive a prorated refund. If you are requesting a refund, please indicate to whom the refund should be made payable:

10. Refund of Fees *continued...*

If you are becoming a non-practising member:

- The non-practising fee can be deducted from the refund
- Enclosed is my cheque for **\$105.00 (\$100 plus GST)**, payable to *The Law Society of Manitoba*

UNDERTAKING

(strike out and initial as applicable)

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

Signature of Member

Date

If you have any questions please contact:

Admissions & Membership Department

The Law Society of Manitoba
200 - 260 St. Mary Avenue, Winnipeg, Manitoba, R3C 0M6
Fax: (204) 956-0624
membership@lawsociety.mb.ca