

An Application to Commence Active Practice must be filed by all new members who intend to practise law in Manitoba.

All applicants must complete Part A of this form. If you are seeking an exemption from Professional Liability Insurance, you must also complete Part C.

Applicants requesting to commence active practice more than 90 days after their call to the bar must also complete Part F of this application together with a non-refundable application fee of \$52.50 (\$50.00 + \$2.50 GST.)

COMPLETE AND RETURN TO:

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

Part A: Name and Business Address – After Call to the Bar

1. Name

Last name	First name	Middle name(s)
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2. Practice address and information following my call to the Bar

Firm / Employer name			
Street			
City	Province	Postal Code	Firm Telephone # ()
Direct line ()	Fax ()	Business Email	

My home contact information has changed not changed since submitting my Application and Petition for Call to the Bar.

Part B: Practice Details

1. Anticipated date to begin practice: _____

Practising Arrangement

- Sole Practitioner – in transition (seeking work / other) _____
- Sole Practitioner – active practice / accepting clients
- in Firm / Employment: (e.g. associate, partner, voting shareholder of a law corporation/LLP, In House Legal)

2. Provide the name of the person(s) in new firm/employment designated under Rule 2-77 to receive information from the Law Society about complaints, disciplinary matters and insurance claims in which you may be involved (*does not apply to sole practitioners*):

3. Trust Account: 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

4. Please provide details of your intended professional endeavours, including area of law.

5. Since the date of your Application to Transfer OR Application for Call and Admission, have you received a Call to the Bar in any other Canadian jurisdictions? Yes No

If yes, please provide the details including date of call and provide a current Certificate of Standing from each of those jurisdictions dated no more than 30 days before the date of this application.

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

6. Are you claiming an exception from professional liability insurance? Yes No
If Yes, please complete Part C of this application.

Part C: Exemption from Insurance

Attach a completed Insurance Exemption Form which can be found on the [Law Society website](#).

PLEASE CHECK THE APPLICABLE OPTION:

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.

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.

I am a member in good standing of the Barreau du Quebec 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.

Attach a Certificate of Insurance from the Barreau du Quebec.

Other: _____

Part D: PRIVACY INFORMATION

On occasion, the Law Society may provide basic contact information about practising members (name, business address, e-mail address, fax and phone numbers) to professional legal associations, organizations and institutions without charge, to enhance communications with the profession, including information about programs, and to facilitate the maintenance of mailing lists. For example, we have provided basic contact information about our practising members to the Manitoba Bar Association for inclusion in its legal directory. Prior to giving out any contact information to such associations, organizations and institutions, we consider whether the requested information will be used for a purpose that will assist in fulfilling the mandate of the Law Society. Remember, the aim of the Law Society is a public well-served by a competent, honourable and independent legal profession. We also take steps to see that the information will be secured in a manner that is satisfactory to the Society.

You have the option below to instruct the Law Society not to provide your basic contact information to any professional legal association, organization or institution.

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

If you have any questions or concerns in regards to the Privacy Information please contact the General Counsel at The Law Society of Manitoba.

Part E: Practising and Insurance Fee Payment

The amount of your practicing fees will depend on your practicing arrangement

To determine the amount of your practicing fees, please contact the Chief Financial Officer, Colleen Malone at (204) 926-2022 or at cmalone@lawsociety.mb.ca or the Executive Assistant to the Chief Financial Officer, Carol Hiebert at (204) 926-2046 or at chiebert@lawsociety.mb.ca.

- I will submit my fees prior to my date of call
- I enclose my practising fees and contributions in the amount of \$_____
- I am aware that my practicing fees must be paid prior to commencing 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.

Information on payment methods can be found on the [Law Society website](#).

Please make any cheque, bank draft or money orders payable to the Law Society of Manitoba.

I certify that the information provided in this Application is true and accurate.

Date

Signature

Part F: THIS PART MUST BE COMPLETED IF YOU ARE APPLYING TO COMMENCE ACTIVE PRACTICE MORE THAN 90 DAYS AFTER YOUR CALL TO THE BAR

1. Please list all professional and occupational endeavours since you were called to the bar 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.

2. Areas of law (if applicable) which you have practised: _____

3. I am or have been a member of the following law society(s) or equivalent body(s) in another jurisdiction(s) as listed below. Yes No

If Yes:

- I have enclosed a certificate of standing from that organization dated not more than 30 days before the date of this application, OR
- I have arranged for a certificate of standing to be sent directly to the Law Society of Manitoba.

4. Have you, since the date of your call to the bar in Manitoba: Yes No

- | | | |
|--|--------------------------|--------------------------|
| (a) been convicted of professional misconduct, conduct unbecoming or incompetence? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) accepted a formal caution? | <input type="checkbox"/> | <input type="checkbox"/> |
| (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)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) granted a pardon by a panel of the Discipline Committee? | <input type="checkbox"/> | <input type="checkbox"/> |

5. Do you owe any money to the Law Society of Manitoba? Yes No
 If so, how much? \$ _____

6. Since being called to the bar in Manitoba have you been:
- | | | |
|--|--------------------------|--------------------------|
| (a) found guilty of a criminal offence? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) found liable in any proceeding based on fraud or dishonesty? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) a judgment debtor? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) refused membership in another Canadian Law Society | <input type="checkbox"/> | <input type="checkbox"/> |

7. (a) Have you ever made a proposal or voluntary assignment in bankruptcy or been petitioned into bankruptcy? Yes No
- (b) Have you been discharged? Yes No
 If not, explain the circumstances on a separate sheet.

8. Are there any events, circumstances or conditions, other than those mentioned above, that might be considered an impediment to your commencing active practice or might require further inquiry by The Law Society of Manitoba? Yes No

If you answered "Yes" to any part of Questions 4 - 8,
you must provide full particulars on a separate sheet.

9. 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 commence 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.

I certify that the above information is true and accurate.

Date

Signature