



# APPLICATION TO PAY UNCLAIMED TRUST MONEY TO THE LAW SOCIETY OF MANITOBA

**Under Section 51 of *The Legal Profession Act* the money must have been held in trust for more than three (3) years and efforts to locate clients have failed or the money is not attributed to anyone in the firm's records.**

## **A. Member/Firm Information**

1. Member/Firm Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
3. Business Telephone Number: \_\_\_\_\_ Business Email: \_\_\_\_\_
4. Responsible Lawyer: \_\_\_\_\_

## **B. Name of Rightful Owner(s) of Funds**

1. Name and Last Known Name: \_\_\_\_\_  
Address & contact Address: \_\_\_\_\_  
information of person/ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
corporation who is Telephone: \_\_\_\_\_  
entitled to funds Fax: \_\_\_\_\_  
Email: \_\_\_\_\_
2. If Corporation, provide current status and the name, address and telephone number of contact person(s), officers and/or directors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR

3.  Money is not attributed to any person/corporation in the lawyer's records.
4. Length of time money has been held in trust: \_\_\_\_\_
5. Attempts to contact client in the past three years (state dates, methods and addresses involved)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. File Information**

1. Firm File Name and Number: \_\_\_\_\_

2. Name of Action: \_\_\_\_\_

3. Date funds deposited into trust: \_\_\_\_\_

4. Dollar amount enclosed: \_\_\_\_\_

5. Details of transaction for which the funds were deposited in trust: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are these funds subject to trust conditions? (If so, give complete details.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Member

Please send this completed form and your cheque, payable to the Law Society of Manitoba, to:  
**Audit Department, Law Society of Manitoba, 200 - 260 St. Mary Avenue, Winnipeg, MB, R3C 0M6**