



Please read and complete the applicable sections, per Law Society Rules 2-75(1) and (2).

First Name:	Last Name:
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CHANGE IN EMPLOYMENT

Previous Employer/Firm:	Last day:
New Employer/Firm:	First day:

This is my: ☐ Primary Practice ☐ Secondary Practice

New Contact Information

Effective Date:

Address:		
City/Town:	Prov:	Postal Code:
Email:		
Firm Telephone:	Fax:	
Direct line:	Cellphone:	

New practising arrangement

- | | | |
|---|---|---|
| <input type="checkbox"/> Sole owner with associate(s) | <input type="checkbox"/> Sole practitioner (in transition/seeking work) | <input type="checkbox"/> Legal Aid |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Sole practitioner (active practice) | <input type="checkbox"/> Government |
| <input type="checkbox"/> Associate | <input type="checkbox"/> Sole practitioner sharing space & expenses | <input type="checkbox"/> In-house counsel |

☐ Other:

Sole Practice Information

Were you a sole practitioner prior to your change in employment? ☐ Yes ☐ No

If "Yes", will you be winding up your sole practice? ☐ Yes ☐ No

Trust Account Information

In your **previous** practice/employment, did you:

- | | |
|--|--|
| <input type="checkbox"/> operate your own trust account? | <input type="checkbox"/> not use or operate a trust account? |
| <input type="checkbox"/> use your former firm's trust account? | <input type="checkbox"/> other: |

In your **new** practice/employment, will you:

- | | |
|---|--|
| <input type="checkbox"/> use your new firm's trust account? | <input type="checkbox"/> not use or operate a trust account? |
| <input type="checkbox"/> apply to the Law Society for approval to open your own trust account, as required by Rule 5-42(1)? | <input type="checkbox"/> other: |

Court Locker

- ☐ I do not have a court locker.
- ☐ I am retaining my court locker in my new position.
- ☐ I am not retaining my court locker. I will turn in my key to the LSM or to:
- ☐ I shared this locker with

PRACTISING AND INSURANCE FEES

Refunds (please refer to our [Refund Policy](#))

Should a prorated refund of your practising fees be issued? ☐ Yes ☐ No

If "Yes", made payable to whom?

If "No", provide brief explanation.

New Invoice

- ☐ I am requesting that my new employer/firm be invoiced for my practicing fees and/or insurance.
- ☐ I enclose my practising fees and contributions in the amount of:

Professional Liability Insurance Fees

Lawyers who are leaving an insurance exempt position (e.g. government) and are moving to private practice must pay the Professional Liability Insurance contribution prior to commencing their new position. For clarification on who is eligible for an exemption, see [19\(3\) of the Legal Professional Act](#).

Were you exempt from Professional Liability Insurance in your previous employment, but will no longer be exempt with your new practising arrangement? ☐ Yes ☐ No

Are you seeking an exemption from Professional Liability Insurance? ☐ Yes* ☐ No

**If "Yes", you are required to complete an [exemption form](#)*

Do you maintain an office in Manitoba from which you provide legal services? ☐ Yes ☐ No

PRIVACY INFORMATION & SIGNATURE

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.

I certify that the above information is true and accurate.

Date

Signature

Rev. 25.1

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:

Darlene Douglas
Administrative Assistant
Admissions and Membership
204-926-2026
ddouglas@lawsociety.mb.ca

Questions about practising or insurance fees? Contact:

Sandra Alleyne
Chief Financial Officer
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Questions about privacy information? Contact:

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