



## **ABOUT MULTI-DISCIPLINE PARTNERSHIPS**

Lawyers and licensed paralegals may form a Multi-Discipline Practice with professionals who practise a profession, trade or occupation that supports or supplements their practice of law or provision of legal service (e.g., accountants, tax consultants, trademark and patent agents, etc.). When a licensee and a professional enter into a formal partnership agreement, it is considered to be a Multi-Discipline Partnership, which must be approved by the Law Society by application. The licensee must comply with Part III of By-Law 7.

Licensees are responsible for the actions of professional partners and must maintain professional liability insurance for all professional partners.

## **APPLICATION CHECKLIST**

### **1. Complete and Original Application Form - DO NOT FAX OR EMAIL**

The Law Society of Ontario may investigate or verify any information supplied in this application, and may require further information from you before the application is approved. **Omissions or inaccuracies in responses may delay processing.**

If the space provided for any answer is insufficient, attach a separate sheet that is signed and dated by the applicant and staple it to the application.

### **2. Submit proof of payment or payment in the form of either:**

- A receipt for payment by credit card from the Law Society Store. To pay, login to the Law Society Portal at <https://portal.lso.ca>. Select "LSO Store" in the left panel and then "Other Fees". Choose "MDP Application Fee". **Attach the receipt to your application.**

OR

- A certified cheque or money order in Canadian funds payable to "Law Society of Ontario".

Application Fee:	\$250.00
HST: #121712863	\$32.50
<b>Total:</b>	<b>\$282.50</b>

**The application fee is non-refundable and non-transferable.**

The Law Society will not process applications submitted without proof of payment or a certified cheque or money order.

### **3. Submit a copy of the proposed partnership agreement (draft copy).**

**NOTE:** You must specifically reference those sections of the proposed partnership agreement that satisfy the requirements detailed in paragraphs 2-6 of subsection 18(2) of By-Law 7

**4. Submit a Partnership Professional Partner Information Form, and proof of payment or payment, for each professional partner.**

The Multi-Discipline Partnership application fee includes one professional partner.

**If more than one professional partner:**

For **each** additional professional partner, photocopy and complete a separate Proposed Multi-Discipline Partnership Professional Partner Information Form and submit an additional \$50.00 + HST for each additional professional partner.

Submit proof of payment or payment in the form of either:

- A receipt for payment by credit card from the Law Society Store. To pay, login to the Law Society Portal at <https://portal.lso.ca>. Select “LSO Store” in the left panel and then “Other Fees”. Choose “MDP Additional Fee for Non-Licensee Partners”. **Attach the receipt to your application.**

**OR**

- A certified cheque or money order in Canadian funds payable to “Law Society of Ontario”.

**INFORMATION FROM THE LAW SOCIETY**

The Law Society no longer calls licensees to remind them about administrative obligations. Emails and Portal notices are used to inform licensees of any defaults and associated actions.

**QUESTIONS?**

Please direct questions about the review and approval of this application to:

**Complaints & Compliance**

Phone: 416-947-3315 (ask to be transferred)

Email: [lsforms@lso.ca](mailto:lsforms@lso.ca)

**MAILING ADDRESS**

Mail **original** applications and supporting documents to:

**Law Society of Ontario, Complaints & Compliance  
Osgoode Hall, 130 Queen Street West, Toronto, Ontario M5H 2N6**

**DO NOT FAX OR EMAIL**



## **PART A – APPLICANT'S INFORMATION**

### **1. PERSONAL INFORMATION**

Applicant's Full Name:

Law Society Number:

### **2. BUSINESS CONTACT INFORMATION**

Business/Employer Name and Address (street, city, province, postal code):

Phone:

Mobile:

Fax:

Email:

**Note: By-Law 8 requires licensees to notify the Law Society immediately after any change to their contact information.**

### **3. ALTERNATE CONTACT INFORMATION (if applicable)**

If there are multiple lawyer/paralegal partners in the proposed multi-discipline partnership, please provide us with an alternate contact person:

Lawyer/Paralegal's Full Name:

Law Society Number:

### **4. AREA(S) OF LAW/LEGAL SERVICES**

What area(s) of law do you practise/what legal services do you provide?

## PART B – INFORMATION ABOUT THE PROPOSED MULTI-DISCIPLINE PARTNERSHIP

### 5. CONTACT INFORMATION

Name of the proposed multi-discipline partnership:

Address where the proposed multi-discipline partnership intends to carry on business:

Phone:

Mobile:

Fax:

Email:

**NOTE:** If the proposed multi-discipline partnership intends to carry on business at more than one location, provide the address and contact information for each additional location as an attachment.

### 6. NON-LICENSEE PROFESSIONAL PARTNER INFORMATION

List the name(s) of the proposed non-licensee professional partner(s):

List the profession, trade, or occupation of the proposed non-licensee professional partner(s):

### 7. BY-LAW 7 – REQUIRED CONDITIONS

By signing this application, I confirm:

- i) that the non-licensee professional partner(s) is/are qualified to practise a profession, trade or occupation that supports or supplements my practice of law/provision of legal services;
- ii) that I have satisfied myself that the non-licensee professional partner(s) is/are of good character; and
- iii) that I have made the necessary arrangements that will enable me to comply with section 26 of By-Law 7.

I understand that pursuant to section 19 of By-Law 7, I am responsible for ensuring that in the proposed multi-discipline partnership, the non-licensee professional partner(s) practises his/her/its profession, trade or occupation with the appropriate level of skill, judgment and competence and that he/she/it will comply with the *Law Society Act*, its regulations, the Law Society's By-Laws, the *Rules of Practice and Procedure*, the Law Society's *Rules of Conduct* for the licensee and the Law Society's policies and guidelines.

I also understand that I may be required by the Law Society to dissolve the proposed multi-discipline partnership in the event I breach section 19, section 25, subsection 26(1), subsection 26(3) or section 30 of By-Law 7.

**NOTE:** The Law Society no longer calls licensees to remind them about administrative obligations. Emails and Portal notices are used to inform licensees of any defaults and associated actions.

**PART C – LAWYER/PARALEGAL LICENSEE APPLICANT AUTHORIZATION AND DECLARATION**

I will provide any additional specific authorization or any release that is required for the purpose of enabling the Law Society of Ontario to obtain any information required to review this application.

I understand that I have a continuing obligation to immediately provide written notification of any change to the information that I have provided to the Law Society of Ontario in connection with this application, including but not limited to any changes to the proposed multi-discipline partnership as detailed in subsection 21(1) of By-Law 7, as well as any changes to my employment status or information, or changes to my liability insurance coverage.

I acknowledge that I have read Part III of By-Law 7.

I understand that I must file a Multi-Discipline Partnership Report each year and that failure to do so may result in the suspension of my licence pursuant to subsection 47(1) of the *Law Society Act*.

I solemnly declare that all information supplied by me with respect to this application, and in the documents provided in connection with this application, is true, accurate, and complete.

**DECLARED BEFORE ME**

at \_\_\_\_\_ ,

on the \_\_\_\_\_ day of \_\_\_\_\_ , 20

**Signature of a Commissioner for Taking Affidavits:**

**Signature of Applicant:**

\_\_\_\_\_

\_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_



**ABOUT PROFESSIONALS IN A MULTI-DISCIPLINE PARTNERSHIP**

Each professional and, if the professional is a professional corporation, each individual who provides services through the professional corporation, must complete and sign a separate Professional Partner Information Form and submit it along with the Application for Multi-Discipline Partnership.

**NOTE:** If the professional is a professional corporation, one professional partner must attach a copy of the Certificate of Authorization and a list of the individuals who provide services through the professional corporation.

**1. PROFESSIONAL PARTNER INFORMATION:**

Partner's Full Name:

**2. CONTACT INFORMATION:**

Address (street, city, province, postal code):

Phone:

Mobile:

Email:

**Will you provide services independently of the proposed multi-discipline partnership?** Circle one.

**YES NO**

If YES, provide additional business contact information:

Business/Employer Name and Address (street, city, province, postal code):

Phone:

Mobile:

Email:

**3. PROFESSIONAL SERVICES AND QUALIFICATIONS:**

a) What profession, trade, or occupation will be provided to the clients of the proposed multi-discipline partnership?

b) How many years have you practised the profession, trade, or occupation?

**c) ACADEMIC BACKGROUND:**

**Name of Academic Institution:**

Degree/Certificate/Diploma Obtained:

Year Degree/Certificate/Diploma Obtained:

**Name of Academic Institution:**

Degree/Certificate/Diploma Obtained:

Year Degree/Certificate/Diploma Obtained:

**Name of Academic Institution:**

Degree/Certificate/Diploma Obtained:

Year Degree/Certificate/Diploma Obtained:

**d) PROFESSIONAL ASSOCIATION(S):**

Set out in chronological order your membership history in professional organizations where you are or have been a member.

**Date From:**

**Date To:**

Name, address, and telephone of the professional association:

Current Status:



**Date From:**

**Date To:**

Name, address, and telephone of the professional association:

Current Status:

**e) WORK EXPERIENCE:**

**Date From:**

**Date To:**

Employer's Name and Address:

Nature of Work:

**Date From:**

**Date To:**

Employer's Name and Address:

Nature of Work:

**4. GOOD CHARACTER:**

**If you answer YES to either of the following questions, provide full details on a separate sheet and attach any relevant documents, including orders and/or judgments.**

1. Have you ever been denied a licence or permit, or had any licence or permit revoked for failure to meet good character requirements?

**YES NO**

2. Are you now the subject of a prosecution or have you ever been prosecuted, suspended, disqualified, censured, the subject of a conduct, capacity or competence proceeding, or otherwise disciplined by any professional organization?

**YES NO**

## **AUTHORIZATION AND DECLARATION**

I authorize the Law Society of Ontario to make inquiries of any person or government, any official or body, including, without limitation, any police or academic authority, about my background or character. I will provide any additional specific authorization or any release that is required for the purpose of enabling the Law Society of Ontario to obtain information related to my background or character.

I declare that all information supplied by me with respect to this application, and in the documents provided in connection with this application, is true, accurate, and complete.

**Date:** \_\_\_\_\_

**Signature of Professional:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_