



**THE LAW SOCIETY OF UPPER CANADA  
APPLICATION FOR EXEMPTION FROM THE  
REQUIREMENT TO PAY THE ANNUAL FEE AND TO  
SUBMIT THE LAWYER ANNUAL REPORT  
(under By-Law 5 & 8)**

***Instructions to the Applicant:***

Complete all sections. The Law Society may investigate or verify any information supplied on this application, and may require further explanation from you before your application is approved. **Any omissions or inaccuracies in your answers will delay processing.** If the space provided for any answer is insufficient, complete your answer on a separate sheet, sign and date the sheet and staple it to this application form.

The Law Society may not be able to approve your application if you are:

- a) suspended; or
- b) the subject of a complaint, audit, investigation, search or seizure by the Law Society; or
- c) a party to a proceeding under Part II of the *Law Society Act*.

***Application Requirements:***

- submit your original and completed application – **DO NOT FAX**
- pay all fees that have accrued, including the current year
- submit all Lawyer Annual Report(s), including the current year

- provide evidence from your bank that all open trust/mixed trust/estate accounts have been closed and have a zero balance – **applies to: (Sole Practitioners engaged in the practice of law in Ontario during the last 3 years) – Part C**
- OR**
- provide proof that you no longer have signing authority over any trust/mixed trust/estate accounts; provide a letter from the signing partner or your bank – **applies to: (Partners, Employees and Associates engaged in the practice of law in Ontario during the last 3 years) – Part C**

- provide all information regarding location of files, wills, powers of attorney, corporate seals, and corporate minute books – Part E
- provide an explanation on “Specifics” page, where required – Part H
- provide a letter from a qualified medical practitioner indicating that you are incapacitated and are unable to practice law in Ontario, if applicable (*see section 37(1) of the Law Society Act*)
- submit your insurance information and signed release authorizing the release of information to the Law Society of Upper Canada – Part J

<b>Mail your completed application to:</b>	<b>For inquiries contact:</b>
By Law Administration Services The Law Society of Upper Canada Osgoode Hall 130 Queen St W Toronto ON M5H 2N6	By-Law Administration Services  General Line: (416) 947-3315 Toll Free: 1-800-668-7380 Email: bylawadmin@lsuc.on.ca

**DO NOT FAX**



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***Instructions:** All sections must be completed. Provide additional information on a separate sheet if required. Incomplete applications will delay processing. Please refer to the cover page for complete instructions.*

**PART A – APPLICANT INFORMATION**

PERSONAL INFORMATION		
First Name	Middle Name	Last Name
_____		
Law Society Number: _____	Date of Birth: _____	
	Day / Month / Year	
The date you stopped practising law: _____		
	Day / Month / Year	

Reason for Exemption (choose ONE)
<input type="checkbox"/> I am over sixty-five years of age.
<input type="checkbox"/> I am incapacitated and as a result, I am unable to practise law. <i><b>NOTE:</b> Provide a letter from a qualified medical practitioner indicating that you are <b>incapacitated within the meaning of the Law Society Act</b> and are unable to practise law (see section 37(1) of the Law Society Act).</i>

BUSINESS CONTACT INFORMATION	HOME CONTACT INFORMATION
Business/Employer Name and Address: _____ _____ _____	Home Address: _____ _____ _____
Telephone: _____	Telephone: _____
Mobile: _____	Mobile: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

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

## **PART B**

Answer <b>ALL</b> of the following questions. If you answer <b>yes</b> to any question provide an explanation in Part H. If you answer <b>yes</b> to question <b>a)</b> or <b>c)</b> you must complete Part J.		
<b>a)</b>	I am aware of a claim against me in either my professional capacity or with respect to my practice.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>b)</b>	I am the subject of an audit, investigation and/or search or seizure by the Law Society.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>c)</b>	I am party to a proceeding under Part II or section 33 of the <i>Law Society Act</i> .	<input type="checkbox"/> YES <input type="checkbox"/> NO

## **PART C**

Choose <b>ONE</b> response that is most appropriate with respect to your practice as an Ontario lawyer	
<input type="checkbox"/>	<p>I practised law in Ontario as a Sole Practitioner within the last three years:</p> <p><input type="checkbox"/> I have accounted for and/or distributed all money and property held in trust (for which I was responsible), including money and property held for estates, to the person(s) entitled to it or to another lawyer entitled to practise law in Ontario.</p> <p><b><i>NOTE: Provide written confirmation from your bank that all open trust/mixed trust/estate accounts have been closed</i></b></p> <p style="text-align: center;"><b>-or-</b></p> <p><input type="checkbox"/> I have <b>not</b> accounted for and/or distributed all money and property held in trust for which I was responsible. <b>Provide an explanation in Part H</b></p> <p style="text-align: center;"><b>-or-</b></p> <p><input type="checkbox"/> I have <b>not</b> been responsible for any money or property held in trust.</p>
<input type="checkbox"/>	<p>I practised law in Ontario as a <b>Partner/Associate/Employee/Counsel</b> within the past three years.</p> <p><b><i>NOTE: Provide a letter from the firm's managing partner confirming that you no longer have signing authority over all trust/mixed trust/estate accounts</i></b></p>
<input type="checkbox"/>	<p>I have never engaged in the private practice of law as an Ontario lawyer, or I have not been in private practice within the last three years.</p>

**PART D - CLIENT FILES, DOCUMENTS AND PROPERTY**

Choose <b>ONE</b> response that is most appropriate with respect to your practice as an Ontario lawyer	
<input type="checkbox"/>	I have disposed of client files or arrangements have been made to the satisfaction of my clients to have their files, documents and/or property returned to them.
<input type="checkbox"/>	I have transferred all client files, documents and/or property with the client's authorization to another lawyer entitled to practise law. <b>Provide details in Part E</b>
<input type="checkbox"/>	I have not disposed of client files or made arrangements to have all client files, documents and/or property returned to them to their satisfaction. <b>Provide an explanation in Part H</b>
<input type="checkbox"/>	I have not been responsible for any client matters, files, documents and/or property.

**PART E – CLIENT PROPERTY AND ELECTRONIC FILE INFORMATION**

I have transferred and disposed of my electronic and/or hard copy client files, documents and property as follows:

	Transferred to and/or location stored (Name, Address)	Contact information (Name, Telephone Number)
Active Files		
Closed Files		
Wills		
Powers of Attorney		
Corporate Minute Books		
Corporate Seals		

**PART F – BY-LAW COMPLIANCE**

Answer <b>ALL</b> of the following questions		
<b>a)</b>	I confirm that I have completed and filed the Lawyer Annual Report to the last filing due date required of me.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>b)</b>	I have complied with my Continuing Professional Development (CPD) obligations.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>c)</b>	I confirm that my law practice and any trust account(s) I have operated have been wound up, or that I no longer have signing authority over any of my firm’s trust/mixed trust/estate accounts.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>d)</b>	I confirm that I have completed all forms required to be completed by the Law Foundation of Ontario with respect to the closure of my trust account(s), if applicable.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>e)</b>	I currently provide pro bono legal services through a Pro Bono Law Ontario sponsored program.  If “Yes”, should you wish to continue providing pro bono legal services once exempt, you must also complete the Emeritus application.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>f)</b>	Are you now or have you within the last 12 months been a shareholder, director or officer of a professional corporation or practised law through a professional corporation?  If “Yes”, provide the name of the professional corporation:  _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>g)</b>	I confirm that I have paid all outstanding LawPRO fees, premiums, deductibles, and levies or have completed the required exemption forms.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>h)</b>	I confirm that I have completed and filed all LawPRO filings to the last filing due date required of me.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

**PART G - ESTATES AND POWERS OF ATTORNEY**

Answer <b>ALL</b> of the following questions		
a)	I am currently an estate trustee or a trustee of an <i>inter vivos</i> trust in Ontario.	<input type="checkbox"/> YES <input type="checkbox"/> NO
b)	I currently act as an attorney under a power of attorney for property given by a client or former client in Ontario.	<input type="checkbox"/> YES <input type="checkbox"/> NO
c)	I act in these capacities for related persons* only.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p><b><u>NOTE:</u></b> While you are an estate trustee and/or power of attorney for non-related persons, you must:</p> <ul style="list-style-type: none"><li>• continue to file the <i>Lawyer Annual Report</i></li><li>• file the appropriate exemption forms annually with <i>LawPRO</i> to confirm your continuing status as exempt from payment of insurance premium levies</li><li>• continue to be subject to the <i>Spot Audit Program</i></li></ul> <p>* <i>Related persons</i>, as used in this application, has the same meaning as in section 251 of the <i>Income Tax Act</i>.</p>		

**PART H – SPECIFICS**

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## **PART I – APPLICANT’S UNDERTAKING & DECLARATION**

I undertake not to practise law in Ontario from the effective date of this application.

Should I wish to practise law in Ontario, I undertake to immediately notify the Law Society of my intention. I will provide the Law Society with all required information to change my status. I understand that my obligation to pay the annual fee, if applicable, and submit the Lawyer Annual Report will resume.

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, complete, and accurate.

\_\_\_\_\_  
**Signature of Applicant**

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

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Name of Witness**

**Mail to:**

By-Law Administration Services  
The Law Society of Upper Canada  
Osgoode Hall  
130 Queen Street West  
Toronto ON M5H 2N6

**DO NOT FAX**



**PART J – LAWYERS’ PROFESSIONAL INDEMNITY**  
**COMPANY – (RELEASE)**

I hereby authorize and direct LAWPRO to provide information to the Law Society of Upper Canada about any outstanding issues with respect to the status of payment of my premiums, levies, claims, deductibles and/or the status of my filings with LAWPRO in order that the Law Society may process my application for exemption from the requirements to pay the annual fee and submit the Lawyer Annual Report (under By-Laws 5 & 8).

\_\_\_\_\_  
**Signature of Applicant**

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

\_\_\_\_\_  
**Name of Applicant**