

Complete all sections of the application. The Law Society of Ontario may investigate or verify any information supplied in this application, and may require further explanation from you. Omissions or inaccuracies in your answers may 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 the application.

Subrule 6.01(6) of the *Paralegal Rules of Conduct* is available for your information on the Law Society's website at: [www.lso.ca](http://www.lso.ca)

### **APPLICATION REQUIREMENTS**

1. Submit a completed and original Application Under Subrule 6.01(6) – Applicant Paralegal’s Information form, including the completed and original Authorization and Direction to the insurance provider release form on page 9 of this application **DO NOT FAX or EMAIL**
2. Submit a completed and Original Information for a Rule 7.6-1.1/Subrule 6.01(6) Application from a Former or Suspended Licensee or a Licensee who has given an Undertaking not to Practise Law or Provide Legal Services, including the completed and original Authorization and Direction to the Insurance Provider release form on page 9 of that form **DO NOT FAX or EMAIL**
3. Submit payment in the form of:
  - A certified cheque or money order in Canadian funds payable to the “Law Society of Ontario”

Application Fee:	\$200.00
HST: #121712863	\$26.00
<b>Total:</b>	<b>\$226.00</b>

**OR**

- If you would like to submit payment for the application by credit card you must contact the Client Service Centre. Contact information is below.

**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.

4. Arrange publication of a Notice of Application Under Subrule 6.01(6) in the Ontario Reports and attach a copy of the notice. It is the applicant's responsibility to publish a Notice of Application Under Subrule 6.01(6) at their own cost. Draft available at:  
[https://lawsocietyontario.azureedge.net/media/lso/media/paralegal/draft-notice-of-application-paralegal\\_en.pdf](https://lawsocietyontario.azureedge.net/media/lso/media/paralegal/draft-notice-of-application-paralegal_en.pdf)

To have your notice published, contact the Advertising Account Manager of LexisNexis Canada:  
Tel: (905) 415-5881  
Toll Free: 1-800-668-6481 Ext 881  
Fax: (905) 479-3758  
Email: anne.yu@lexisnexis.ca

5. Submit a completed and original Information for a Plan of Supervision form, which must include:
  - Intended areas of work and nature of tasks and functions to be performed
  - Other intended non-legal tasks and functions
  - Former or suspended licensee’s reporting procedures
  - Applicant licensee’s monitoring and evaluation procedures

- Client information safeguards
- Law office accounting record safeguards
- Disclosure to office staff and occupants
- Disclosure to clients and to lawyers and/or paralegals
- Other relevant information

Questions about review and approval of applications should be directed to the Client Service Centre by calling 416-947-3315 and asking to be transferred, or emailing [cscadmin@lso.ca](mailto:cscadmin@lso.ca)

**Mail to: Law Society of Ontario, Client Service Centre  
Osgoode Hall, 130 Queen St W, Toronto, Ontario M5H 2N6**

## **LAW SOCIETY OF ONTARIO APPLICATION UNDER SUBRULE 6.01(6) APPLICANT PARALEGAL'S INFORMATION**

This application is for a paralegal who wants to retain, occupy office space with, use the services of, partner or associate with, or employ in any capacity having to do with the provision of legal services any person who, in Ontario or elsewhere, has been disbarred and struck off the Rolls, has had their licence to practise law or to provide legal services revoked, has been suspended, has had their licence to practise law or to provide legal services suspended, has undertaken not to practise law or to provide legal services, or who has been involved in disciplinary action and been permitted to resign or to surrender their licence to practise law or to provide legal services, and has not had their licence restored.

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

#### **1. PERSONAL INFORMATION**

Applicant's Full Name:

Law Society Number:

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

Business/Employer Name and Address:

Position or Title:

Telephone/Mobile:

Fax:

Email:

#### **3. HOME CONTACT INFORMATION**

Home Address including Postal Code:

Telephone/Mobile:

Email:

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

**PART B**

**Provide a description of the paralegal work you do in Ontario.**

Set out in full chronological order your work history from the date you were licensed in Ontario to present.

**Date From:**

**Date To:**

Nature of Work/Practice:

Business/Employer Name and Address:

Reason for leaving:

**Date From:**

**Date To:**

Nature of Work/Practice:

Business/Employer Name and Address:

Reason for leaving:

**Date From:**

**Date To:**

Nature of Work/Practice:

Business/Employer Name and Address:

Reason for leaving:

## **PART C**

**Select your answers to all of the following questions:**

- A)** Are you now or have you ever been suspended, disqualified, censured, the subject of a conduct, capacity or competence proceeding or otherwise the subject of discipline in any jurisdiction(s) where you are or were licensed to practise law or provide legal services?

**YES**      **NO**

- B)** Have you been the subject of any insurance claims during the three years immediately preceding the date on this application?

**YES**      **NO**

- C)** Are you aware of any complaint or charge pending against you in your professional capacity, which has not yet come to the attention of your Law Society or professional/regulatory/governing body?

**YES**      **NO**

- D)** Are you now or have you ever been the subject of an insurance claim alleging fraud or dishonesty under a policy for professional liability insurance?

**YES**      **NO**

- E)** Are there any outstanding civil judgments against you?

**YES**      **NO**

- F)** Have you ever applied under subrule 6.01(6) to employ, use the services of, or occupy office space with a former or suspended licensee?

**YES**      **NO**

- G)** Have you ever employed, used the services of, or occupied office space with a former or suspended licensee, without express approval of the Law Society?

**YES**      **NO**

If you answered **YES** to any of the above questions, provide relevant information below to be considered in support of your ability to act as an appropriate supervisor for a former or suspended licensee.

## **PART D – YOUR PARALEGAL OFFICE AND SUPPORT STAFF**

### **1. Answer the following questions in relation to your paralegal office:**

**a)** Do you have more than one office location?

**YES      NO**

**b)** Do you share office space with anyone else?

**YES      NO      If YES, with whom?**

**c)** Will the former or suspended licensee have their own office, telephone line, etc?

**YES      NO**

### **2. Answer the following questions in relation to your support staff:**

**a)** Describe the number of staff and their basic functions:

**b)** Do you share staff with anyone else?

**YES      NO      If YES, with whom?**

**c)** Are there other lawyers or paralegals in your firm?

**YES      NO**

If YES, provide the names of all lawyers and paralegals in your firm.

Licensee's Full Name:

Law Society Number:

Licensee's Full Name:

Law Society Number:

Licensee's Full Name:

Law Society Number:

**d)** What contact will they and/or your staff have with the former or suspended licensee?

**e)** Provide any other relevant information about your paralegal office and support staff:

## **PART E – RELATIONSHIP WITH FORMER OR SUSPENDED LICENSEE**

**NAME OF FORMER OR SUSPENDED LICENSEE:**

1. Describe whether you intend to retain, occupy space with, use the services of, partner or associate with or employ in any capacity having to do with the provision of legal services the former or suspended licensee.
  2. Provide information about your knowledge of, and relationship with, the former or suspended licensee, or a licensee who has given an undertaking not to practise law or provide legal services, both prior to and since their licence was suspended, or surrendered, or revoked, or since they gave an undertaking not to practise law or provide legal services.

## **PART F – OTHER INFORMATION**

Provide any information you consider relevant to this application that would assist in determining whether approval should be granted.

## **PART G – AUTHORIZATION AND DECLARATION**

I hereby 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 understand that I am required to place a notice, at my own expense, in the *Ontario Reports* that indicates I have applied under subrule 6.01(6) to employ the former or suspended licensee named in this application. Such a notice is to contain a statement that if the application is successful a copy of the Plan of Supervision can be obtained by submitting a written request to the Law Society.

If permission is granted, I acknowledge that I am required to report quarterly to the Law Society regarding adherence to the Plan of Supervision and conditions. Each report must be accompanied by a fee of \$50.00 + HST and is due within 15 days of the end of each quarter.

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.

I solemnly declare that all information provided 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 Applicant/Supervisor:**

**Signature of Witness:**

**Print Name:**

**Print Name:**

**AUTHORIZATION AND DIRECTION TO INSURANCE PROVIDER  
TO RELEASE INFORMATION**

I of hereby  
authorize and direct my professional liability insurance provider to  
provide full disclosure to the Law Society of Ontario with respect to claim file information and deductible details.  
This authorization is valid only for the purposes of the processing of my application to the Law Society of Ontario to retain, occupy space with, use the services of, partner or associate with or employ in any capacity having to do with the practice of law or the provision of legal services a former/suspended licensee under subrule 6.01(6).

**Date:**

**Signature of Applicant/Supervisor:**

**Signature of Witness:**

**Print Name:**

**Print Name:**

**PROVIDE THE FOLLOWING INSURANCE INFORMATION:**

Policy number:

Start date:

End date:

**NAME OF INSURER:**

Address:

Telephone:

Fax:

Email:

**NAME OF BROKER:**

Address:

Telephone:

Fax:

Email:

*If you had multiple insurers, photocopy this page and complete one for each insurer and attach to your application.*

**INFORMATION FOR A PLAN OF SUPERVISION UNDER  
RULE 7.6-1.1/SUBRULE 6.01(6)****NOTE:**

It is a significant responsibility for a licensee to retain, occupy space with, use the services of, partner or associate with or employ in any capacity having to do with the practice of law or provision of legal services a former or suspended licensee. In making a determination, a panel of the Hearing Division of the Law Society Tribunal will have regard to the experience, competence and ethical standards of the applicant; the ability of the applicant to effectively supervise the former or suspended licensee; and, the character, attitudes and abilities of the former or suspended licensee. A panel of the Hearing Division of the Law Society Tribunal may consider and review any relevant information, including the records maintained by the Law Society, in connection with the applicant or the former or suspended licensee.

If you feel a particular section is not applicable to your situation, please indicate why.

**FULL NAME OF APPLICANT/SUPERVISOR:****FULL NAME OF FORMER OR SUSPENDED LICENSEE:****COMPLETE QUESTIONS 1 THROUGH 9****1. Intended areas of work and nature of tasks to be performed by the former or suspended licensee:**

**2. Other intended non-legal tasks and functions to be performed by the former or suspended licensee:**

**3. Former or suspended licensee's reporting procedures:**

**4. Applicant licensee's monitoring and evaluation procedures:**

**5. Client information safeguards:**

**6. Law office or Paralegal office accounting record safeguards:**

**7. Disclosure to office staff and occupants:**

**8. Disclosure to clients and to lawyers and/or paralegals:**

**9. Other relevant information:**

## **ACKNOWLEDGEMENT REGARDING PLAN OF SUPERVISION**

I acknowledge that the information contained in this document accurately reflects the nature of the work and the types of tasks and functions that will be delegated to the former or suspended licensee. I acknowledge that I will ultimately be called upon to undertake to follow and comply with a Plan of Supervision, as approved by a panel of the Hearing Division of the Law Society Tribunal, and that I will be responsible for adherence to that plan.

**The Plan of Supervision will be provided by the Law Society to any person who submits a request to obtain it.**

**Date:**

**Signature of Applicant/Supervisor:**

**Signature of Witness:**

**Print Name:**

**Print Name:**

**Applications are generally approved for a defined term of three years at which time an application may be renewed or the applicant may be required to re-apply.**