



# Notice of Change of Information for Paralegal Licensees

**ONLY COMPLETE** if you have not already reported this change to the Client Service Centre.

By-Law 8 requires licensees to notify the Law Society immediately after any change in personal or business contact information. Please use the Law Society Portal to report changes, including the effective date.

## LAW SOCIETY NUMBER

### NAME

FIRST

INITIALS

LAST

.....

## CHANGE OF ADDRESS

Mail preferred at:

HOME

BUSINESS

Home Address:

Home Number:

Home Email Address:

Mobile Number

Please send my *Ontario Reports* to my:

Home email

Business email

CONFIDENTIAL

Business Name:

Business Address:

Business Number:

Fax Number:

## Business Email Address:

.....

## CHANGE OF STATUS

Previous Status

Previous Fee Category

100%

50%

25%

**New/Current status:** From the list below, select the status that best represents your current situation and provide the effective date.

- A. Sole Practitioner in Ontario *(This includes providing legal services under paralegal's name, providing legal services in association with another sole practitioner or professional business, or having employed paralegals)\*\**
- B. Partner in a Professional Business in Ontario\*\*
- C. Employee in a Professional Business in Ontario\*\*
- D. Associate in a Professional Business in Ontario *(providing legal services in the manner of an employed paralegal)\*\**

- E. Employed in Education in Ontario\*
- F. Employed in Government in Ontario\*
- G. Otherwise employed in Ontario\*
- K. Legal Clinic *(providing legal services)*
- H. Not Working

**Effective date of status change:**

DD/MM/YYYY

\* If you selected E, F or G as your status, please complete below:

Occupation:

Do you provide legal services?    Yes    No

**\*\*If you selected A, B, C or D as your status, or you answered yes to the question above please complete the required information on the second page of this form.**

**INSURANCE RELATED INFORMATION:**

**Insurance Required:**        Yes            No (*If you answered No, please go to section 2*)

Policy number:

Start date:

End date:

**Insurer:**            Name:

Address:

Phone:

Fax:

Email:

**Broker:**            Name:

Address:

Phone:

Fax:

Email:

\* attach a copy of the Certificate of Insurance

*By-Law 6:* The Law Society requires that all licensed paralegals carry a valid policy of professional liability insurance as outlined in By-Law 6, Part II, Section 12(1), unless otherwise exempt. Prior to the provision of legal services, licensees must provide written evidence of coverage.



**SECTION 2: Insurance not required:**

I do not need insurance coverage for the following reason (select only one):

I work under the direct supervision of a lawyer.

Lawyer's name

Law Society Number

Lawyer's signature

Other – Please provide details:

SIGNATURE

DATE