

FORM 2.20A
Notice of Change in Association of Practice

1. I presently practice with or am employed by _____ in the position of _____ (ie. sole practitioner, partner, associate or employee)
2. I, _____, give notice to the Society that I am continuing the active practice of law under a different arrangement as of _____, 20_____

I will continue to practice:

☐ (i) as a sole practitioner under the name and style of

OR ☐ (ii) in association with the firm/organization under the name and style of

and in the position of _____
(partner, associate, employee)

OR ☐ (iii) as an employee of a government department or agency, a local government authority, a corporation or other non-member of the Society under the name and style of

To request exemption from the Law Society's professional liability insurance policy, members must also file Form 2.22A.

3. Please provide your new contact information:

Business Address:

Mailing:

Courier:

Telephone:

Fax:

Website:

Business Email:

Home Address:

Mailing:

Telephone:

Personal Email:

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4. Pursuant to Rule 9.01.1, I consent to the Society providing information about allegations, complaints and disciplinary matters concerning me to _____ (*designated person*) whose courier and/or mailing address is:

Sole practitioners are not required to complete item 4

5. Please check either (a), (b) or (c):

(a) Annexed hereto is a letter and Form 5.07C, in accordance with Rule 2.20(1).

OR

(b) I am associating in practice with persons who are members of an existing firm who are not in contravention of Rule 5.07 and who will continue to use the same books of account as were previously operated by that firm.

OR

(c) Not applicable.

6. If you checked (a) in question 5, please provide the following details:

I will maintain or have access to the following trust accounts:

Name of Account:

Institution:

Account #:

7. Please check Yes, No or N/A: (If you answer No, please provide further details in writing)

Yes No NA

☐ ☐ ☐

(a) All my clients' matters have been completed and disposed of, or transferred to another member of the Law Society, and I do not have any open or outstanding client files or matters.

☐ ☐ ☐

(b) I am a sole practitioner and all trust funds and trust property for which I am responsible have been accounted for and paid over to the person(s) entitled to them, or transferred to another member of the Law Society.

☐ ☐ ☐

(c) I am a sole practitioner and I have closed all trust accounts maintained by me, and I undertake not to operate or maintain a new trust account unless authorized in writing by the Vice-President.

☐ ☐ ☐

(d) I do not hold trust funds or trust property for any client.

☐ ☐ ☐

(e) I am the firm's Designated Person pursuant to Rule 9.01.1. The name and address of the individual who has been designated by the firm to replace me is:

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8. Arrangements have been made and consent has been obtained from my clients to have their ongoing files and all trust funds and trust property turned over to a practising member in good standing of the Law Society of Newfoundland and Labrador, namely:

Please attach a separate sheet listing your intended disposition if ongoing matters are to be distributed to various members of the Law Society of Newfoundland and Labrador.

9. Inactive client files and records and financial and accounting records, including trust accounting records, will be stored in the following location(s):

and _____ has been appointed with full power and authority to arrange for, and permit, access of clients and the Society thereto as may be required in the future.

10. Please check either (a), (b) or (c) in each section below:

I presently pay my fees by:

- ☐ (a) 12 automatic debits
☐ (b) 3 installments
☐ (c) full payment at beginning of year

With my change in practice, my fee payment will change to:

- ☐ (a) 12 automatic debits
☐ (b) 3 installments
☐ (c) full payment at beginning of year

Concerning automatic debits, provide the following information as appropriate:

- ☐ (a) Please remove my name from the current automatic debits
☐ (b) I am entering sole practice and have completed the attached authorization for monthly debits
☐ (c) My firm pays fees by automatic debits. Please add me to their automatic debit program according to the banking information listed below:

Name of Account

Institution

Account #

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12. I certify that the information provided herein is accurate.

13. I undertake to advise the Vice-President immediately of any change in the foregoing information.

Dated at _____, this _____ day of _____, 20_____

Name of Member

Signature

A NEW FORM MUST BE FILED IMMEDIATELY UPON A CHANGE IN THE INFORMATION CONTAINED
IN THIS FORM