

Application for Commencement or Resumption of Practising Status
Form 2.21A

1. Personal Information

Preferred Pronouns:

Full Name:

Have you ever used a name other than the above?

- Yes
- No

If yes, provide the names you have used and when you used them:

***Note:** Applicants that have changed their name and/or adopted a spousal surname must provide a copy of their official name change certificate and/or marriage certificate.

Preferred Name (if different than above):

Date of Birth (dd/mm/yyyy):

Citizenship Status:

Language(s) Spoken:

Gender:

2. Home Contact Information

Street Address:

City/Town:

Province:

Country:

Postal Code:

Mobile Phone Number:

Home Phone Number:

Email:

3. Work Contact Information

Business/Employer Name:

Street Address:

City/Town:

Province:

Country:

Postal Code:

Mobile Phone Number:

Business Phone Number:

Email:

***Note:** You must notify the Law Society immediately after any change in address.

4. Preferred Method of Contact

I would prefer to be contacted by:

Work Email

Work Phone

Home Email

Home Phone

5. Law Society of Newfoundland and Labrador Information

Have you ever been a member of the Law Society of Newfoundland and Labrador?

Yes

No

If "Yes," provide the following information:

Law Society Roll Number:

Year Called to the Bar:

Date practising status ceased (dd/mm/yyyy):

Reason(s) you no longer hold practising status (if applicable):

6. Other Law Societies

Provide the following information regarding any law societies you are, or have been, a member of other than the Law Society of Newfoundland and Labrador (attach a separate sheet, if necessary):

Not applicable

Name of Law Society:

Date Called to the Bar:

Member Licence Number:

Current Status:

Reason(s) you no longer hold practising status (if applicable):

Name of Law Society:

Date Called to the Bar:

Member Licence Number:

Current Status:

Reason(s) you no longer hold practising status (if applicable):

***Note:** You need to arrange to have a current original Certificate of Standing from each law society you have been a member of, inside or outside Canada, forwarded directly from the governing body to the Law Society by email or post. To qualify as current, the Certificate of Standing must be less than 60 days old on the date you wish to resume practising status with the Law Society.

7. Work History

Provide your work/employment history from the date you obtained your law degree or were called to the Newfoundland and Labrador Bar (whichever is later) in chronological order from earliest to most recent (attach a separate sheet, if necessary).

Work History 1

Business/Employer Name:

Street Address:

City/Town:

Province:

Country:

Postal Code:

Date From (dd/mm/yyyy):

Date To (dd/mm/yyyy):

Describe your responsibilities in this position:

Reason(s) for leaving:

Work History 2

Business/Employer Name:

Street Address:

City/Town:

Province:

Country:

Postal Code:

Date From (dd/mm/yyyy):

Date To (dd/mm/yyyy):

Describe your responsibilities in this position:

Reason(s) for leaving:

Work History 3

Business/Employer Name:

Street Address:

City/Town:

Province:

Country:

Postal Code:

Date From (dd/mm/yyyy):

Date To (dd/mm/yyyy):

Describe your responsibilities in this position:

Reason(s) for leaving:

Work History 4

Business/Employer Name:

Street Address:

City/Town:

Province:

Country:

Postal Code:

Date From (dd/mm/yyyy):

Date To (dd/mm/yyyy):

Describe your responsibilities in this position:

Reason(s) for leaving:

8. Continuing Professional Development

Detail the activities you have undertaken, if any, to maintain your current working knowledge of the law in Newfoundland and Labrador and Canada (attach a separate sheet, if necessary).

***Note:** You are not required to complete this section if you attended the Bar Admission Course administered by the Law Society of Newfoundland and Labrador within the last 12 months.

9. Previous Addresses (Municipality, Province/State, Country is sufficient)

***Note:** You may be asked to provide a civil court search, bankruptcy search and/or criminal records search or equivalents, from each jurisdiction in which you have resided.

10. Future Work Intentions

Indicate how you intend to engage in the practise of law upon commencing, or being reinstated to, practicing status:

- Sole Practitioner
- Partner in a law firm
- Employed in a law firm
- Employed in government
- Other (specify):

Indicate the date you intend to commence or resume the active practice of law (dd/mm/yyyy):

Provide the contact information for the firm or organization you intend to practise law with:

Same as Business Contact Information provided in Section 3

Business/Employer Name:

Street Address:

City/Town:

Province:

Country:

Postal Code:

10A. Insurance

All practicing members of the Law Society who hold a practicing certificate are automatically insured through the Lawyers' Insurance Programme's Professional Liability Insurance Policy and will be invoiced accordingly.

Members may request to be removed from the Insurance Programme by checking the appropriate box and completing and/or submitting the required documentation.

Exemption

You are employed by the Newfoundland Legal Aid Commission, the Government of Canada, or the Province of Newfoundland and Labrador or an agency of the Crown in right of the Province, and will not work outside the scope of that employment. You may apply for exemption by completing Form 2.22, Insurance Exemption and attaching it with this Form 2.21A.

Insurance Fees Waived

You are a member in the province of _____, you maintain your principal office in that province, and you are insured under a similar mandatory plan in that Province which covers claims arising in Newfoundland and Labrador. You may apply to have your insurance fees waived by attaching a current Certificate of Insurance from your Law Society with this Form 2.21A.

11. Designated Person

In accordance with Rule 9.01.1, the designated person would receive information with respect to allegations, complaints, and disciplinary matters involving a member of the law firm. Unless otherwise authorized by the Director of Professional Responsibility, the person designated shall be a member of the Law Society.

The designated person for my law firm is:

Name(s):

Street Address:

City/Town:

Province:

Country:

Postal Code:

Phone Number:

Email:

OR:

- I am a sole practitioner and this question is not applicable

12. Good Character and Reputation

***Note:** If you answer "yes" to any of the following questions, you must provide full details in the text box(es) provided. You may provide additional documentation if necessary.

- a) Have you ever been found guilty of any criminal offence, or any other offence involving breach of trust or dishonesty?

Yes

No

- b) Have you ever been adjudged in any legal proceedings with bankruptcy, insolvency or have you ever filed a voluntary petition or assignment in bankruptcy?

Yes

No

- c) Are there any outstanding civil judgments or criminal charges outstanding against you?

Yes

No

d) Have you ever been suspended, disqualified, censured or had disciplinary action instituted against you as a member of any professional organization (please include whether you are currently the subject of any allegation/investigation by a professional organization)?

Yes

No

e) Have you ever been denied, or had revoked, any licence or permit for which proof of good character was required?

Yes

No

f) Are you aware of any event, circumstance, condition, or matter not disclosed in your responses to the preceding questions that may relate to your conduct, character, or reputation, and that you know or reasonably believe could impede your admission to the Law Society or warrant further inquiry?

Yes

No

- g) Are there any current or past restrictions or limitations on your right to practise law, including any restrictions or limitations on your authority to operate a trust account?
- Yes
 - No

13. Trust Account Information

Please note that, unless you maintain a trust account in Newfoundland and Labrador, you are not permitted to accept trust funds on behalf of NL clients under any circumstances, including the receipt of retainers.

Please check one of the following:

- (a) I will be opening and operating a new trust account(s) and have attached Form 5.07C in accordance with Rule 2.21(1)(b).
- (b) I am associating in practice with persons who are members of an existing firm who are not in contravention of Rule 5.07 who will continue to use the same accounts outlined in the Annual Trust Account Report filed by those members or that firm.
- (c) N/A

If you checked (a), please provide the following details regarding the trust account(s) you will have access to:

Name of Account:

Institution:

Account Number:

14. Fee Payments

I undertake to pay my fees by:

- 12 automatic debits
- 3 installments
- Full payment at beginning of year

Please indicate how you will be paying your fees:

- I am paying via 12 automatic debits and have completed the authorization form for monthly debits contained in Schedule A.
- Either I or my firm/organization will pay fees by electronic funds transfer or certified cheque upon being invoiced.

15. Authorizations, Undertakings, and Other Matters

I hereby grant to the Law Society full authority to request information about any of the matters referred to in this application, including those relating to allegations/investigations and complaints, from any person, entity or organization, and I authorize such person, entity or organization to provide all information requested.

I hereby undertake to meet all of my obligations as a member pursuant to all of the Rules and requirements of the Law Society.

I understand that:

- (i) a member may be designated as non-practising by the Benchers if that member has not been actively engaged in the practice of law for a period of three (3) years, pursuant to s. 32(3) of the Law Society Act, 1999, SNL 1999, Ch. L-9.1;
- (ii) in order to request an exemption from the Law Society's professional liability insurance policy, I must also file Form 2.22A;
- (iii) if I am a resigned/former member of the Law Society, then I shall be required to pay the applicable fee prior to having my practising status reinstated.

I certify that the information provided herein is accurate and complete and I undertake to advise the Law Society immediately of any change(s).

16. Electronic Signatures

This document may be executed by an electronic signature, which may include a person's digital signature or a person's typed name in the space provided below, and such signature shall have the same effect as a handwritten signature. If the signature is a typed name, the document should be delivered from an email account associated with the person signing in this fashion.

Signature of Applicant

Date (mm/dd/yyyy)

Schedule A
Authorization for Pre-Authorized Monthly Debits
Practising Insured Membership Fees

1. Member Information

Member Name:

Firm / Organization:

This authorization relates to monthly payments owing to the Law Society of Newfoundland and Labrador for the member's membership fees, insurance fees, levies, taxes, adjustments, or other related amounts payable by or on behalf of the member.

2. Payor / Account Holder Information

Name of Payor / Account Holder:

Relationship to Member:

- Member
- Firm / Employer
- Other:

Email:

Telephone:

3. Authorization

The undersigned authorizes the Law Society of Newfoundland and Labrador to debit the account identified in the attached void cheque or pre-authorized debit form for monthly payments related to the member identified above.

The debits will be processed on or about the 20th day of each month, or the next business day if the 20th day is not a business day.

Initial Monthly Amount: \$

The undersigned acknowledges and agrees that the monthly amount may increase or decrease from time to time as a result of changes to membership fees, insurance fees, levies, taxes, adjustments, member status, insurance status, or other amounts payable to the Law Society.

The Law Society will, to the best of its ability, provide written notice of any change in the amount to be debited before the change takes effect.

4. Authority to Sign

The undersigned confirms that they are authorized to sign this pre-authorized debit agreement on behalf of the Payor / Account Holder.

Where more than one signature is required to authorize debits from the account, all required signing authorities must sign this form.

5. Changes or Cancellation

The Payor / Account Holder must notify the Law Society in writing of any change to the banking information provided with this authorization.

The Payor / Account Holder may cancel this authorization by providing written notice to the Law Society. Cancellation of this authorization does not cancel or reduce any amount owing to the Law Society. If this authorization is cancelled, the member remains responsible for ensuring that all membership fees, insurance fees, levies, taxes, adjustments, or other amounts owing to the Law Society are paid by another approved payment method.

6. Recourse and Reimbursement Rights

The Payor / Account Holder has certain recourse rights if a debit is not consistent with this authorization. For example, the Payor / Account Holder may be entitled to reimbursement if a debit was not authorized, was not drawn in accordance with this authorization, was drawn after this authorization was cancelled, or was posted to the wrong account because of incorrect account information. Any request for reimbursement must be made by written notice from the undersigned within 90 days of the debit in question. Where reimbursement is required, the Law Society will reimburse the amount to the account from which the debit was withdrawn.

7. Electronic Signatures

This document may be executed by an electronic signature, which may include a person's digital signature or a person's typed name in the space provided below, and such signature shall have the same effect as a handwritten signature. If the signature is a typed name, the document should be delivered from an email account associated with the person signing in this fashion.

8. Member Acknowledgment

I acknowledge that this authorization has been provided for monthly payments related to my membership and insurance fees. I understand that cancellation or failure of this authorization does not relieve me of responsibility for any amounts owing to the Law Society.

Member Name:

Member Signature:

Date:

9. Signing Authority Authorization

Signing Authority 1

Name:

Position:

Signature:

Date:

Signing Authority 2 (if required)

Name:

Position:

Signature:

Date:

This authorization must be accompanied by a void cheque or pre-authorized debit form completed by the relevant financial institution.

Schedule B Copyright Declaration

This Declaration shall apply to anyone, including library staff, using the library copiers and printers to make copies. Copies shall refer to all forms of reproduction, both print and electronic. The Law Society of Newfoundland and Labrador Law Library subscribes to the principles of Fair Dealing under the Copyright Act, RSC 1985, c C-42, as periodically amended.

This means that no more than 10% of a book/library resource **OR** one article/case from a journal or case citator may be photocopied/reproduced from library materials for or by an individual, and all copying must be for personal use/research only (i.e., not for sale).*

*Per the Supreme Court of Canada: "research for the purpose of advising clients, giving opinions, arguing cases, preparing briefs and factums is nonetheless research ... Lawyers carrying on the business of law for profit are conducting research within the meaning of [fair dealing]."

(CCH Canadian Ltd. v. Law Society of Upper Canada , [2004] 1 SCR 339, 2004 SCC 13 (CanLII))

I hereby declare that:

1. I have read and understand the Copyright Declaration included as part of this form 2.21A and which outlines the terms of use of the Library copiers and printers, and the terms under which the Law Society of Newfoundland and Labrador will fulfill copying (in all formats) requests.
2. My use of Library photocopiers and requests for copies to the Law Society of Newfoundland and Labrador Law Library satisfies every and all terms set out in the Declaration, including those instances where I may direct another person to copy on my behalf.
3. In particular, but without limitation, I understand that all copies I have made or requested will be provided to me only under the following express conditions:
 - a. that such copies will not be incorporated by me into another book, article or other work to be sold in financial competition with the original works that are copied; and
 - b. that further copies of the copies will not be made and distributed to others, except for additional copies which may be required for submission to a court or tribunal, or for the client or other counsel for that research purpose.
4. If any of the copies I have requested or made are intended for another person's use, I will take responsibility to ensure that all such copies are used only in a manner consistent with the terms set out in the Copyright Act, as periodically amended.
5. I understand and acknowledge that renewal of my membership with the Law Society of

Newfoundland and Labrador automatically renews my Library Copying Declaration. I declare I shall abide by the terms of the Copyright Act, as periodically amended while I am a member of the Law Society of Newfoundland and Labrador.

Electronic Signatures

This document may be executed by an electronic signature, which may include a person's digital signature or a person's typed name in the space provided below, and such signature shall have the same effect as a handwritten signature. If the signature is a typed name, the document should be delivered from an email account associated with the person signing in this fashion.

Signature of Applicant

Date (mm/dd/yyyy)

Schedule C Demographic Information

The Law Society is gathering statistics on the composition of the profession to better understand demographic trends in the profession, develop programs and initiatives within the mandate of the Law Society and promote equality and diversity in the profession. While this section is voluntary and the information collected will be kept confidential, we encourage all applicants to answer this question to enhance the reliability of the data. The information will only be available in aggregate form and will not be used to identify individual candidates.

- a) We know that people of different races do not have significantly different genetics. But our race still has important consequences, including how we are treated by different individuals and institutions. Which race category best describes you? Check all that apply:

Black (e.g. African, Afro-Caribbean, African Canadian descent)

East/Southeast Asian (e.g. Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)

Indigenous (e.g. First Nations, Inuk/Inuit, and/or Metis)

Latino (e.g. Latin American, Hispanic descent)

Middle Eastern (e.g. Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish))

South Asian (e.g. South Asian descent (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan), White (e.g. European descent)

Another race category (please specify):

Do not know

Prefer not to answer

- Do you identify as First Nations, Inuk/Inuit, and/or Metis?

Yes, First Nations

Yes, Inuk/Inuit

Yes, Metis

No

Prefer not to answer

If you identify as First Nations, Inuk/Inuit, and/or Metis, to which region and/or nation do you belong?

- Do you identify as Francophone?
 - Yes
 - No
 - Prefer not to answer

- To which gender identity do you most identify?
 - Female
 - Male
 - Non-binary
 - Gender non-conforming
 - Prefer not to answer
 - Other

- Do you identify as 2SLGBTQIA+?
 - Yes
 - No
 - Prefer not to answer

- Do you identify as a person with a disability?
 - Yes
 - No
 - Prefer not to answer

- To which religion do you most identify?
 - Atheist
 - Buddhist
 - Roman Catholic
 - Other Christian, such as Eastern Orthodox or Ukrainian
 - Catholic Hindu
 - Jewish
 - Muslim
 - Protestant
 - Sikh
 - No religion
 - Other (please specify): _____