

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:

Telephone: _____

Personal Email: _____

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. For the purpose of the Trust Account Rules, the fiscal year end of my practice will be:

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

(a) Annexed hereto is Form 5.06C and a letter of an Accountant as defined in Rule 5.01(a), 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 5.06 and who will continue to use the same books of account as were previously operated by that firm.

OR

(c) Not Applicable

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

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

<u>Name of Account</u>	<u>Institution</u>	<u>Account #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (a) All my clients' matters have been completed and disposed of, and I do not have any open or outstanding client files or matters. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (b) I do not hold trust funds or trust property for any client. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (c) 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (d) I have made the following arrangements for the holding and disbursement of existing trust funds and for the continued operation, if any, of the trust accounts presently being maintained by me:

_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (e) All trust funds and trust property for which I am responsible have been accounted for and are now being held in trust by another lawyer or person to or for the benefit of the person(s) entitled. Please provide details.

_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (f) I have closed all trust accounts maintained by me, and I undertake not to operate or maintain a new trust account and not to operate or maintain any existing trust account except as may otherwise be authorized in writing by the Vice-President. |

9. Arrangements have been made and consent has been obtained from my clients to have their ongoing files 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.

10. 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.

11. 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:

Bank Institution Number

Bank Transit Number

Bank Account Number

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

Countersigned by a partner of law firm if paragraph 6(b) is applicable

Name of Partner

Signature

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

Pre-Authorized Monthly Debits for Practice Fees and Insurance

TERMS AND CONDITIONS

I (We) authorize the Law Society of Newfoundland and Labrador (the Payee) to debit my (our) account as indicated on the attached "voided" cheque under the terms and conditions agreed to by me (us) with the Payee until such time as written notice to the contrary is given.

I (We) acknowledge that the delivery of my (our) authorization to the Payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization. Termination of the authorization does not terminate my (our) responsibilities to the Law Society of Newfoundland and Labrador for practice and insurance fees.

I (We) will notify the Payee in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.

Items charged under any of the following conditions will be reimbursed subject to written notification by me (us) to the branch of account within 90 days.

- (a) I (We), never provided authorization to the Payee;
- (b) The pre-authorized debit was not drawn in accordance with my (our) authorization;
- (c) My (Our) authorization was revoked; or
- (d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the Payee

I (We) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.

Pre-authorized Payment Authorization (Please complete all information)

Member _____

Firm/Address _____

Telephone/Contact Information _____

I (We) authorize the Law Society of Newfoundland and Labrador to process a debit, in paper, electronic or other form in the amount of \$ _____ on my (our) account on the 20th day of each month, beginning _____, 20___. I (We) agree that this amount may be increased/decreased by the Law Society of Newfoundland and Labrador at a future date.

The Law Society of Newfoundland and Labrador will, to the best of its ability, advise me (us) in writing, of any change in the amount to be debited in advance of its effective date.

I (We) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization and that I (we) have received a copy.

Signature

Date

Signature

Date

Please remember to attach a "voided" cheque to this authorization.