

Everything we do... is in the public interest.

196-198 Water Street, P.O. Box 1028, St. John's, NL, A1C 5M3 Tel: (709) 722-4740 | Fax: (709) 722-8902 | Email: thelawsociety@lsnl.ca

FORM 2.21A

Application for Commencement or Resumption of Practising Status

Personal Information	
Preferred Pronouns:	
Full Name:	
Have you ever used a name other than the above?	☐ No ☐ Yes
If yes, provide the names you have used and when you	used them:
* * * * * * * * * * * * * * * * * * * *	I/or adopted a spousal surname must provide a copy of ficate 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

Preferred Method of Contact I would prefer to be contacted by: (i) Email Phone	
(ii) Work Home	
Law Society of Newfoundland and Labrador Info Have you previously been called to the Law Society	
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 a	
Date Called to the Bar: Member Licence Number:	aw societies you are, or have been, a member of other than attach a separate sheet, if necessary): Not applicable
Current Status:	
Reason(s) you no longer hold practising status (if a	applicable):
Name of Law Society:	
Date Called to the Bar: Member Licence Number: Current Status: Reason(s) you no longer hold practising status (if a	annicahla):

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/yyy): Date To (dd/mm/yyy): 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/yyy): Date To (dd/mm/yyy): 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/yyy):	
Date To (dd/mm/yyy):	
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/yyy):	
Date To (dd/mm/yyy):	
Describe your responsibilities in this position:	
Reason(s) for leaving:	

8.	Continuing Professional Development						
	Detail the activities you have undertaken, if a	-	-			•	•
	law in Newfoundland and Labrador and Can	ada (attach a sej	par	ate snee	i, ii nece	ssary)	
	Note: You are not required to comp administered by the Law Society of		_				
9.	Previous Addressess						
	Note: You may be asked to provide a civil cou			•	ch and/o	or crin	ninal records
	search or equivalents, from each jurisdiction	in which you na	ave	resided.			
10	Future Work Intentions						
	Indicate how you intend to engage in the practice.	ctise of law upor	n c	ommeno	cing, or l	being r	reinstated to,
	practicing status:						
		Partner in a law	firr	n			Employed in a law firm
		Other (specify)					
	Indicate the date you intend to commence or	resume the acti	ive	practice	of law (dd/mr	m/yyyy):
	Provide the contact information for the firm	· ·	,		to prac	tise lav	w with:
	Same as Business Contact Information	orovided in Secti	ion	3			
	Business/Employer Name:						
	Street Address:						
	City/Town:						
	Province:						
	Country:						
	Postal Code:						
	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? NO YES 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? NO YES

c. Are there any outstanding civil judgments or criminal charges outstanding against you? NO YES
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)? NO YES
e. Have you ever been denied or had revoked any license or permit which required proof of good character? NO YES
f. Is there to your knowledge or belief any event, circumstance, condition or matter not disclosed in your replies to the preceding questions which may concern your conduct, character and reputation that you know or believe may imped your admission to, or matter warranting further inquiry by, the Law Society? NO YES
g. Are there presently, or have there ever been, any restrictions or limitations with regards to your right to operate a law practice, including any past or present restrictions or limitations regarding your right to operate a trust fund? NO YES

13. Trust Account Information Please check one of the following: (a) Annexed hereto is a letter and Form 5.07C, in accordance with Rule 2.21(1). (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 payments at beginning of year Please indicate how you will be paying your fees: I am entering sole practice and have completed the authorization for monthly debits contained in this form. My firm/organization 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: Either I or my firm/organization will pay fees by electronic funds transfer 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).

Electronic Signature

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.

	Date (mm/dd/yyyy):	
Signature of Applicant		
Favr 2014		
Form 2.21A		
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Schedule A Authorization for Pre-Authorized Monthly Debits for Payments Related to Practice Fees and Insurance

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.

Member Name:	
Firm Address	
Street Address:	
City/Town:	
Province:	
Country:	
Postal Code:	
Phone Number:	
Email:	

Form 2.21A

Application for Commencement or Resumption of Practising Status

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June 2023

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 (dd/mm/yyyy) . 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.
Electronic Signature
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.
Date (mm/dd/yyyy):
Signature of Applicant
Note: This authorization must be accompanied by a void cheque or pre-authorized debit form completed by the relevant financial institution.
Form 2.21A

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Application for Commencement or Resumption of Practising Status

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 Signature

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:	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 <u>voluntary</u> 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 still has important consequences, including how we	
institutions. Which race category best describes you	· · · · · · · · · · · · · · · · · · ·
Black (e.g. African, Afro-Caribbean, African Canad	lian descent)
East/Southeast Asian (e.g. Chinese, Korean, Japane:	se, Taiwanese descent or Filipino,
Vietnamese, Cambodian, Thai, Indonesian, other S	outheast Asian descent)
Indigenous (e.g. First Nations, Inuk/Inuit, and/or N	Metis)
Latino (e.g. Latin American, Hispanic descent)	
Middle Eastern (e.g. Arab, Persian, West Asian desc	cent (e.g., Afghan, Egyptian, Iranian,
Lebanese, Turkish, Kurdish))	
South Asian (e.g. South Asian descent (e.g., East Inc	dian, Pakistani, Bangladeshi, Sri Lankan,
White (e.g. European descent)	
Another race category (please specify)	
Do not know	
Prefer not to answer	
(b) Do you identify as First Nations, Inuk/Inuit, and/or	Metis?
Yes, First Nations	TVICTIS.
Yes, Inuk/Inuit	
Yes, Metis	
No	
Prefer not to answer	
If you identify as First Nations, Inuk/Inuit, and/or Metis	s, to which region and/or nation do you
belong?	
(c) Do you identify as Francophone?	
Yes	
No	
Prefer not to answer	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Female Male Non-binary Gender non-conforming Prefer not to answer Other: (e) Do you identify as 2SLGBTQIA+? Yes No Prefer not to answer (f) Do you identify as a person with a disability? Yes No Prefer not to answer (f) 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):	(d) To which gender identity do you most identify?
Non-binary Gender non-conforming Prefer not to answer Other: (e) Do you identify as 2SLGBTQIA+? Yes No Prefer not to answer (f) Do you identify as a person with a disability? Yes No Prefer not to answer (f) 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	Female Female
Gender non-conforming Prefer not to answer Other: (e) Do you identify as 2SLGBTQIA+? Yes No Prefer not to answer (f) Do you identify as a person with a disability? Yes No Prefer not to answer (f) 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	Male Male
 □ Prefer not to answer □ Other: □ Yes □ No □ Prefer not to answer (f) Do you identify as a person with a disability? □ Yes □ No □ Prefer not to answer (f) 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 	Non-binary
Other: Other: Yes	Gender non-conforming
(e) Do you identify as 2SLGBTQIA+? Yes No Prefer not to answer (f) Do you identify as a person with a disability? Yes No Prefer not to answer (f) 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	Prefer not to answer
Yes	Other:
Yes	() Day was blood for a 201 CDTOIA 2
No Prefer not to answer (f) Do you identify as a person with a disability? Yes No Prefer not to answer (f) 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	
Prefer not to answer (f) Do you identify as a person with a disability? Yes No Prefer not to answer (f) 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	
(f) Do you identify as a person with a disability? Yes No Prefer not to answer (f) 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	
Yes No Prefer not to answer (f) 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	Trefer not to answer
No Prefer not to answer (f) 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	
Prefer not to answer (f) 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	
(f) 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	
Atheist Buddhist Roman Catholic Other Christian, such as Eastern Orthodox or Ukrainian Catholic Hindu Jewish Muslim Protestant Sikh No religion	Prefer not to answer
Buddhist Roman Catholic Other Christian, such as Eastern Orthodox or Ukrainian Catholic Hindu Jewish Muslim Protestant Sikh No religion	(f) To which religion do you most identify?
Roman Catholic Other Christian, such as Eastern Orthodox or Ukrainian Catholic Hindu Jewish Muslim Protestant Sikh No religion	Atheist
Other Christian, such as Eastern Orthodox or Ukrainian Catholic Hindu Jewish Muslim Protestant Sikh No religion	Buddhist
Catholic Hindu Jewish Muslim Protestant Sikh No religion	Roman Catholic
Jewish Muslim Protestant Sikh No religion	
Muslim Protestant Sikh No religion	
Protestant Sikh No religion	
Sikh No religion	
No religion	
<u></u>	
Utner (please specify):	
	Other (please specify):