

Law Society of Yukon

#304 – 104 Elliott Street
Whitehorse, Yukon Y1A 0M2
Phone: 867-668-4231
Fax: 867-667-7556

FORM 13

Annual Practice and Professional Liability Insurance Declaration

Name

Last Name	First Name	Middle Name(s)
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Business Address

Name of Firm/Employer			
Street			
City	Province/Territory	Country	Postal Code
Telephone ()	Fax ()	E-mail Address	

1. Do you wish to have a membership card mailed to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you or your firm maintain a trust account in the Yukon Territory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that in the event I do set up a trust account in the Yukon Territory, I must notify the Law Society and comply with the Legal Profession Act, Rules and requirements of the Law Society of Yukon.		
3. Fees for the year 20____ are attached in the following amounts:		
Practicing - \$1,100 (plus GST \$1,155)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non-Practicing \$300 (plus GST \$315)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retired Member of \$25 (plus GST \$26.25)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Fund Levy of \$100 (plus GST \$105)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exemption from Special Fund Levy		
I undertake that I have read Sections 45, 47 and 49 of the <i>Legal Profession Act</i> and understand the requirements and provisions of the Special Fund. I am exempt from paying the Special Fund Levy for the following reason:		
<input type="checkbox"/>	No property that belongs to another person will be entrusted to or received by me in my capacity as a barrister or solicitor.	
OR		
<input type="checkbox"/>	I am a public officer or a member of the public service of the Yukon Territory or Canada. I undertake that should the above-noted situation change, I will immediately notify the Law Society of Yukon and make immediate remittance to the Law Society of Yukon of the Special Fund Levy.	

Please complete *either* Box A *or* Box B

Complete **Box A** if there is a professional liability insurance policy in effect for your practice of law in the Yukon Territory which complies with the requirements of the *Legal Profession Act* and Rules of the Law Society of Yukon.

BOX A

- I have read and understand all the requirements of Section 54 of the *Legal Profession Act* and Rules 171 through 177.1 inclusive;
- as of the date of this declaration, there is in effect a policy of professional liability insurance in respect of my practice of law in the Yukon Territory which complies with the requirements of the *Legal Profession Act* and Rules of the Law Society of Yukon made pursuant thereto; and
- the policy of professional liability insurance referred to above is evidenced by a contract of insurance with _____
 _____ (name of insurance company)
 which contract expires on the _____ day of _____, 20_____.

The policy of professional liability insurance referred to above contains conditions, restrictions, or limitations on the area(s) of law in which I practise. Yes No
 If you answered “Yes”, please provide the details:

- I have complied with all the provisions of the *Legal Profession Act* and Rules of the Law Society of Yukon in respect of professional liability insurance.

Complete **Box B** if, pursuant to Section 54(2) of the *Legal Profession Act*, **you qualify for exemption** from the requirement for professional liability insurance.

BOX B

I hereby certify that:

- I have read and understand all the requirements of Section 54 of the *Legal Profession Act* and Rules of the Law Society of Yukon 171 through 177.1 inclusive;
- pursuant to Section 54(2) of the *Legal Profession Act* I qualify for exemption from the requirement for liability insurance in as much as: **(please check appropriate box)**
 - I am a non-practicing or retired member;
 - I practice exclusively as an employee for an employer who does not practice law, and do not practice on my own account apart from such employment; or,
 - I act exclusively as an employee of a government or a government agency and do not practice on my own account apart from such employment;
- in the event that at any time I do not qualify for exemption from the requirement for professional liability insurance as set out in Section 54 of the *Legal Profession Act* I will forthwith notify the Secretary of the Society of this change in status and will take all steps necessary in order to comply with all of the provisions of the *Legal Profession Act* and Rules of the Law Society of Yukon pursuant thereto in respect of professional liability insurance; and
- I have complied with all the provisions of the *Legal Profession Act* and Rules of the Law Society of Yukon in respect of professional liability insurance.

Continuing Professional Development Report

All members who had practicing status in 2017 must report their 12 hours of continuing professional development activities completed in 2017. *(If necessary refer to CPD Guidelines on the Law Society website.)*

Exemptions:

- I am a member of another Canadian Law Society and am subject to a comparable (see Guidelines) CPD requirement and have completed that requirement for the Law Society of: _____.
(name of jurisdiction)
- I completed a bar admission course during the reporting year.
- I was a non-practicing or retired member.

Course Name	Provider <small>eg - CBA, In-house, Law Society, etc.</small>	Format <small>eg – in person, DVD review (group or individual review), seminar/meeting, teleconference seminar, webinar/web based course, etc</small>	Your Role <small>eg – attendee or presenter, author, instructor (you must list separately hours spent as attendee and hours spent as presenter or instructor)</small>	Date <small>(day/mo.)</small>	Hours
TOTAL HOURS					

I certify that the information I have provided in or annexed to this Form is correct.

Signature of member _____
Date

Voluntary Practice Area Disclosure Questionnaire for Lawyers in Private Practice

Name: _____
Please print (last name) (first name)

Background

The Law Society of Yukon [LSY] frequently receives requests from members of the public looking for legal assistance in a particular practice area. The purpose of this questionnaire is to enable the LSY to direct the public to lawyers who practice in a particular area of law.

Completing this questionnaire is voluntary. Should you decide to complete this questionnaire; the LSY will publish your name on its Website under the areas of practice you identified.

Please also indicate if you are willing to travel outside of Whitehorse to provide legal services and in what languages you can provide legal services.

Please indicate your areas of practice:

- | | |
|--|--|
| <input type="checkbox"/> Aboriginal Law | <input type="checkbox"/> Administrative Law |
| <input type="checkbox"/> Civil Litigation | <input type="checkbox"/> Conveyancing/ Real Estate Law |
| <input type="checkbox"/> Corporate/ Commercial Law | <input type="checkbox"/> Criminal Law |
| <input type="checkbox"/> Debtor/ Creditor Law | <input type="checkbox"/> Family Law |
| <input type="checkbox"/> Immigration Law | <input type="checkbox"/> Labour/ Employment Law |
| <input type="checkbox"/> Landlord/Tenant/Residential Tenancies Law | <input type="checkbox"/> Personal Injury Law |
| <input type="checkbox"/> Tax Law | <input type="checkbox"/> Wills & Estates Law |
| <input type="checkbox"/> Young Offenders/Youth Matters | <input type="checkbox"/> Other _____ |

Travel: Are you willing to provide legal services outside of Whitehorse? Yes No

Language: The LSY often receives requests for lawyers in private practice who speak languages other than English. Please advise if you speak another language well enough to represent clients in that language. Language(s) Spoken: _____

I give the Law Society of Yukon permission to publish the information provided above on the Law Society of Yukon website.

Signature of LSY member

Date