

# Law Society of Yukon

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

## FORM 27 Application for Reinstatement

Complete this application fully and precisely: **omissions or inaccuracies in your answers may delay your reinstatement.**

### Name

Last Name	First Name	Middle Name(s)
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### Address

Name of Firm/Employer			
Street			
City	Province/Territory	Country	Postal Code
Telephone Work (    ) Home (    )	Fax (    )	E-mail Address	
Date of Birth	Year:	Month:	Day:
Place of Birth:			
STAPLE YOUR PHOTOGRAPH HERE		Attach a photograph. Photo must be of passport type and taken approximately within one month of this application.	
1. Date of prior call and admission in Yukon Territory?			
2. Please indicate when and why you ceased to be a member of the Law Society of Yukon? Date:  Reason:			

3. If reinstated in the Yukon Territory, do you intend to practice law here:  Yes  No

If “yes”, provide the date you will begin practising.

If “no”, state your reasons for requesting reinstatement in the Yukon Territory.

4. Do you have a Canadian common law degree?  Yes  No

Name of University where degree obtained: \_\_\_\_\_

If you are authorized to practice as a lawyer in the province of Quebec, are you a member of the Barreau du Quebec through the Mutual Recognition of Professional Qualifications Agreement entered into by the Barreau du Quebec and the National Bar Council of France?  N/A  Yes  No

5. Have your academic credentials been evaluated by the National Committee on Accreditation?  N/A  Yes

If yes, please attach your National Committee on Accreditation Certificate of Qualification.

6. Have you ever changed your name?  Yes  No

If your name has been changed, state particulars (i.e. from what to what, why and when). If the change was made by Court Order, attach a certified true copy of the Order.

7. State the name of every law society of which you **are now or have ever been** a member.

<u>Name of Jurisdiction</u>	<u>Date of Call and Admission</u>	<u>Are you Currently a Member?</u>	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8(a). Are you aware of any claims or possible claims against your policy of professional liability insurance?  Yes  No

8(b). Have any claims ever been made against you as a member of the societies listed above?  Yes  No

**If yes to any of the above questions, give full details, including dates.**

9. Since the date of your first call and admission to the practice of law have you at any time not been actively engaged in the practice of law?  Yes  No

If yes, state the following:

a) For what period or periods of time were you not engaged in the active practice of law?

b) For what reason were you not actively engaged in the practice of law?

10. State the name and mailing address of each firm with which you have been associated in any way during the five years immediately preceding the date of this application (if self-employed, give business addresses).

11. Provide names and business addresses of two professional references who are members of each law society of which you are now a member.

a)

b)

12. Have you ever been charged with any offence?  Yes  No

**If yes, give full details, including dates.**

13. Have you ever been convicted of any offence?  Yes  No

**If yes, give full details, including dates.**

14. Have you:

a) been suspended, disqualified, censured, or had disciplinary action instituted against you as a member of any profession or organization?  Yes  No

b) been denied or had revoked any licence or permit, the procurement of which required proof of good moral character?  Yes  No

c) been charged in any legal proceeding with bankruptcy, insolvency, or filed a voluntary petition in bankruptcy?  Yes  No

d) at any time not obeyed any Order of any Court requiring you to do or abstain from doing any act?  Yes  No

e) been a defendant in any civil action?  Yes  No

f) been refused admittance to any professional body or law society?  Yes  No

**If yes to any of the above questions, give full details, including dates.**

15. Are there any civil judgments outstanding against you?  Yes  No

**If yes, give full details, including dates.**

16. Are there any civil actions pending which might result in judgments against you?  Yes  No

**If yes, give full details, including dates.**

17. Have you ever been under treatment for any mental illness?  Yes  No

**If yes, give full details, including dates.**

<p>18. Have you ever been under treatment for alcoholism or drug addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, give full details, including dates.</b></p>
<p>19. Are you aware of any professional complaint, discipline matter or criminal charge pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, give full details, including dates.</b></p>
<p>20. I will maintain a clients' trust account in the Yukon Territory. <input type="checkbox"/> Yes <input type="checkbox"/> No                  If I have checked "No" and if I do set up a client's trust account in the Yukon Territory, I will immediately notify the Law Society of Yukon and I will comply with the Rules of the Law Society of Yukon and any other requirements of the Law Society of Yukon.</p>

**Declaration - Professional Liability Insurance (Form 13)**  
**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**

<ul style="list-style-type: none"> <li>• I have read and understand all the requirements of Section 54 of the <i>Legal Profession Act</i> and Rules 171 through 177.1 inclusive;</li> <li>• 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 <i>Legal Profession Act</i> and Rules of the Law Society of Yukon made pursuant thereto; and</li> <li>• the policy of professional liability insurance referred to above is evidenced by a contract of insurance with  <div style="text-align: center; border-top: 1px solid black; width: 80%; margin: 5px auto;">                     _____                      (name of insurance company)                 </div>                     which contract expires on the _____ day of _____, 20_____.                 </li> </ul> <p>The policy of professional liability insurance referred to above contains conditions, restrictions, or limitations on the area(s) of law in which I practise. <input type="checkbox"/> Yes <input type="checkbox"/> No                  If you answered "Yes", please provide the details:  <div style="border-top: 1px solid black; width: 80%; margin: 5px auto; height: 20px;"></div> </p> <ul style="list-style-type: none"> <li>• I have complied with all the provisions of the <i>Legal Profession Act</i> and the Rules of the Law Society of Yukon in respect of professional liability insurance.</li> </ul>
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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 because: **(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.

My fees are attached in the following amounts:

Application Fee		
• \$200 Reinstatement after Resignation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• \$300 Reinstatement after Suspension	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• \$500 Reinstatement after having been Struck	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual Membership Fee of \$1,100	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Fund Levy of \$100	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GST	<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 *Legal Profession Act* and understand the requirements and provisions of the Special Fund. I am exempt from paying the Special Fund Levy for the following reason:

No property that belongs to another person will be entrusted to or received by me in my capacity as a barrister or solicitor.

**OR**

I am a public officer or a member of the public service of the Yukon Territory or Canada.

**DECLARATION OF APPLICANT**

I, \_\_\_\_\_, do solemnly declare that:

- 1. I am the applicant described in this application;
- 2. I have personal knowledge of the information I have provided in this application;
- 3. the information is true, accurate, and complete; and

I make this solemn declaration conscientiously believing it to be true and knowing that it has the same legal force and effect as if made under oath.

Declared before me at the \_\_\_\_\_ of )  
 \_\_\_\_\_ in the )  
 Province/Territory of \_\_\_\_\_, )  
 this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. )

\_\_\_\_\_)  
 \_\_\_\_\_) )  
 Notary Public or Commissioner for taking Oaths )  
 in and for the Province/Territory of )  
 \_\_\_\_\_) )

\_\_\_\_\_) Applicant's Signature

**APPLICANT'S AUTHORIZATION AND UNDERTAKING**

I, \_\_\_\_\_, the applicant in this application for reinstatement

- 1. grant to the Law Society of Yukon permission to ask any person, government, educational institution, financial institution, police force, military authority, governing body, or other organization about anything relevant to my application for admission to the Law Society of Yukon;
- 2. authorize any person, government, educational institution, financial institution, police force, military authority, governing body, or other organization enquired of under this authorization to provide the Law Society of Yukon all information or documents requested by that Society;
- 3. undertake that, if admitted to membership in the Law Society of Yukon, I will comply with the *Legal Profession Act*, the Rules of the Law Society of Yukon, and the Codes of Professional Conduct.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant