

**FORM 30**  
(Rule 179)  
**STATUTORY DECLARATION**

**Instructions**

This Statutory Declaration must be filed within six months from the end of your financial year.

I, \_\_\_\_\_, a member of the Law Society of Yukon do solemnly declare that for the reporting period reported below or since the last filing with the Society under the provisions of Section 64 of the *Legal Profession Act*:

Reporting Period: FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Day, Month, Year) (Day, Month, Year)

**1. Practice Arrangement:**

- I have not engaged in the practice of law in the Yukon Territory and I have neither handled nor been responsible for client's trust funds or client's valuables in the Yukon Territory (*Section 64(3)(a)*).
- I have practiced law in the Yukon Territory exclusively as an employee or associate of a firm under the firm name of \_\_\_\_\_ and to the best of my knowledge, all legal business performed by me is shown in the books, records and accounts of the firm (*Section 64(3)(b)*).
- I have practiced law in the Yukon Territory exclusively as an employee of \_\_\_\_\_  
(name of corporation, government agency, or other non-member of the Society)  
and do not handle money or negotiable valuables in a solicitor/client relationship (*Section 64(3)(c)*).
- I have practiced law in the Yukon Territory as a sole practitioner or partner under the firm name of \_\_\_\_\_ and the firm maintains books, records and accounts for all of the legal business performed by me.

**2. Trust Account:**

- I do not have a trust account.
- I have practiced as an employee or associate of a law firm that has a trust account and the law firm has or will be filing a Form 31, pursuant to the Rule 179.
- I am a sole practitioner or partner of a law firm that has a trust account and the law firm has or will be filing a Form 31, pursuant to the Rule 179.

**3. Practice Profile:**

Please indicate whether you or your firm practices in any of the following area(s) and insert the appropriate percentage of practice these areas comprise:

Real Estate: \_\_\_\_\_%

Wills/Estates/Trusts: \_\_\_\_\_%

4. **Client Identification and Verification:**

I (or my firm) have a system in place to meet the client ID and verification requirements, pursuant to Rules 182.3 to 182.14.  Yes  No

If **no**, please provide an explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Caretaker/Custodian**

In the event that you are unable to manage or operate your law practice unexpectedly due to some unforeseen circumstances such as poor health, it is prudent to identify a lawyer or law firm capable of being a custodian of your practice.

The Law Society is requesting that lawyers put their minds to such a potential occurrence. In most multi-lawyer firms, this question can be answered "yes" when there is a current partnership agreement in place.

Has a lawyer or law firm been designated as a caretaker or custodian of your practice in the event of your death or disability?

Yes  No

Please provide the caretaker or custodian's name and number:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

6. I have read and understand the provisions of Section 60 through 67 inclusive of the *Legal Profession Act*, R.S.Y.T. 2002, c.134, and of Rules 178 to 185 inclusive made pursuant thereto, and complied with those sections.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath by virtue of the *Canada Evidence Act*.

DECLARED BEFORE ME at the )  
City of \_\_\_\_\_ )  
in the Yukon Territory, this \_\_\_\_ day )  
of \_\_\_\_\_, 20\_\_\_\_. )  
\_\_\_\_\_)  
A Notary Public in and for )  
\_\_\_\_\_ )

\_\_\_\_\_  
Signature of Lawyer