

Law Society of Yukon

#304 – 104 Elliott Street

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FORM 19

Trust Account Report

(Rule 166(1) and (2))

LAW FIRM REPORT

A. Law Firm Information

1. Law Firm Name: _____
Mailing Address: _____

Street Address (if different): _____
Telephone Number: () - _____ Fax Number: () - _____
E-Mail Address: _____
Financial Year-End: _____ 20_____
(Day, Month) (Year)
Reporting Period: _____ TO _____
(Day, Month, Year) (Day, Month, Year)

2. Location of Branch Office _____ Location of Accounting Records _____

3. List the names of all members (partners, employees and associates) of the law firm as at the end of the reporting period (NB: A letterhead can be attached):

4. List the names of all members (partners, employees and associates) of the law firm who joined or left the law firm during the reporting period:

Joined:

- Name: _____ Date Joined: _____

Left:

Name: _____

Date Left: _____

B. Accounting Information

1. List the operating trust accounts maintained by the law firm during the reporting period:

Financial Institution	Account Number	If During Year,	
		Date Opened	Date Closed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. List the separate interest-bearing trust accounts maintained by the law firm during the reporting period:

Financial Institution	Account Number	If During Year,	
		Date Opened	Date Closed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. List the general accounts maintained by the law firm during the reporting period:

Financial Institution	Account Number	If During Year,	
		Date Opened	Date Closed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned certify that I/we are member(s) of the Law Society of Yukon and to the best of my/our knowledge and belief; the facts as reported herein are accurate.

Print Name of Member

Signature of Member

Print Name of Member

Signature of Member

Print Name of Member

Signature of Member

Print Name of Member

Signature of Member

Print Name of Member

Signature of Member

ACCOUNTANT'S REPORT

TO: **Chair of the Audit Committee
Law Society of Yukon
Suite 304 – 104 Elliott Street
Whitehorse, Yukon Y1A 0M2**

Dear Sir/Madam(e):

1. This report is prepared on behalf of:

Law Firm Name: _____

Reporting Period: _____ TO _____
(Day, Month, Year) (Day, Month, Year)

2. Financial Records Review

We have reviewed the books, records and accounts of the law firm, and although we express no opinion on their accuracy or completeness, through our review, enquiry and discussion we report that:

2.1 the law firm appeared to maintain the following records during the reporting period:

- a) **Trust Receipts Journal (Rule 163(2)(a))** – a chronological journal showing the date of receipt, and the form and source of money received in trust for each client and identifying the client on whose behalf the trust money was received: Yes No
- b) **Trust Payments Journal (Rule 163(2)(b))** – a chronological journal showing all disbursements from money held in trust for each client and showing each cheque number, the date of each disbursement, the name of each recipient and identifying the client on whose behalf each disbursement was made: Yes No
- c) **Client Trust Ledger Cards (Rule 163(2)(c))** – a client trust ledger showing separately for each person on whose behalf money has been received in trust, the money received and disbursed and any unexpended balance: Yes No
- d) **Trust Transfer Journal (Rule 163(2)(d))** – a record showing all transfers of money between client trust ledger accounts and explaining the purpose for which each transfer was made: Yes No
- e) **General Receipts Journal (Rule 163(2)(e))** – a chronological journal showing the date of receipt, and the source and form of all money received other than trust money: Yes No
- f) **General Payments Journal (Rule 163(2)(f))** – a chronological journal showing all disbursements of money other than trust money and showing each cheque or voucher number, the date of each disbursement and the name of each recipient: Yes No
- g) **Billing Journal (Rule 163(2)(g))** – a fees book or chronological file of copies of billings showing all fees charged and other billings to clients, the dates such charges are made, and identifying the clients so charged: Yes No

3. **Trust Reconciliation Review (Reporting Period)**

In connection with procedure 2.1(h) above, we reviewed the monthly trust reconciliations for the reporting period and observed that:

- (a) trust reconciliations were prepared for each month in the reporting period: Yes No
- (b) the trust reconciliations consisted of bank reconciliations and detailed trust listings by bank: Yes No
- (c) the bank reconciliations and trust listings were reconciled to each other: Yes No
- (d) any differences or adjustments on the trust reconciliations were clearly identified and explained on the trust reconciliations: Yes No
- (e) the trust reconciliations required by section 163(2)(h)(i),(ii), and (iii) were kept by member in paper, copy, or in an electronic or machine readable form from which a paper copy can be readily produced in accordance with Rule 163(6)(c): Yes No
- (f) the trust reconciliations included separate interest-bearing trust accounts, or separate interest-bearing trust accounts were reconciled separately: Yes No
 N/A
- (g) the trust reconciliations included a record showing all negotiable or other valuable property, other than money, held in trust from time to time for all clients: Yes No
 N/A

Please provide explanations below for any "No" answers above. If more than one "No" has been checked, indicate the question number for which the explanation is provided.

- (h) the following debit balances (overdrawn client ledger cards) greater than \$100.00 existed on the monthly trust reconciliations (NB: Please report instances where a debit balance existed on one client trust ledger card and there was an offsetting credit balance on a related client trust ledger card):

Client (File #)	Amount	Date Incurred	Date Corrected	Explanation

Accounting Firm

Accounting Firm Name:

Responsible Partner

Professional Designation

Address:

Telephone Number:

() -

Fax Number:

() -

E-Mail Address:

Signature of Chartered Accountant or Certified General Accountant

Date

License Register Number: _____