



NOVA SCOTIA BARRISTERS' SOCIETY

APPLICATION FOR CHANGE OF CATEGORY

TO: The Executive Director, Nova Scotia Barristers' Society
Cogswell Tower, 800-2000 Barrington Street, Halifax, NS B3J 3K1

I, _____,
(please print)

make application to the Nova Scotia Barristers' Society to change
my membership category from that of Practising Lawyer to:

- Non Practising Member
Retired Member
Life Member
I wish to resign my membership

1. Contact Information:

Table with 2 columns: Current Address, After Category Change - As Current or: Address, e-mail, Telephone.

2. Professional History

Employer prior to Category Change: _____
Address: _____
E-Mail: _____
Telephone: _____

3. Current Employer As in 1 above, or:

Name: _____
Address: _____
E-Mail: _____
Telephone: _____



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4. I wish to change membership category because: _____

5. For those members applying to Retire:

I confirm that, upon my retirement, I will not be earning employment income. YES NO _____ *Initial*

6. Client Matters: [Provide all applicable information]

I confirm that all client matters have been completed YES NO _____ *Initial*

For Open Client Files

I confirm that arrangements have been made to the clients' satisfaction to have their files, documents and papers returned to them. YES NO _____ *Initial*

I confirm that arrangements have been made to the clients' satisfaction to have their files, documents and papers turned over to another practising lawyer. YES NO _____ *Initial*

Name of Lawyer: _____

For Real Estate Files

I confirm that for closed Real Estate files all foundation documents required to be kept in accordance with Part 8 of the regulations, together with a list of the files, are being transferred to: _____
_____ (a practicing lawyer)

The written consent of _____, (the lawyer receiving the foundation documents and agreeing to maintain the documents in accordance with Regulation 8.2.3.3.2) is attached.

For Closed Client Files

All closed client files, other than Real Estate files referred to above, and documents have been turned over to _____ (a practising lawyer) or;

Closed client files, other than Real Estate files, are stored at: _____
_____ (address)

These files may be accessed by contacting: _____ (name)
at _____ (telephone number).



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6. Trust Accounts:

During the past 12 months I used **my firm's Trust Account**.

YES NO

If yes:

I confirm that all money or other property held in trust has been accounted for and either paid over to the person entitled to it, or has been transferred to _____ (a practising lawyer) for the benefit of the person or persons entitled to it

Initial

I currently do not hold money or other property in trust for any person

Initial

During the past 12 months **I had open at a Financial Institution a Lawyer's Trust**

YES NO

If yes:

I confirm that all money or other property held in trust has been accounted for and either paid over to the person entitled to it, or has been transferred to _____ (a practising lawyer) for the benefit of the person or persons entitled to it.

Initial

I currently do not hold money or other property in trust for any person.

Initial

My trust account is closed, or will be closed by _____ (a date not later than 30 days later than this application).

Initial

My final Trust Account Report is attached, showing that my trust account is closed and that all trust money or property has been disbursed.

YES NO

If NO: I undertake to file a final Trust Account Report form for the period from the end of my last fiscal year to the date of this application, confirming that all Trust Accounts have been closed and that all Trust obligations are complete

Initial

The Final Trust Account Report will be filed by _____ (a date not later than 30 days from the date of this application).

Initial

7. Member's Practice:

I am not aware of any claim or complaint against me in my professional capacity or in respect of my practice which has not been reported to the Lawyers' Insurance Association of Nova Scotia.

Initial



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I acknowledge that my change in membership category is not effective until this application is approved by either the Executive Director, or the Credentials Committee. I further acknowledge that, until this application is approved, I am bound by the obligations of a practising lawyer per Regulation 4.1.2 of the Legal Profession Act, including my obligation to pay the fees associated with being a practising lawyer.

I confirm that, upon approval of this application, I will not engage in the practice of law as defined by the *Legal Profession Act*.

Signature of Member

Date

OFFICE USE ONLY:

Approved by:

Executive Director

Date

Or:

Referred to Credentials Committee on

Date

Approved by Credentials Committee

Chair of Credentials Committee

Date