



NOVA SCOTIA BARRISTERS' SOCIETY

WORKING COPY – NOT FOR SUBMISSION TRUST ACCOUNT REPORT

(in accordance with Part 4 and Part 10 of the Regulations of the *Legal Profession Act* (LPA))

Instructions

This Trust Account Report includes new and revised sections. The revisions include such items as requesting additional explanation(s) in the case of exceptions to the Regulations and requests for additional information that will aid the Society in our work around risk-focused Triple-P Regulation ([proactive](#), [principled](#), [proportionate](#)).

This document is a working copy of the Trust Account Report. It can be used for preparing your report for electronic submission to the Nova Scotia Barristers' Society. All Trust Account Reports are to be submitted electronically via the NSBS Assessment System. All entities that must file a Trust Account Report will have received an email with a link to the NSBS Assessment System for the purpose of filing your report electronically. Any questions about the method of filing or the Trust Account Report in general, can be submitted to dbo@nsbs.org.

This report is for:	
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This report covers the period from _____ to _____.

**** When completing the report electronically, the above three fields will be pre-populated with information specific to your filing, and will not be editable by the person filing the electronic Trust Account Report****

Accounting records are maintained primarily by:

- | | | | |
|---------------------------------|--------------------------|---------------------------------|--------------------------|
| Full-time accountant/bookkeeper | <input type="checkbox"/> | Part-time accountant/bookkeeper | <input type="checkbox"/> |
| Accounting firm | <input type="checkbox"/> | Secretary/staff | <input type="checkbox"/> |
| Law firm's principal(s) | <input type="checkbox"/> | Other (please explain below) | <input type="checkbox"/> |

Name of person(s) maintaining accounting records: _____.

Position/designation/office of the person(s): _____.

The nature of the accounting system is mainly:

- | | | | |
|-----------------------|--------------------------|-----------------|--------------------------|
| Manual (ledger books) | <input type="checkbox"/> | Other (explain) | <input type="checkbox"/> |
| Accounting software | <input type="checkbox"/> | | |
| Other software | <input type="checkbox"/> | | |

Name of software used to maintain computerized trust records or "other": _____.

**** Your electronic Trust Account Report will be pre-populated with all the general trust accounts of which the Society is aware with respect to your practice. The table that lists these accounts is read-only and cannot be edited. However, if any of the information provided is outdated or false, fields below will allow you to enter the correct information. Also, please enter any new general trust accounts, or general trust accounts that are not listed. Finally, if a listed trust account is closed, please provide the date of closure in the following format – MM/DD/YYYY. There is no need to list any specific trust accounts.****

During the period covered by this report, the following are all the **general trust accounts** (including Service Nova Scotia Trust Accounts) we maintained. Please indicate if an account was opened or closed during this period (attach additional sheet if necessary).

Financial institution #	Transit #	Account #	Opened – date	Closed – date

We confirm that we have instructed the financial institution holding the general trust accounts to remit any interest generated from general trust accounts to the Law Foundation of Nova Scotia.

We confirm that all specific trust accounts have been maintained in accordance with the Regulations.

During the period covered by this report, the following are all the signatories for the **general trust accounts** we maintained.

**If a lawyer became a signatory on the trust account prior to December 31, 2018 please note either the actual begin date or note "before December 31, 2018". All practicing lawyers who have signing authority on a trust account as of December 31, 2018 may continue as signatories even if they have not received approval pursuant to subregulation 4.10.4. If a new signatory, beginning on or after January 1, 2019, has not done so already, please contact TrustAccounts@nsbs.org for more information on approval to operate a general trust account.*

Name of signatory	Position/title	Begin date*	End date <i>(For those ended during the reporting period)</i>

Please check the applicable boxes for the following requirements and questions:

BOOKS AND RECORDS

Regulation	Requirement	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.4.1(a)	The accounting records have been maintained to allow for accurate identification of trust money and property	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.4.1(b)	Transactions have been posted in the accounting records on a timely basis.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.4.1(c)	The accounting records, including source documents, are maintained for at least seven (7) years.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
We maintain:				
10.4.2	We confirm that we maintain the books and records as required by the Regulations. Specifically, we maintain: a book of original entry for all receipts; a book of original entry for all payments; a client ledger identifying receipts, payments and any unexpended balance for each client; a record showing all property held in trust (if applicable); a data source or chronological file of all billings, bank statements, cashed cheques (or digital images) for all accounts; a record of all monthly reconciliations; and, if applicable, a record of all transfers between clients.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
** If you answer "No" to the above question, you are required to answer the next 11 questions. If you answer "Yes" to the above question, you can skip the next 11 questions and go to the next group of questions ("Deposits").**				
10.4.2(a)	a book of original entry or data source showing the date of receipt and source of trust money for each client and identifying the client on whose behalf the trust money is received;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.4.2(b)	a book of original entry or data source showing all payments out of trust money for each client, the date of each payment, the name of each recipient, and identifying the client on whose behalf each payment is made out of trust money;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.4.2(c)	a clients' trust ledger showing separately for each person on whose behalf trust money has been received, all such money received and disbursed and any unexpended balance;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.4.2(d)	a record showing all trust property held in trust, and identifying the client on whose behalf the property is held;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.4.2(e)	a book of original entry or data source showing the date of receipt and source of all money received other than trust money;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.4.2(f)	a book of original entry or data source showing all payments of money other than trust money, the date of each payment and the name of each recipient;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10.4.2(g)	a book, data source 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;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.4.2(h)	bank statements, cashed cheques, which may include a digital image provided by the practising lawyer's financial institution showing both the front and back of the cheque, and detailed deposit slips for all trust and general accounts;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.4.2(i)	a record showing a comparison made monthly of the total of balances held in all trust accounts and the total of all unexpended balances of funds held in trust for clients as they appear from the books and records together with the reasons for any differences between the totals and supported by:			
	(i) a detailed listing made monthly showing the amount of trust money held for each client and identifying each client for whom trust money is held; and	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(ii) a detailed reconciliation made monthly of each trust account in a financial institution;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.4.2(j)	a record showing all transfers of trust money between clients' trust ledger accounts and explaining the purpose for which each transfer is made;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DEPOSITS

10.2	I acknowledge that I am responsible for all trust money and property received from or on behalf of a client; and the timely deposit of trust money into a trust account; and identifying the person on whose behalf the money is deposited. I confirm that for the period covered by this report, all trust money was deposited within one day of receipt, was deposited into a trust account, was kept at a financial institution, that I received written confirmation for all deposits, that only trust money was deposited to the trust account and that all interest generated by general trust accounts was paid to the Law Foundation of Nova Scotia	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.12	Did any lawyer in the law firm receive or accept \$7,500 or more in currency (cash) in the course of a single transaction? <i>Two or more transactions made within 24 consecutive hours constitute a single transaction if the lawyer knows or ought to know that the transactions are conducted by, or on behalf of, the same client.</i>	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please explain:			

****If you answer "No" to question 10.2, you are required to answer the next 6 questions. If you answer "Yes" to question 10.2, you can skip the next 6 questions and go to 10.2.7 ****

10.2.3	Was all trust money deposited within one banking day of receipt?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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10.2.4(a)	Was all trust money deposited in an account designated as a trust account?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.2.4(b)	Was the trust account kept at a financial institution as defined in subregulation 10.1.1?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.2.4(c)	Does the trust account bear interest that is computed and payable to the Law Foundation of Nova Scotia as required by the <i>Legal Profession Act</i> ?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.2.5	In the case of funds deposited into the lawyer's or firm's trust account by a third party, was written confirmation obtained from the lawyer's financial institution?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.2.6	Were the funds deposited to the trust account only those described in subregulation 10.2.6?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The next 3 questions are mandatory:

10.2.7	At any time during the year were personal (or office operating) funds deposited to the trust account?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.2.8	Were any escrow conditions requiring trust money or property to be held without deposit received in writing?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.2.9	At any time was the trust account used where there was no trust relationship?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WITHDRAWALS

10.3	I acknowledge that I am responsible for all withdrawals or transfers from a trust account and that records of all withdrawals have been maintained.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.3.3	I can confirm that all money due the lawyer/law firm was promptly removed from the trust account.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I confirm that all money was withdrawn from a trust account only in accordance with regulation 10.3.4, namely:

10.3.4(a)	for payment on account of a client;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.3.4(b)	money that was deposited inadvertently into a trust account in contravention of the Regulations;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.3.4(c)	money properly required for or toward payment of the practising lawyer's or law firm's fees that have been disclosed to the client;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.3.4(d)	as authorized in writing by a person designated by the Society;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10.3.4(e)	as directed by a court of competent jurisdiction;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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FORM OF WITHDRAWAL

10.3.5	I confirm that all withdrawals from the trust account were done in accordance with regulation 10.3.5. Specifically, all withdrawals were made to a named payee; made by two persons; made by at least one practising lawyer who has received approval to operate a trust account pursuant to subregulation 4.10.4; not released until I was in possession of the funds for the client; and not released until I had sufficient knowledge of the withdrawal to ensure the client's interests were protected.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**** If you answer "No" to the above question, you are required to answer the next 6 questions. If you answer "Yes" to the above question, you can skip the next 6 questions and go to 10.3.7****

10.3.5(a)	I confirm that all withdrawals were made to a named payee;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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10.3.5(b)	I confirm that all withdrawals were made by at least two persons, at least one of whom is a practising lawyer who has received approval to operate a trust account pursuant to subregulation 4.10.4;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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10.3.6	If no to previous question – is the practising lawyer a sole practitioner and was the withdrawal made by the lawyer only? Choose "N/A" if answer to previous question was "Yes" .	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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10.3.5(c)	I confirm that all withdrawals were made identifying the trust account from which the funds are withdrawn and the date on which the funds are withdrawn;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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10.3.5(d)	I confirm that all withdrawals were released from the lawyer's office only after the lawyer or law firm was in possession of funds for the credit of the client on whose behalf the withdrawal was made;	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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10.3.5(e)	I confirm that all withdrawals were not released or effected until the practising lawyer had sufficient knowledge of the withdrawal to ensure that the client's interests were protected.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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The next 2 questions are mandatory:

10.3.7	Did anyone make a withdrawal from any of the firm's trust accounts by way of a debit card or similar instrument?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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10.3.8	Was a signed direction to the financial institution or the signed electronic confirmation sent by the financial institution stored in such manner that it may be cross referenced to the withdrawal from the trust account as shown on the monthly statement from the financial institution?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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OVERDRAFTS

- 10.6.1 At all times was a balance on deposit in trust sufficient to meet all obligations with respect to monies held in trust for each client? *All overdrafts, regardless of dollar value or prior report pursuant to subregulation 10.6.3, must be reported on the practicing lawyer or law firm's annual trust account report filed pursuant to regulation 4.11.* N/A Yes No
- 10.6.2 In the case of errors in the trust account, were they corrected without delay? N/A Yes No
- 10.6.3 Were all overdrafts in any trust account, that apply under regulation 10.6.3, reported to the Executive Director immediately? N/A Yes No

ACTING IN A REPRESENTATIVE CAPACITY

- 10.1.2 Did any lawyers of the firm act in a representative capacity as defined in regulation 10.1.2? N/A Yes No
If yes:
- 10.1.3(a) Did the lawyer maintain a record of all appointments or assumptions of a representative capacity and a list of the beneficiaries of the estate or trust together with their last known address? N/A Yes No
- 10.1.3(b) Were the books, records, accounts and documentation of the estate or trust in a form sufficient to accommodate an examination, review, audit or investigation ordered by the Executive Director or Complaints Investigation Committee? N/A Yes No

REQUIRED INFORMATION

- In order to get a better sense of the volume and dollar amount of general trust account transactions that occur the Society is asking for the opening and closing balances of trust accounts and the number and dollar (\$) amount of the debits and credits that occurred during the trust account year.

For all your general trust accounts taken together, please indicate the following:

Total # of debits (decreases)	Total \$ amount of debits (decreases)	Total # of credits (increases)	Total \$ amount of credits (increases)	Total opening balance (at start of reporting period)	Total closing balance (at end of reporting period)

Total opening balance + (add) total \$ amount of credits – (less) total \$ amount of debits = Total closing balance (at end of reporting period)

2. In circumstances where s.30(5) of the Legal Profession Act applies, have you advised the clients that such funds can be held in a specific trust account with the interest credited to the client? N/A Yes No
3. At the time of this review, is there an amount greater than \$10,000 relating to a single transaction being held in any general trust account that has been there for more than 90 days? N/A Yes No

If yes, please provide the information below:

Total # of balances	Total \$ amount of balances

4. In order to get a better sense of the age of balances held in the general trust account(s), please fill in the table below.

Please include a separate attachment summarizing any balances held in trust for more than 3 years (including date, dollar amount, reason for balance, and client name/ID). Please also provide further explanation on the firm's processes or policies concerning balances held in trust for more than 3 years. Has the firm documented attempts to address remaining trust account balances?

Period of time	Total # of balances	Total \$ amount
0-1 years (0-12 months)		
1-2 years (13-24 months)		
2-3 years (25-36 months)		
> 3 years (37+ months)		
Total Sum (sum of 0-1 years, 1-2 years, 2-3 years, and > 3 years)		

The Total Sum \$ amount should equal the Total Closing Balance (at end of reporting period) from #1 above.

5. In order to get a better sense of the age of balances held in specific trust account(s), please fill in the table below.

Please include a separate attachment summarizing any balances held in trust for more than 3 years (including date, dollar amount, reason for balance, and client name/ID). Please also provide further explanation on the firm's processes or policies concerning balances held in trust for more than 3 years. Has the firm documented attempts to address remaining trust account balances?

Period of time	Total # of balances	Total \$ amount
0-1 years (0-12 months)		
1-2 years (13-24 months)		
2-3 years (25-36 months)		
> 3 years (37+ months)		

Total Sum (<i>sum of 0-1 years, 1-2 years, 2-3 years, and > 3 years</i>)		
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6. Are you holding in trust any funds for which the purpose of the trust cannot be fulfilled and the trust funds cannot be distributed [see Public Trustee Act s.28(1)]? N/A Yes No

7. On the last reconciliation for the year, were there any stale dated cheques (i.e. outstanding for more than 6 months)? N/A Yes No

If yes, what is the number and total dollar amount of these stale dated cheques? # _____ \$ _____

Trust account oversight costs:

The Society wishes to gain an understanding of the total cost for the legal profession of trust account oversight. In order to aid in that data collection, please select the range for the total cost of the accountant’s work (before HST) in relation to this Trust Account Report and the Accountant’s Report.

- \$0 - \$500 \$501 - \$1,000 \$1,001 - \$2,000 \$2,001 - \$3,000 \$3,001 +

Service Nova Scotia Trust Account:

The Society wishes to gain an understanding on the usefulness of the Service Nova Scotia Trust Account. Please provide feedback on any challenges experienced and/or suggestions for improvement:

FINAL TRUST ACCOUNT REPORT

Is this a FINAL Trust Account Report? Yes No

If yes – In undertake to file a confirmation from my bank(s) that the trust account(s) is (are) closed: Yes

Please provide a reason for a final report (e.g. retiring, changing category, changing firm/employer):

This report was completed by: _____

Has the Trust Account Report been reviewed and approved by the Designated Lawyer? Yes No

Designated lawyer: _____

The name of the accountant engaged to complete the Accountant's Report on the Trust Account is:

The name of the accounting firm is:

PUBLIC ACCOUNTANT

Only a public accountant licensed by the Chartered Professional Accountants of Nova Scotia may complete the Accountant's Report on the Trust Account Report. The accountant must have an Audit or Review Licence, and be listed on the Public Accounting Licence Holders directory on the Chartered Professional Accountants of Nova Scotia website (cpans.ca).

Please provide the email address and mailing address of the accountant noted above:

Email address: _____

Mailing address: _____

Phone number: _____