



NOVA SCOTIA BARRISTERS' SOCIETY

## APPLICATION FOR CHANGE OF CATEGORY

TO: **The Executive Director, Nova Scotia Barristers' Society**  
1101-1645 Granville Street, Halifax, NS B3J 1X3

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:

Current Address	After Category Change – As Current <input type="checkbox"/> or: Address
_____	_____
_____	_____
e-mail	e-mail
_____	_____
Telephone	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:

Three horizontal lines for providing reasons for changing membership category.

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.

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 practising 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 \_\_\_\_\_ or; *(a practising lawyer)*

Closed client files, other than Real Estate files, are stored

at: \_\_\_\_\_ *(address)*

These files may be accessed by contacting: \_\_\_\_\_ at \_\_\_\_\_ *(name) (telephone number)*



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**7. 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 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*

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*

**8. 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



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## Consent to receive Foundation Documents

I \_\_\_\_\_ (*Name of Receiving Lawyer*) confirm that I am willing to accept the Foundation Documents (as defined in the Regulations made pursuant to the *Legal Profession Act*, S.N.S. 2004, c. 28) from \_\_\_\_\_ (*Name of Original Lawyer*). Arrangements have been made to have these documents turned over to me by \_\_\_\_\_ (*date*).

I undertake to advise the Executive Director if the transfer of documents has been completed by that date. I undertake to maintain these documents in accordance with the Regulations.

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(*signature*)

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(*date*)