



Please read and complete the applicable sections, per Law Society Rules 2-75(1) and (2).

## REASON(S) FOR UPDATE

- |  |  |
|--|--|
| <input type="checkbox"/> New contact information ( <b>Sections A &amp; E</b> )       | <input type="checkbox"/> Change in business/employment ( <b>Sections A, B, C &amp; E</b> )     |
| <input type="checkbox"/> Corrected contact information ( <b>Sections A &amp; E</b> ) | <input type="checkbox"/> Secondary practice ( <b>Sections A &amp; E</b> )                      |
| <input type="checkbox"/> Change of name ( <b>Sections A &amp; E</b> )                | <input type="checkbox"/> New Call in other Canadian Jurisdiction ( <b>Sections D &amp; E</b> ) |

Name:

## SECTION A – CONTACT INFORMATION

### New contact information – Work

Effective Date:

Address:		
City/Town:	Prov:	Postal Code:
Email:		
Telephone:	Fax:	
Direct line:	Cell:	

### New contact information – Personal (for Law Society use only)

Effective Date:

Address:		
City/Town:	Prov:	Postal Code:
Email:		
Telephone:	Cell:	

Mail/email preferred at: ☐ Business ☐ Personal

### Change of name\*

New name:

\*Official documentation is required and must be attached to form.

**Secondary practice information/details****Effective Date:**

Secondary practice address:

Have the details of your secondary practice changed?

☐ No☐ Yes (provide details below)**SECTION B – CHANGE IN EMPLOYMENT**

Previous Employer/Firm:

Last day:

New Employer/Firm:

First day:

**New practising arrangement(s)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Sole owner with associate(s) | <input type="checkbox"/> Sole practitioner (in transition/seeking work) | <input type="checkbox"/> Legal Aid        |
| <input type="checkbox"/> Partner                      | <input type="checkbox"/> Sole practitioner (active practice)            | <input type="checkbox"/> Government       |
| <input type="checkbox"/> Associate                    | <input type="checkbox"/> Sole practitioner sharing space & expenses     | <input type="checkbox"/> In-house counsel |
| <input type="checkbox"/> Other:                       |   |   |

Were you a sole practitioner prior to your change in employment?

☐ Yes☐ No

If "Yes", will you be winding up your sole practice?

☐ Yes☐ No**Trust Account Information**In your **previous** practice/employment, did you:

- |  |  |
|--|--|
| <input type="checkbox"/> operate your own trust account?       | <input type="checkbox"/> not use or operate a trust account? |
| <input type="checkbox"/> use your former firm's trust account? | <input type="checkbox"/> other: <input type="text"/>         |

In your **new** practice/employment, will you:

- |   |  |
|---|--|
| <input type="checkbox"/> use your new firm's trust account?   | <input type="checkbox"/> not use or operate a trust account? |
| <input type="checkbox"/> apply to the Law Society for approval to open your own trust account, as required by Rule 5-42(1)? | <input type="checkbox"/> other: <input type="text"/>         |

**Court Locker**

- ☐ I do not have a court locker.
- ☐ I am retaining my court locker in my new position.
- ☐ I am not retaining my court locker. I have turned in my key to:

## SECTION C – PRACTISING AND INSURANCE FEES

**Refunds** (please refer to our [Refund Policy](#))

Should a prorated refund of your practising fees be issued? ☐ Yes ☐ No

If “Yes”, made payable to whom?

If “No”, provide brief explanation.

### New Invoice

☐ I am requesting that my new employer/firm be invoiced for my practicing fees and/or insurance.

☐ I enclose my practising fees and contributions in the amount of:

### Professional Liability Insurance Fees

Lawyers who are leaving an insurance exempt position (e.g. government) and are moving to private practice must pay the Professional Liability Insurance contribution prior to commencing their new position. For clarification on who is eligible for an exemption, see [19\(3\) of the Legal Professional Act](#).

Were you exempt from Professional Liability Insurance in your previous employment, but will no longer be exempt with your new practising arrangement? ☐ Yes ☐ No

Are you seeking an exemption from Professional Liability Insurance? ☐ Yes\* ☐ No

*\*If “Yes”, you are required to complete an [exemption form](#)*

Do you maintain an office in Manitoba from which you provide legal services? ☐ Yes ☐ No

## SECTION D – CANADIAN CALLS TO THE BAR

Since your last Member Update, have you been called to the Bar in any other Canadian jurisdiction? If “Yes”, please indicate:

Province of Call

Date of Call

## SECTION E – PRIVACY INFORMATION & SIGNATURE

On occasion, the Law Society may provide basic contact information about practising members (name, business address, email address, fax and phone numbers) to professional legal associations, organizations and institutions without charge, in order to enhance communications with the profession and to facilitate the maintenance of mailing lists. Contact information will be provided only when the requested information will be used for a purpose that will assist in fulfilling the mandate of the Law Society and will be secured in a manner that is satisfactory to the Law Society.

Members of the public are able to access basic contact information about practising members by accessing the "Lawyer Lookup" function on our website or by contacting us.

If you have any questions or concerns regarding the Privacy Information, please contact Darcia Senft, Director of Policy and Ethics at [dsenft@lawsociety.mb.ca](mailto:dsenft@lawsociety.mb.ca).

☐ I do **NOT** want the Law Society to provide my contact information to any professional legal association, organization or institution.

***I certify that the above information is true and accurate.***

Date

Signature

## HOW TO SUBMIT YOUR FORM

**Mail:**

The Law Society of Manitoba  
Admissions and Membership  
200 – 260 St. Mary Avenue  
Winnipeg, MB R3C 0M6

**Email:**

[membership@lawsociety.mb.ca](mailto:membership@lawsociety.mb.ca)

**Fax:**

204-956-0624  
Attention:  
Admissions and Membership

***Questions about this form? Contact:***

Darlene Douglas  
Administrative Assistant  
Admissions and Membership  
204-926-2026  
[ddouglas@lawsociety.mb.ca](mailto:ddouglas@lawsociety.mb.ca)

***Questions about practising or insurance fees? Contact:***

Colleen Malone  
Chief Financial Officer  
204-926-2022  
[cmalone@lawsociety.mb.ca](mailto:cmalone@lawsociety.mb.ca)

***Questions about privacy information? Contact:***

Darcia Senft  
Director, Policy and Ethics  
204-926-2023  
[dsenft@lawsociety.mb.ca](mailto:dsenft@lawsociety.mb.ca)