



**LAW SOCIETY OF PRINCE EDWARD ISLAND**

P.O. Box 128, Charlottetown, P.E.I., Canada C1A 7K2

TEL. (902) 566-1666 FAX (902) 368-7557

**APPLICATION TO CHANGE STATUS OR TO RESIGN MEMBERSHIP**

TO: Council  
Law Society of Prince Edward Island

I, \_\_\_\_\_ of \_\_\_\_\_

Hereby make application to change my status, and I submit the following information in support of my application.

My current status is:

[Check one]

- \_\_\_\_\_ Practising Insured
- \_\_\_\_\_ Practising Uninsured
- \_\_\_\_\_ Non-practising
- \_\_\_\_\_ Non-practising (Leave-of-Absence)
- \_\_\_\_\_ Retired
- \_\_\_\_\_ Suspended

I wish to change to:

[Check one]

- \_\_\_\_\_ Practising Insured
- \_\_\_\_\_ Practising Uninsured
- \_\_\_\_\_ Non-practising
- \_\_\_\_\_ Non-practising (Leave-of-Absence)
- \_\_\_\_\_ Retired
- \_\_\_\_\_ I wish to resign my membership

I wish the change to become effective on \_\_\_\_\_ (date).

I wish to change my status because:

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**1. Outstanding Client Matters:**

All my clients' outstanding matters have been completed and disposed of or arrangements have been made to my clients' satisfaction to have their outstanding files, documents and papers turned over to a practising member in good standing of the Law Society of Prince Edward Island.

YES \_\_\_\_\_ NO \_\_\_\_\_ n/a \_\_\_\_\_

**2. Closed Client Files, Wills, Documents:**

My closed client files, wills, documents, papers, etc. have been placed with the following member in good standing or law firm:

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**3. Trust Accounts, Trust Property:**

(a) I did not hold funds or property in trust for anyone since the date of my last Form 6 submitted to the Law Society. YES \_\_\_\_\_ NO \_\_\_\_\_ n/a \_\_\_\_\_

(b) All trust funds and clients' property for which I am responsible have been accounted for and either given to the person entitled to them or are now held in trust by another practising member to or for the benefit of the person entitled. YES \_\_\_\_\_ NO \_\_\_\_\_ n/a \_\_\_\_\_

(c) I have closed my trust account(s) and attached hereto is confirmation by my Accountant that my trust accounts have no balance and have been closed. YES \_\_\_\_\_ NO \_\_\_\_\_ n/a \_\_\_\_\_

**4. Insurance Claims:**

(a) I have reviewed my files and I am not aware of any claim against me in my professional capacity or in respect of my practice, other than those actual or potential claims which I have already reported to the Law Society and the Insurer. YES \_\_\_\_\_ NO \_\_\_\_\_ n/a \_\_\_\_\_

(b) I acknowledge my responsibility to report any potential or actual claims which come to my attention in the future and the requirement to cooperate with the Insurer and the Law Society in dealing with any current or future insurance claims. I acknowledge my responsibility to pay any insurance deductibles for which I may become responsible. YES \_\_\_\_\_ NO \_\_\_\_\_ n/a \_\_\_\_\_

I understand that if Council grants a request to change to non-practising status or retired status, or my request to resign, that I will not be able to practise in any manner in the Province of Prince Edward Island.

If there is a change in address involved, my new address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**DECLARED** before me at \_\_\_\_\_,

in the County of \_\_\_\_\_,

Province of \_\_\_\_\_,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
A COMMISSIONER OF THE SUPREME COURT OF  
PRINCE EDWARD ISLAND OR, IF SWORN OUTSIDE  
OF PRINCE EDWARD ISLAND,

\_\_\_\_\_  
MEMBER

OR A NOTARY PUBLIC IN AND FOR

\_\_\_\_\_.