

**THE LAW SOCIETY OF UPPER CANADA  
APPLICATION FOR MULTI-DISCIPLINE  
PARTNERSHIP (Under Part III of By-Law 7)**

**Guide & Checklist**

**Lawyers and licensed paralegals who wish to practise law or provide legal services through a multi-discipline partnership are encouraged to review the following sources of information.**

- By-Law 7, Part III
- *Rules of Professional Conduct* for lawyers
- *Paralegal Rules of Conduct* for paralegals

**Multi-Discipline Partnership Checklist:**

- Ensure all parts of the application are complete
- Submit the completed **original** Application for Multi-Discipline Partnership, along with the Proposed Multi-Discipline Partnership Professional Partner Information Form (**DO NOT FAX**)
- Submit a copy of the proposed partnership agreement (**draft copy**)  
You must specifically reference those sections of the proposed partnership agreement that satisfy the requirements detailed in paragraphs 2-6 of subsection 18(2) of By-Law 7
- Submit the Remittance Slip in triplicate, along with a non-refundable payment of \$250.00 + HST
- If applicable, for each additional professional, photocopy and complete a separate Proposed Multi-Discipline Partnership Professional Partner Information Form and submit an additional \$50.00 + HST for each additional partner

The Law Society of Upper Canada may verify any information supplied on the application, and may require further explanation from the applicant before the application is approved. **Omissions or inaccuracies in responses will delay processing.** If the space provided for any answer is insufficient, attach a separate sheet that is signed and dated by the applicant and/or the professional partner, and staple it to the application.

Questions? Contact Complaints & Compliance at (416) 947-3315, by fax at (416) 947-5260 or e-mail at [lsforms@lsuc.on.ca](mailto:lsforms@lsuc.on.ca).

Send **original** multi-discipline partnership applications to:

*Accounts Receivable*  
The Law Society of Upper Canada  
Osgoode Hall  
130 Queen Street West  
Toronto, Ontario M5H 2N6

**THE LAW SOCIETY OF UPPER CANADA  
APPLICATION FOR MULTI-DISCIPLINE  
PARTNERSHIP (Under Part III of By-Law 7)**

**PART A: APPLICANT INFORMATION**

**1. NAME AND LAW SOCIETY NUMBER:**

\_\_\_\_\_

First Name                                      Middle Name                                      Last Name

Law Society Number: \_\_\_\_\_

**2. BUSINESS CONTACT INFORMATION:**

Business Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**Note: By-Law 8 requires licensees to notify the Law Society immediately after any change to their contact information.**

**3. ALTERNATE CONTACT INFORMATION, if applicable:**

If there are multiple lawyer/paralegal partners in the proposed multi-discipline partnership, please provide us with an alternate contact person:

\_\_\_\_\_

First Name                                      Middle Name                                      Last Name

Law Society Number: \_\_\_\_\_

**4. AREA(S) OF LAW/LEGAL SERVICES:**

What area(s) of law do you practise/what legal services do you provide?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART B: INFORMATION ABOUT THE PROPOSED MULTI-DISCIPLINE PARTNERSHIP**

**5. CONTACT INFORMATION:**

Name of proposed multi-discipline partnership: \_\_\_\_\_

Address where the proposed multi-discipline partnership intends to carry on business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**NOTE: If the proposed multi-discipline partnership intends to carry on business at more than one location, provide the address and contact information for each additional location as an attachment.**

**6. NON-LICENSEE PROFESSIONAL PARTNER INFORMATION:**

List the name(s) of the proposed non-licensee professional partner(s):

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

List the profession, trade, or occupation of the proposed non-licensee professional partner(s):

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

**7. BY-LAW 7 – REQUIRED CONDITIONS:**

By signing this application, I confirm:

- i) that the non-licensee professional partner(s) is/are qualified to practise a profession, trade or occupation that supports or supplements my practice of law/provision of legal services;
- ii) that I have satisfied myself that the non-licensee professional partner(s) is/are of good character; and
- iii) that I have made the necessary arrangements that will enable me to comply with section 26 of By-Law 7.

I understand that pursuant to section 19 of By-Law 7, I am responsible for ensuring that in the proposed multi-discipline partnership, the non-licensee professional partner(s) practises his/her/its profession, trade or occupation with the appropriate level of skill, judgment and competence and that he/she/it will comply with the *Law Society Act*, its regulations, the Law Society’s By-Laws, the rules of practice and procedure, the Law Society’s rules of conduct for the licensee and the Law Society’s policies and guidelines.

I also understand that I may be required by the Law Society to dissolve the proposed multi-discipline partnership in the event I breach section 19, section 25, subsection 26(1), subsection 26(3) or section 30 of By-Law 7.

**PART C – LAWYER/PARALEGAL LICENSEE APPLICANT AUTHORIZATION AND DECLARATION**

I will provide any additional specific authorization or any release that is required for the purpose of enabling the Law Society of Upper Canada to obtain any information required to review this application.

I understand that I have a continuing obligation to immediately provide written notification of any change to the information that I have provided to the Law Society of Upper Canada in connection with this application, including but not limited to any changes to the proposed multi- discipline partnership as detailed in subsection 21(1) of By-Law 7, as well as any changes to my employment status or information, or changes to my liability insurance coverage.

I acknowledge that I have read Part III of By-Law 7.

I understand that I must file a Multi-Discipline Partnership Report each year and that failure to do so may result in the suspension of my licence pursuant to subsection 47(1) of the *Law Society Act*.

I declare that all information supplied by me with respect to this application, and in the documents provided in connection with this application, is true, accurate, and complete.

**DECLARED BEFORE ME**

at \_\_\_\_\_ , \_\_\_\_\_ )

on the \_\_\_\_\_ day of \_\_\_\_\_ , 20 \_\_\_\_\_ )

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**(Commissioner for Oaths or Notary Public)**

*(for office use only)*

Approved by: \_\_\_\_\_

Approval date: \_\_\_\_\_



The Law Society of  
Upper Canada

Barreau  
du Haut-Canada

## PROFESSIONAL PARTNER INFORMATION FORM

**Each professional and, if the professional is a professional corporation, each individual who provides services through the professional corporation, must complete and sign a separate Professional Partner Information Form and submit it along with the Application for Multi-Discipline Partnership.**

**NOTE: *If the professional is a professional corporation, one professional partner must attach a copy of the Certificate of Authorization and a list of the individuals who provide services through the professional corporation.***

### 1. PROFESSIONAL PARTNER INFORMATION:

\_\_\_\_\_  
First Name                                      Middle Name                                      Last Name

### 2. CONTACT INFORMATION:

Address:

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

Telephone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Will you provide services independently of the proposed multi-discipline partnership?

YES  NO

If YES, provide additional business contact information:

Business/Employer Name and Address:

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

Telephone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**3. PROFESSIONAL SERVICES AND QUALIFICATIONS:**

a) What profession, trade, or occupation will be provided to the clients of the proposed multi-discipline partnership?

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b) How many years have you practised the profession, trade, or occupation?

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**c) ACADEMIC BACKGROUND:**

Name of Academic Institution	Degree/Certificate/Diploma Obtained:	Year Degree/Certificate/Diploma Obtained:

**d) PROFESSIONAL ASSOCIATION(S):**

Set out in chronological order your membership history in professional organizations where you are or have been a member.

Dates (DD/MM/YY)	Name, address, and telephone of the professional association:	Current Status
/ / to / /		
/ / to / /		

<b>e) WORK EXPERIENCE:</b>		
Dates (DD/MM/YY)	Nature of Work:	Employer's Name and Address:
/ / to / /		
/ / to / /		

<b>4. GOOD CHARACTER:</b>	
If you answer "Yes" to any of the following questions, provide full details on a separate sheet and attach any relevant documents, including orders and/or judgments.	
Have you ever been denied a licence or permit, or had any licence or permit revoked for failure to meet good character requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you now the subject of a prosecution or have you ever been prosecuted, suspended, disqualified, censured, the subject of a conduct, capacity or competence proceeding, or otherwise disciplined by any professional organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>AUTHORIZATION AND DECLARATION</b>	
I authorize the Law Society of Upper Canada to make inquiries of any person or government, any official or body, including, without limitation, any police or academic authority, about my background or character. I will provide any additional specific authorization or release that is required for the purpose of enabling the Law Society of Upper Canada to obtain information related to my background or character.	
I declare that all information supplied by me with respect to this application, and in the documents provided in connection with this application, is true, accurate, and complete.	
_____	_____
<b>Signature of Professional</b>	<b>Date</b>