



Regulatory Notice – Interstate Legal Practitioners

Purpose:

An interstate legal practitioner who intends to engage in legal practice in South Australia via a law practice which is an incorporated legal practice must give prescribed Notice under Clause 4 or Clause 4A Schedule 1 of the *Legal Practitioners Act 1981* (SA) (**Act**) before engaging in legal practice in South Australia.

An interstate legal practitioner who establishes an office in South Australia via any recognised law practice under the Act (see s.5) must:

- give prescribed Notice under section 23D of the Act within 28 days after establishing the office (Regulation 5, *Legal Practitioners Regulations 2014*); and
- ensure that they have approved professional indemnity insurance in force which extends to their engaging in legal practice in South Australia (s.52AA).

An interstate legal practitioner who engages in legal practice in South Australia but who has not established an office in South Australia must hold professional indemnity insurance. If the professional indemnity insurance is not approved professional indemnity insurance (per s.52AA), the interstate legal practitioner must disclose that fact to a client before they are retained by the client (s.52AAB).

An interstate legal practitioner who engages in legal practice in South Australia via any recognised law practice under the Act (see s.5) must give written notice of any conditions or limitations imposed on the practitioner's interstate practising certificate (s.23B).

Form U is the prescribed Notice under section 23D, Clause 4 or Clause 4A of Schedule 1.

Form U also addresses an interstate practitioner's regulatory obligations under section 23B, section 52AA and section 52AAB.

Form U is in four parts:

- Section A: Interstate practitioner details – to be completed by all Law Practices.
- Section B:
 - Law Practice details – to be completed by all Law Practices.
 - Establishment of an SA office – only to be completed by Law Practices establishing an office in SA.
 - Incorporated Legal Practices – only to be completed by Incorporated Legal Practices.
- Section C: Interstate practice profile – to be completed by all Law Practices.
- Section D: Trust Account – to be completed by all Law Practices.

Please note:

- Pursuant to section 23D(2) of the *Legal Practitioners Act 1981* (SA) when providing Notice under section 23D there is a prescribed fee of \$33.50.
- Pursuant to Clause 4 (1) or Clause 4A of Schedule 1 of the *Legal Practitioners Act 1981* when registering an Incorporated Legal Practice there is a prescribed fee for lodging this Notice of \$33.50.

Notification is complete when payment of the prescribed fee is received by the Society.

Court SA access - L & P Codes:

Interstate law firms and practitioners acting in civil matters before the South Australian State Courts must obtain both an L Code and a P Code to access CourtSA.

Upon notification, the Law Practice will be issued an L Code, and each interstate practitioner listed on page 5 will be issued a P Code.

If additional interstate practitioners require a P Code after submission, please email ethicsandpractice@lawsocietysa.asn.au with the Law Practice's L Code, a certified copy of the practitioner's practising certificate, and their email address.

Please note: It can take up to 5 business days for L and P codes to be activated with CourtSA.

Fees and Processing Times:

Please allow for two business days to process the completed Form U, and for the issue of an invoice (if applicable) Longer processing times may apply during busier periods.

The completed form must be submitted to pcpii@lawsocietysa.asn.au.

Personal Information Collection Statement

The Law Society of South Australia (Society) collects Personal Information in accordance with the *Privacy Act 1988 (Cth)* (Privacy Act) and the Australian Privacy Principles (APPs) set out in the Privacy Act. If you would like to know more about how your Personal Information is collected, used, held, or disclosed, you may view a full copy of the Privacy Policy at <https://www.lawsocietysa.asn.au/privacy>, or contact us at privacy@lawsocietysa.asn.au. By completing and signing this form and providing it to the Society, you consent to the collection of your Personal Information and acknowledge its use by the Society in accordance with their Privacy Policy. If you do not provide us with the requested Personal Information, or if the Personal Information provided is incorrect or incomplete, we may not be able to provide you with the appropriate regulatory advice and support, which may cause you to be in breach of your statutory obligations.

SECTION A**Interstate Practitioner Details (Mandatory)**

Full Name:		
Date of Birth:		
Residential Address:		
Suburb:	State:	Postcode:
Telephone:	Email:	
Are you the Legal Practitioner Principal/Director of the firm? YES ☐ NO ☐		

SECTION B**Law Practice Details (Mandatory)**

Law Practice: (Legal Entity and Trading Name)	
ACN:	
ABN:	
Address(es) of all interstate offices:	
Please select your type of 'Law Practice': (see section 5)	
☐	a Practitioner who is a sole Practitioner
☐	a Practitioner who is a sole Practitioner with associates
☐	a Partnership
☐	an Incorporated Legal Practice
☐	a firm of Incorporated Legal Practices and/or a firm of Incorporated Legal Practices and Practitioners
☐	a Company Practitioner
☐	a Community Legal Centre

Establishment of an Office in SA Only (Optional)

Are you establishing an office in SA?	YES ☐ NO ☐
If yes, Please specify date of establishment of SA office: Please specify your mode of practice in SA: SELECT OPTION (see regulation 5(f)).¹	
Address of SA office:	

¹ A practitioner practising as a member of a partnership, as an employee, or as a legal practitioner director.

Professional Indemnity Insurance (Mandatory)

Do you hold approved professional indemnity insurance (PII)? (see section 52AA)	YES ☐ NO ☐
If the professional indemnity insurance in force is <u>not</u> approved professional indemnity insurance (within the meaning of section 52AA) practitioners must disclose this to clients before he or she is retained by the client. (see section 52AAB)	
If applicable, has this been complied with?	YES ☐ NO ☐
Please identify your insurer and specify the jurisdiction/s covered by your PII:	
Please <u>attach</u> a copy of current insurance arrangements (policy, certificate/evidence of insurance, schedules, endorsements).	

Incorporated Legal Practices Only (Optional)

Commencement date of engagement of incorporated legal practice in SA (must post-date the date of Form U)

(see Schedule 1, Clause 4 or Clause 4A)

Please list the nominated interstate legal practitioner director/s and whether they practice in SA

(see Schedule 1, Clause 8)

Name of Legal Practitioner Director	Practice in SA?	Details of legal practice in SA e.g. SA clients / projects, SA court proceedings etc.
	SELECT OPTION	
	SELECT OPTION	
	SELECT OPTION	
	SELECT OPTION	
	SELECT OPTION	

ILP partnerships (only)

(see Schedule 1, Clause 4A)

Will the ILP be in partnership with other ILPs?

YES ☐ NO ☐

Will the ILP be in partnership with other legal practitioners?

YES ☐ NO ☐

If yes, provide ILP Partner Company name/s

SECTION C

Interstate Practice Profile (Mandatory)***Interstate Legal Practitioners***

(section 23B)

Please identify all interstate legal practitioners who are engaged in legal practice for the Law Practice in South Australia (s.23B, *Legal Practitioners Act 1981* (SA)). Each interstate practitioner will be issued with a P Code that will be sent directly to their email address listed.

Full Name	Email Address	Home Jurisdiction (see Section 5B)	Practising Certificate Category	Practising Conditions / Limitations	Copy of PC attached**
		SELECT			☐
		SELECT			☐
		SELECT			☐
		SELECT			☐
		SELECT			☐
		SELECT			☐
		SELECT			☐
		SELECT			☐
		SELECT			☐
		SELECT			☐
		SELECT			☐

** Please provide certified copies of current Practising Certificates

Local Legal Practitioners

Please identify all local legal practitioners who are engaged in legal practice for the Law Practice in South Australia.

[illegible]

****A practitioner practising as a member of a partnership, as an employee, or as a legal practitioner director.**

SECTION D**Trust Account (Mandatory)**

(see regulation 5(2)(g))

Pursuant to *Clause 6 of Schedule 2 of the Legal Practitioners Act 1981(SA)* you are deemed to receive trust money in South Australia when:

- the practice obtains possession or control of it directly;
- the practice obtains possession or control of it indirectly as a result of its delivery to an associate of the practice;
- the practice, or an associate of the practice (otherwise than in a private and personal capacity), is given a power to deal with the money for or on behalf of another person; or
- further you are taken to have received money if the money is available to the practice. Clause 11 of Schedule 2 of the Legal Practitioners Act 1981 States that, "*A law practice that receives trust money to which this Schedule applies must maintain a general trust account in this jurisdiction.*"

A law practice's general trust bank account must be a Solicitors Statutory Trust Account banking product, established with an approved ADI in SA. The name of the account must contain the name of the law practice or the business name under which the law practice engages in legal practice and the specific wording, "Law Practice Trust Account," or "Law Practice Trust A/c." Please [click here](#) for information about legal practitioner trust account requirements in South Australia.

Does your existing Law Practice handle trust money in another jurisdiction?	YES ☐ NO ☐
If yes, please specify which jurisdiction/s:	
Will the Law Practice be handling trust money in SA?	YES ☐ NO ☐
If yes, please provide details below:	
General Trust Account Details	
Account Name:	
Bank:	
BSB:	
Account Number:	
Date on which the general trust account was opened:	
External Examiner (if not yet appointed, then leave blank)	

Authorised Signatories (attach additional Pages if necessary)

Signatory 1

Name					
Withdrawal Authority					
Cheque Only	☐	EFT Only	☐	Cheque & EFT	☐
Authorised Signatory Type (Please tick one)					
☐	Authorised Principal				
☐	Authorised Associates (non-practitioner non employee) to JOINTLY sign trust cheques and/or effect withdrawal by EFT				
☐	Authorised Associates (non-practitioner employee) to JOINTLY sign trust cheques and/or effect withdrawal by EFT				
☐	Authorised Legal Practitioner holding a practising certificate that does not prohibit the receipt of trust money				
☐	Authorised Legal Practitioner Associate				
Residential Address					
Suburb		State		Post Code	
Signature:			Date:		

Signatory 2

Name					
Withdrawal Authority					
Cheque Only	☐	EFT Only	☐	Cheque & EFT	☐
Authorised Signatory Type (Please tick one)					
☐	Authorised Principal				
☐	Authorised Associates (non-practitioner non-employee) to JOINTLY sign trust cheques and/or effect withdrawal by EFT				
☐	Authorised Associates (non-practitioner employee) to JOINTLY sign trust cheques and/or effect withdrawal by EFT				
☐	Authorised Legal Practitioner holding a practising certificate that does not prohibit the receipt of trust money				
☐	Authorised Legal Practitioner Associate				
Residential Address					
Suburb		State		Post Code	
Signature:			Date:		

Declaration & Acknowledgement (Mandatory)

I (full name) _____ on behalf of the
Practitioner associates of the law practice:

declare that:

- I am the managing principal of the law practice names in this form; and
- the statements made in this form are true in every particular

Signed	
Dated:	