

Law Society of Prince Edward Island

**APPLICATION FOR RE-ADMISSION**

1. Name \_\_\_\_\_  
(include any other names used)

Address for past 10 years \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_                      E-mail \_\_\_\_\_

2. Dates of admission to and resignation from this or any other law society:  
\_\_\_\_\_

3. Nature of your practice during all periods of membership:  
\_\_\_\_\_  
\_\_\_\_\_

4. Name of employers/firms during all periods of membership:  
\_\_\_\_\_  
\_\_\_\_\_

5. Reasons for leaving membership: (include copies of minutes, discipline decisions and any other relevant documentation)  
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6. Conditions (if any) placed on re-admission: (include documentation)

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7. Employment since leaving membership:

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8. Educational or volunteer activities since leaving membership:

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9. Names, addresses and contact numbers for at least 3 persons familiar with your activities since leaving membership:

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10. If the answer is "yes" to any of the following questions, give full particulars on a separate sheet of paper to be attached to the application form.

a. Have you ever been found guilty of any offense under any statute whether in Canada or abroad?

               
NO YES

b. Has there ever been a judgment entered against you, even if subsequently satisfied?

               
NO YES

c. Have you ever been adjudged in any legal proceedings with bankruptcy, insolvency or have you ever filed a voluntary petition or assignment in bankruptcy?

               
NO YES

d. Have you ever been a defendant in any civil action relating to fraud?

               
NO YES

e. Are there any outstanding civil judgments against you or any civil actions outstanding against you which may result in judgment?

               
NO YES

f. Has any Committal Order ever been made against you or at any time have you not obeyed any order of any Court requiring you to do or abstain from doing any act?

               
NO YES

g. Have you ever been suspended, disqualified, censured or had disciplinary action instituted against you as a member of any professional organization?

NO  YES

h. Have you ever been denied or had revoked any license or permit, the procurement of which requires proof of good character?

NO  YES

i. Have you ever been refused registration as a student at law or articled clerk or similar position in any other jurisdiction?

NO  YES

j. Are you currently receiving treatment for a psychiatric condition?

NO  YES

k. Are you currently under treatment for alcoholism or the use of drugs?

NO  YES

l. Is there to your knowledge or belief any events, circumstances, conditions or matters not disclosed in your replies to the preceding questions that touches or may concern your conduct, character or reputation and that you now or believe might be thought to be an impediment to your admission or matter warranting further inquiry by the Law Society?

NO  YES

11. On what date do you intend to commence practice?

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12. With which firm or organization will you be practicing (*if known*)?

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13. Describe the nature of your intended practice?

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**AUTHORIZATION**

I grant to the Law Society permission to make enquiries from any person, police authority, governing body, or other organization about anything relevant to this application, I authorize all persons enquired or pursuant to this authorization to provide all information requested.

**DECLARATION OF APPLICANT**

I, \_\_\_\_\_, the applicant in this Application for Re-Admission, DO SOLEMNLY DECLARE that the statements contained in my Application are complete and true in every respect.

AND I make this declaration believing it to be true and know that it is of the same force and effect as if made under oath or solemn affirmation.

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 a Notary Public in  
And for

\_\_\_\_\_.

DATE \_\_\_\_\_

Name (signature) \_\_\_\_\_ Witness \_\_\_\_\_

Name (printed) \_\_\_\_\_