

Undisbursable Trust Money – Short Form (For Client Matters Less than \$50 Value)

Under Section 117 (1) of the *Legal Profession Act*
Rule 119.27 (1)(a)

Instructions

1. One form can be used for up to 10 client matters.
2. The Law Society of Alberta reserves the right to request further information or return the money if it appears insufficient or no attempts have been made to distribute the trust money to the proper parties.
3. Under Section 117(1) of the *Legal Profession Act*, the Law Society cannot accept any money unless it has been held in trust by the law firm for a period not less than 2 years.
4. A member practising as a sole practitioner is a “Law Firm” as defined in the Rules.
5. **Please make cheque payable to the Law Society of Alberta.** Please send this form and the cheque to the Calgary office, Attention: Accounting Department.

Note: All questions on this form must be answered.

SECTION A – LAW FIRM INFORMATION

1. Law Firm Name: _____
2. Law Firm Address: _____
City: _____ Province: _____ Postal Code: _____
3. Law Firm Telephone Number: _____ Fax Number: _____
4. Responsible Lawyer: _____
5. Law Firm Email: _____

SECTION B – FINANCIAL DETAILS

TABLE OF TRUST MONEY

File #	File Name	Nature of matter (Select one of the following)	Date Received (mm/dd/yyyy)	Amount
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

The information provided in this form will be used by the Law Society of Alberta for one or more purposes contemplated by the *Legal Profession Act*, the Rules of the Law Society, the Code of Conduct, or a resolution of the Benchers and will be accessible to all departments of the Law Society, including the Alberta Lawyers Insurance Association. The information may be used or disclosed by the Law Society of Alberta, now or in the future, for regulatory purposes, including Law Society of Alberta investigations and proceedings. We may contact you to obtain additional information, or to obtain clarification on the information you provided. Should you have any questions about this, please contact the Privacy Officer at 403-229-4700.

6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
				TOTAL	_____

CORRESPONDING REASONS

Reason (Select one of the following)	Explanation of Other
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____

SECTION C – LAWYER CERTIFICATION

I, _____, certify that the foregoing information is complete and correct to the best of my knowledge.

Date (mm/dd/yyyy)

Signature of Lawyer

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