

Trust Account and Client Ledger Shortages

Rules 119.24 (1) and (3)

Instructions

1. This form must be completed if:
 - (a) a shortage exists that cannot be attributed to a client file and is greater than \$50 or not corrected within 30 days, or
 - (b) a shortage exists on a client file and
 - (i) the law firm does not correct the deficiency within 7 days of the time the shortage arose, and/or
 - (ii) the deficiency is an amount greater than \$2,500, regardless of when the deficiency is corrected.

2. A member practising as a sole practitioner is a "Law Firm" as defined in the Rules.

Note: All questions on this form must be answered. One form must be submitted for each client matter shortage/overdraft.

Please submit this form to Trust.Safety@lawsociety.ab.ca. We do not require the original.

SECTION A – LAW FIRM INFORMATION

1. Law Firm name: _____
2. Law Firm address: _____
City: _____ Province: _____ Postal Code: _____
3. Law Firm telephone number: _____
4. Lawyer responsible for file: _____
5. Law Firm Responsible Lawyer: _____

SECTION B – FILE INFORMATION (if shortage is attributed to a client file)

1. File number and nature of matter: _____
2. Name of client: _____
3. Last known address: _____
City: _____ Province: _____ Postal Code: _____
Country: _____

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.

SECTION C – DETAILS OF TRUST ACCOUNT OR CLIENT ACCOUNT SHORTAGE

1.	Date Discovered (mm/dd/yyyy)	Date Occurred (mm/dd/yyyy)	Date Corrected (mm/dd/yyyy)	Amount	Reason (Select one of the following)
	_____	_____	_____	_____	_____

2. Please provide further explanation:

3. Please attach the following as proof of correction:
- Proof of deposit (including stamp by bank)
 - Bank statement
 - Client ledger card
 - Copy of the cheque

SECTION D – LAWYER CERTIFICATION

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

Date (mm/dd/yyyy)

Signature of Responsible Lawyer

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