

Civil Litigation Transaction Summary Form

For Quarter Ending March 31, 2018
Due April 30, 2018

You must submit this form even if you have no transactions to report in this period.

For your transaction levy filing to be considered complete, LAWPRO must have received a copy of this form **and payment in full** of the amount indicated in Item 2 – **Total Surcharge Payable**. Filings consisting of only a completed surcharge form without payment will not be complete. Please note, no cheques post-dated beyond the due date will be accepted.

I. General Information (print or type)

Firm number*:

Name of Law Firm, Association or Sole Practitioner: _____

Managing Partner, Association LAWYER or Sole Practitioner: _____

Firm contact: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

2. Transactions

Record the total number of transactions which qualify for payment of the civil litigation levy surcharge.

For files opened on or after January 1, 2018	#	<input type="text"/>	x \$100.00 = \$	<input type="text"/>
For files opened before January 1, 2018	#	<input type="text"/>	x \$50.00 = \$	<input type="text"/>
Total Payable			\$	<input type="text"/>

3. List of LAWYERS and PARALEGAL PARTNER(S) OR SHAREHOLDER(S), if any

Verify the list of LAWYERS and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), provided in the box below that are to be included in this particular Transaction Summary filing.

To remove a LAWYER and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), from this filing, strike through the LAWYER'S and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), if any name and Law Society number.

To add a LAWYER and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), to this filing, write in the LAWYER'S and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), name and Law Society number. Use the attached Additional LAWYER and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), Listing page if necessary.

4. Declaration

I hereby certify on behalf of all the LAWYERS and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), listed on this form or on the attached schedule, that the above information is correct.

_____ Date

_____ Signature of Managing Partner/Lawyer, LAWYER on behalf of Association, or Sole Practitioner

A) **Copy this form.**

B) **Attach cheque(s) made payable to:**

The Law Society of Upper Canada

Note: No cheques post-dated beyond the due date will be accepted.

C) **Forward copy and cheque(s) to:**

Lawyers' Professional Indemnity Company
250 Yonge Street, Suite 3101, P. O. Box 3
Toronto, Ontario M5B 2L7
Attn: Finance Department

* Firm number is the number used by your firm to e-file LAWPRO insurance forms.

Civil Litigation Transaction Summary Form

For Quarter Ending June 30, 2018
Due July 31, 2018

You must submit this form even if you have no transactions to report in this period.

For your transaction levy filing to be considered complete, LAWPRO must have received a copy of this form **and payment in full** of the amount indicated in Item 2 – **Total Surcharge Payable**. Filings consisting of only a completed surcharge form without payment will not be complete. Please note, no cheques post-dated beyond the due date will be accepted.

I. General Information (print or type)

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Name of Law Firm, Association or Sole Practitioner: _____

Managing Partner, Association LAWYER or Sole Practitioner: _____

Firm contact: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

2. Transactions

Record the total number of transactions which qualify for payment of the civil litigation levy surcharge.

For files opened on or after January 1, 2018	# <input type="text"/>	x \$100.00 = \$	<input type="text"/>
For files opened before January 1, 2018	# <input type="text"/>	x \$50.00 = \$	<input type="text"/>
Total Payable		\$	<input type="text"/>

3. List of LAWYERS and PARALEGAL PARTNER(S) OR SHAREHOLDER(S), if any

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4. Declaration

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_____ Date

_____ Signature of Managing Partner/Lawyer, LAWYER on behalf of Association, or Sole Practitioner

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The Law Society of Upper Canada

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 250 Yonge Street, Suite 3101, P. O. Box 3
 Toronto, Ontario M5B 2L7
 Attn: Finance Department

* Firm number is the number used by your firm to e-file LAWPRO insurance forms.

You must submit this form even if you have no transactions to report in this period.

Civil Litigation Transaction Summary Form

For Quarter September 30, 2018
Due October 31, 2018

For your transaction levy filing to be considered complete, LAWPRO must have received a copy of this form **and payment in full** of the amount indicated in Item 2 – **Total Surcharge Payable**. Filings consisting of only a completed surcharge form without payment will not be complete. Please note, no cheques post-dated beyond the due date will be accepted.

I. General Information (print or type)

Firm number*:

Name of Law Firm, Association or Sole Practitioner: _____

Managing Partner, Association LAWYER or Sole Practitioner: _____

Firm contact: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

2. Transactions

Record the total number of transactions which qualify for payment of the civil litigation levy surcharge.

Total Transactions & Surcharge Payable # x \$100.00 = \$

3. List of LAWYERS and PARALEGAL PARTNER(S) OR SHAREHOLDER(S), if any

Verify the list of LAWYERS and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), provided in the box below that are to be included in this particular Transaction Summary filing.

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_____ Date

_____ Signature of Managing Partner/Lawyer, LAWYER on behalf of Association, or Sole Practitioner

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Note: No cheques post-dated beyond the due date will be accepted.

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Lawyers' Professional Indemnity Company

250 Yonge Street, Suite 3101, P. O. Box 3

Toronto, Ontario M5B 2L7

Attn: Finance Department

* Firm number is the number used by your firm to e-file LAWPRO insurance forms.

To e-file this form and your payment, visit My LAWPRO at **lawpro.ca**

Civil Litigation Transaction Summary Form

You must submit this form even if you have no transactions to report in this period.

For Quarter Ending December 31, 2018
Due January 31, 2019

For your transaction levy filing to be considered complete, LAWPRO must have received a copy of this form **and payment in full** of the amount indicated in Item 2 – **Total Surcharge Payable**. Filings consisting of only a completed surcharge form without payment will not be complete. Please note, no cheques post-dated beyond the due date will be accepted.

I. General Information (print or type)

Firm number*:

Name of Law Firm, Association or Sole Practitioner: _____

Managing Partner, Association LAWYER or Sole Practitioner: _____

Firm contact: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

2. Transactions

Record the total number of transactions which qualify for payment of the civil litigation levy surcharge.

Total Transactions & Surcharge Payable # x \$100.00 = \$

3. List of LAWYERS and PARALEGAL PARTNER(S) OR SHAREHOLDER(S), if any

Verify the list of LAWYERS and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), provided in the box below that are to be included in this particular Transaction Summary filing.

To remove a LAWYER and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), from this filing, strike through the LAWYER'S and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), name and Law Society number.

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4. Declaration

I hereby certify on behalf of all the LAWYERS and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), listed on this form or on the attached schedule, that the above information is correct.

Date

Signature of Managing Partner/Lawyer, LAWYER on behalf of Association, or Sole Practitioner

A) **Copy this form.**

B) **Attach cheque(s) made payable to:**

The Law Society of Upper Canada

Note: No cheques post-dated beyond the due date will be accepted.

C) **Forward copy and cheque(s) to:**

Lawyers' Professional Indemnity Company

250 Yonge Street, Suite 3101, P. O. Box 3

Toronto, Ontario M5B 2L7

Attn: Finance Department

* Firm number is the number used by your firm to e-file LAWPRO insurance forms.

If you do not practise civil litigation, you may exempt yourself from filing quarterly by filing this annual exemption form.

2018 Exemption from Civil Litigation Transaction Levy Surcharge Quarterly Filings

Due April 30, 2018

I. General Information (print or type)

Firm number*:

Name of Law Firm, Association or Sole Practitioner: _____

Managing Partner, Association LAWYER or Sole Practitioner: _____

Firm contact: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

2. List of LAWYERS:

The following LAWYER(S) and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), of the above firm, association or sole practice claim exemption from payment of the transaction levy surcharge in respect of civil litigation on the grounds that the individual(s) are **not** engaged in transactions in the above area of law.

- Verify the list of LAWYERS and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), provided in the box below that are to be included in this Exemption filing.
- To remove a LAWYER and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), from this filing, strike through the LAWYER and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), name and Law Society number.
- To add a LAWYER and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), to this filing, write in the LAWYER and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), name and Law Society number. Use the attached Addition LAWYER and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), Listing page if necessary.

3. Declaration

I hereby certify on behalf of all the LAWYERS and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any), listed on this form or on the attached schedule, that the above information is correct.

Date Signature of Managing Partner/Lawyer, LAWYER on behalf of Association, or Sole Practitioner

A) **Copy this form.**

or fax: 416-599-8341

B) **Forward copy to:**

1-800-286-7639

Lawyers' Professional Indemnity Company
250 Yonge Street, Suite 3101, P. O. Box 3
Toronto, Ontario M5B 2L7

or email: levies@lawpro.ca

Attn: Finance Department

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**Additional LAWYER and PARALEGAL
PARTNER(S) OR SHAREHOLDER(S) (if any), listing
(for Civil Litigation Transaction Levy filings or Exemption)**

Make additional copies of this page, as required