

## NOTES: Notification of new law practice (other than incorporated legal practice or multi-disciplinary partnership) Section 6.2.24 *Legal Profession Act 2004*

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### INTRODUCTION

Section 6.2.24 of the *Legal Profession Act 2004* ("the Act") requires a law practice, a local legal practitioner or a locally registered foreign lawyer to notify the Board of any change in the information recorded in the register in respect of the practice, practitioner or lawyer within 14 days after it occurs. This form is to be used for notification new law practices only (other than incorporated legal practices or multi-disciplinary partnerships). The creation of a new law practice is a notifiable change. Failure to notify the Board of changes to information within 14 days is an offence under the Act. The maximum penalty is 10 penalty units.

The term 'law practice' is defined in the Act as follows:

*"law practice" means—*

- (a) *an Australian legal practitioner who is a sole practitioner; or*
- (b) *a law firm; or*
- (c) *a multi-disciplinary partnership; or*
- (d) *an incorporated legal practice; or*
- (e) *a community legal centre;*

The following information is required to be kept on the register in respect of law practices:

for each **local legal practitioner who is a sole practitioner**—

- (i) the practitioner's name, date of birth, date of admission to the legal profession and address for service;
- (ii) any conditions imposed on the practitioner's local practising certificate in relation to engaging in legal practice; and
- (iii) any business name under which the practitioner carries on business.

for each **law firm** that engages in legal practice in this jurisdiction—

- (i) the firm's name and address for service; and
- (ii) any business name under which the firm carries on business; and
- (iii) the name of each partner of the firm;

for each **community legal centre**—

- (i) the centre's name and address for service; and
- (ii) the name of each supervising legal practitioner for the centre.

Incorporated legal practices and multi-disciplinary partnerships should not use this form, rather they should use the relevant notification of intention to start providing legal services form.

### PROFESSIONAL INDEMNITY INSURANCE

Before commencing to engage in legal practice in Victoria a law practice must obtain, and at all times while engaged in legal practice must maintain, professional indemnity insurance. The insurance cover is to be taken out with the Liability Committee. Please ensure evidence of cover is attached to this form.

## TRUST MONEY

A law practice that receives trust money to which Part 3.3 of the Act applies must establish and maintain a general trust account in Victoria in accordance with the *Legal Profession Regulations 2005*. The law practice must notify the Board within 14 days of establishing a trust account. Law practices should use the form **Notification of trust account details, Notification of appointment of approved external examiner, Notification of termination of appointment of approved external examiner**.

## Notification of new law practice (other than incorporated legal practice or multi-disciplinary partnership)

### Section 6.2.24 *Legal Profession Act 2004*

Type of law practice (please tick):\

- Sole practitioner  Advocate(Barrister)  Non Advocate
- Sole practitioner - overseas
- Law firm
- Community Legal Centre

### NEW LAW PRACTICE NAME

Law practice name	
ACN	ABN
Business Name(s)	
(provide all business names under which the law practice intends to engage in legal practice)	
Date to commence in Legal Practice:        /        /	

ADDRESS FOR SERVICE (must be street address, not P.O. Box or DX).	
Building, Level	
Street	
Suburb/Town	
State	Postcode

### Other addresses (optional)

PO/GPO Box	Suburb
Postcode	State

DX No	DX Suburb
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Preferred mailing address (please tick)  Address for Service (Street address)  PO Box  DX

Phone	Fax
Email	
Web Address	

**BRANCH ADDRESS**

Building, Level	
Street	
Suburb/Town	
State	Postcode

**Other addresses (optional)**

PO/GPO Box	Suburb
Postcode	State

DX No	DX Suburb
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Preferred mailing address (please tick)    Address for Service (Street address)    PO Box    DX

Phone	Fax
Email	
Web Address	

**NAME OF EACH PARTNER/SUPERVISING LEGAL PRACTITIONER/SOLE PRACTITIONER**

Practitioner ID	Practitioner Name	Position Type
		Partner <input type="checkbox"/> SLP <input type="checkbox"/> Sole Pract <input type="checkbox"/>
		Partner <input type="checkbox"/> SLP <input type="checkbox"/>
		Partner <input type="checkbox"/> SLP <input type="checkbox"/>
		Partner <input type="checkbox"/> SLP <input type="checkbox"/>
		Partner <input type="checkbox"/> SLP <input type="checkbox"/>
		Partner <input type="checkbox"/> SLP <input type="checkbox"/>
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		Partner <input type="checkbox"/> SLP <input type="checkbox"/>
		Partner <input type="checkbox"/> SLP <input type="checkbox"/>

If insufficient space attach extra sheet

One of the following **MUST** be enclosed with this notice (Please tick where applicable)

Current Professional Indemnity Insurance Certificate of Currency; **OR**

Original signed Undertaking to not engage in legal practice in this jurisdiction

**APPROVED CLERK DETAILS (BARRISTERS ONLY)**

Barristers Clerk Name

**Privacy**

The Legal Services Board complies with the privacy principles set out in the *Information Privacy Act 2000*. All personal information you provide will be handled in accordance with these principles. The collection of the information on this form is required by the *Legal Profession Act 2004*. Information held by the Legal Services Board may be disclosed to various organisations, including the Victorian Civil and Administrative Tribunal, the Law Institute of Victoria Ltd, Victorian Bar Inc., Victoria Police and corresponding interstate authorities in order to carry out its duties under the *Legal Profession Act 2004*.

**I confirm that the information in this notice is true and correct**

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Name of Principal (please print)

\_\_\_\_\_  
Practitioner ID of Principal

\_\_\_\_\_  
Position in Law Practice

Date:            /            /