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**Statement Regarding Receipt or Holding of Trust Money for Period 1 July 2018 to 30 June 2019**

***Legal Practitioners Regulations* 2014 - Regulation 48**

Part A – Law Practice Declaration

Part B – Trust Money Statement

**PART A**

|  |  |
| --- | --- |
| Insert name of law practice | Click here to enter text. |
| Insert address of law practice | Click here to enter text. |
|  | Click here to enter text. |

DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | **Did the law practice also provide legal services under other names?**  If “Yes” complete table below. | **Yes** | **No** |
|  |  |
|  | Law Practice Name | Period from | Period to |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.** | **Did the law practice conduct business at other offices?**  If “Yes” complete table below. | **Yes** | **No** |
|  |  |
|  | Law Practice Name and Address | Period from | Period to |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. | **Was the law practice operated by:**  Complete the table below for the reporting period e.g. 1 July 2018 to 30 June 2019. | |  |  |
|  |  | If YES indicate | Period from | Period to |
|  | Sole Practitioner |  | Click here to enter text. | Click here to enter text. |
|  | A Multi-Practitioner Law Firm |  | Click here to enter text. | Click here to enter text. |
|  | Incorporated Legal Practice |  | Click here to enter text. | Click here to enter text. |
|  | Some other type of entity: Click here to enter text. |  | Click here to enter text. | Click here to enter text. |

4. During the period 1 July 2018 to 30 June 2019 did the law practice?

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **YES** | **NO** |
| (a) | Receive or hold money that was required to be deposited into a general trust account with an Approved ADI in this jurisdiction: |  |  |
| (b) | Receive or hold controlled money; |  |  |
| (c) | Receive or hold trust money subject to a specific power |  |  |
| (d) | Receive or hold money subject to a written direction |  |  |
| (e) | Receive or hold a direction to invest trust money on behalf of any person |  |  |
| (f) | Receive transit money and NOT retain particulars as required by Regulation 39 of the Legal Practitioners Regulations 2014 |  |  |
| (g) | Have a general trust account but DID NOT receive or hold money that was required to be deposited into a general trust account with an Approved ADI account in this jurisdiction. |  |  |
| **During the period 1 July 2018 to 30 June 2019 did a legal practitioner or associate provide legal services (other than in a personal/private capacity):** | | | |
| (h) | as a sole executor? |  |  |
| (i) | as a sole attorney or under any other power in a sole capacity? |  |  |
| (j) | as a co-executor? |  |  |
| (k) | as a joint attorney or under any other power in a co-capacity? |  |  |

5. If any question at Item 4(a), (b), (c), (d), (e) or (f) is answered YES the law practice is required to

complete Part B and provide the completed Law Practice Declaration and Trust Money Statement

to its External Examiner, no later than **31 August 2019**, prior to the commencement of the examination.

6. If all questions at Item 4 are answered NO, the law practice is required to provide Part A only

to the Law Society of South Australia by **31 October 2019**.

7. If only question 4 (g) is answered YES, then the practice is required to provide the trust bank

statements for the period together with Part A only to the Law Society of South Australia by **31**

**October 2019**.

Contact details of the Society.

|  |  |
| --- | --- |
|  | Law Society of South Australia |
| **By Mail:** | GPO Box 2066  ADELAIDE SA 5001 |
|  |  |
| **By Courier or**  **Personal Delivery:** | Level 10, Terrace Towers  178 North Terrace  ADELAIDE SA 5000 |
| **By email:** | To be printed, signed, scanned and emailed to [ethicsandpractice@lawsocietysa.asn.au](mailto:ethicsandpractice@lawsocietysa.asn.au) |

**Declaration:**

**As the practitioner who completed Part A of the Statement Regarding Receipt or Holding of Trust Money, I declare that the responses contained in this Part of the Statement are true to the best of my knowledge and belief:**

|  |  |
| --- | --- |
| Signed: |  |
| Print Name: |  |
| Date: |  |
|  |  |

**PART B**

|  |
| --- |
| **Name of law practice:** Click here to enter text. |

1. **TRUST ACCOUNT RECORDS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **YES** | | **NO** | | **N/A** |
| Are separate trust account records maintained for any branch offices or law practice names noted in questions 1 and 2 of Part A of this form? | |  | |  |  |

If “Yes” please provide a separate Part B with the name of each branch office or law practice name on the additional form.

1. **GENERAL TRUST ACCOUNT DETAILS**

|  |  |  |
| --- | --- | --- |
| **General Trust Account Reconciliation** | **Bank 1** | **Bank 2**  **(if required)** |
| ADI Name | Click here to enter text. | Click here to enter text. |
| BSB and ADI Account Number | Click here to enter text. | Click here to enter text. |
| Branch Address | Click here to enter text. | Click here to enter text. |
| Period | From: Click here to enter text.  To: Click here to enter text. | From: Click here to enter text.  To: Click here to enter text. |
| **Balance as per general trust ADI (bank) statement\* as at 30 June 2019** | $ Click here to enter text. | $ Click here to enter text. |
| Add: Receipts not yet deposited (if any) | Click here to enter text. | Click here to enter text. |
| Deduct: Unpresented cheques (if any) | Click here to enter text. | Click here to enter text. |
| Deduct: Deposits not yet receipted (if any) | Click here to enter text. | Click here to enter text. |
| Add/Deduct: other adjustments | Click here to enter text. | Click here to enter text. |
| **Reconciled ADI (bank) Balance** | $ Click here to enter text. | $ Click here to enter text. |

Attach schedule if more than two bank accounts maintained.

\***ADI** Approved Deposit Taking Institution.

|  |  |
| --- | --- |
| **Cash book balance as at 30 June 2019** | $ Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Trial Balance** **as at 30 June 2019** | **$** | **No of Matters** |
| Total of all trust ledger account balances as at  30 June 2019 | Click here to enter text. | Click here to enter text. |
| Less amount (if any) in Law Practice Combined Trust Account | Click here to enter text. | |
| **Total trust ledger balances** | Click here to enter text. | |

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| As at 30 June 2019 was there a difference between the reconciled ADI balance, cash book and list of trust ledger accounts and their balances? |  |  |

If “Yes” please provide an explanation in a Schedule to this Declaration.

1. **TRUST LEDGER ACCOUNT DEFICIENCY REPORT**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Did the law practice have any trust ledger accounts that were overdrawn or deficient during the period? |  |  |

If “Yes” please provide a list of the accounts and explanations.

1. **GENERAL TRUST ADI ACCOUNT OVERDRAWN REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | | **NO** |
| Was any General Trust Account overdrawn or deficient during the period? | |  |  |

If “Yes” please provide a list of the date(s) and explanations.

1. **INFORMATION ON DORMANT TRUST LEDGER BALANCES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | | **NO** |
| Does the law practice have any dormant trust ledger accounts disclosed on the trial balance as at 30 June 2019? | |  |  |

If “Yes” please provide a list of the dormant balances.

NB: Dormant balances are ledger accounts with no movement for 12 months or more.

1. **INFORMATION RELATING TO THE MAINTENANCE OF THE RECORDS FOR THE GENERAL TRUST ACCOUNT**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Has the practice changed its general trust accounting system since 30 June **2018**? |  |  |
| Has the person responsible for the maintenance of the general trust account records changed since 30 June **2018**? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Manually** | **Computer** | **Mixture of Manual/ Computer** |
| How are the general trust account records maintained? |  |  |  |
| If by computer, state name of software and version number. | Click here to enter text. | | |

1. **REVNET ACCOUNT**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **YES** | **NO** |
| Do you operate a separate account for RevNet purposes (ie an account other than the General Trust Account or the office account from which all RevNet payments are made)? | |  |  |
| If **Yes**, provide account details: | |  |  |
| Account Name: Click here to enter text. | |
| BSB: Click here to enter text. | Account Number: Click here to enter text. |
| Have you obtained written approval from the Society to operate such an account? | |  |  |

1. **LAW PRACTICE COMBINED TRUST ACCOUNT (CTA)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **YES** | **NO** |
| Do you have a Combined Trust Account? | | | | |  |  |
| If your CTA deposit is not held at the same ADI as your general trust account, where is it held? | | | | | Click here to enter text. | |
| Amount on deposit in CTA as at 30 June 2019: | | | | | **$** Click here to enter text. | |
| 1. **For the CTA calculation period ending 30 November 2018** | | | | | **YES** | **NO** |
| Were you required to make a deposit to the Combined Trust Account? | | | | |  |  |
| Did you make the required deposit within the time prescribed? | | | | |  |  |
| If not, did you give notice of withholding to the Society on or before 14 December 2018? | | | | |  |  |
| 1. **For the CTA calculation period ending 31 May 2019**: | | | | | **YES** | **NO** |
| Were you required to make a deposit to the Combined Trust Account? | | | | |  |  |
| Did you make the required deposit within the time prescribed? | | | | |  |  |
| If not, did you give notice of withholding to the Society on or before 14 June 2019? | | | | |  |  |
| 1. **For the period 1 July 2018 to 30 June 2019:** | | | | | **YES** | **NO** |
| Have you made any withdrawals from the Combined Trust Account during this period? | | | | |  |  |
| **If YES, list the dates and amounts withdrawn:** | | |  | | | |
| **Date** | **Amount Withdrawn** | **Date** | | **Amount Withdrawn** | | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | | |

1. **CONTROLLED MONEY DETAILS AS AT 30 JUNE 2019**

|  |  |  |
| --- | --- | --- |
|  | **Amount $** | **Number of Accounts** |
| Controlled Money | Click here to enter text. | Click here to enter text. |

1. **CONTROLLED MONEY ACCOUNT DEFICIENCY REPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YES** | | **NO** | **N/A** |
| Was any controlled money account overdrawn during the period 1 July 2018 to 30 June 2019? |  |  | |  |

If “Yes” please provide a list of the accounts and any explanations.

1. **INFORMATION RELATING TO THE MAINTENANCE OF THE RECORDS FOR THE CONTROLLED MONEY RECORDS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **YES** | **NO** | | **N/A** | |
| Has the practice changed its Controlled Money accounting system since  30 June **2018**? |  | |  | |  |
| Has the person responsible for the maintenance of the controlled money records changed since 30 June **2018**? |  | |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Manually** | **Computer** | **Mixture of Manual/ Computer** |
| How are the controlled money account records maintained? |  |  |  |
| If by computer, state name of software and version number. | Click here to enter text. | | |

1. **INFORMATION RELATING TO ACCOUNTS WHERE TRUST MONEY IS THE SUBJECT OF A SPECIFIC POWER AS AT 30 JUNE 2019**

|  |  |  |
| --- | --- | --- |
|  | **Amount $** | **Number of Accounts** |
| Trust money subject to a specific power | Click here to enter text. | Click here to enter text. |

1. **INFORMATION RELATING TO THE REGISTER OF INVESTMENTS OF TRUST MONEY AS AT 30 JUNE 2019**

|  |  |  |
| --- | --- | --- |
|  | **Amount $** | **Number of Accounts** |
| Investment Register money | Click here to enter text. | Click here to enter text. |

1. **INFORMATION RELATING TO THE MAINTENANCE OF THE RECORDS FOR THE REGISTER OF INVESTMENT OF TRUST MONEY RECORDS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **N/A** |
| Has the practice changed its Register of Investment of Trust Money accounting system since 30 June **2018**? |  |  |  |
| Has the person responsible for the maintenance of the Register of Investment of Trust Money records changed since 30 June **2018**? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Manually** | **Computer** | **Mixture of Manual/ Computer** |
| How are the Register of Investment of Trust Money records maintained? |  |  |  |
| If by computer, state name of software and version number. | Click here to enter text. | | |

1. **INFORMATION RELATING TO TRANSIT MONEY AS AT 30 JUNE 2019**

|  |  |  |
| --- | --- | --- |
|  | **Amount $** | **Number of Accounts** |
| Amount of any transit money held on  30 June 2019. | Click here to enter text. | Click here to enter text. |

1. **SCHEDULES TO BE ATTACHED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YES** | **NO** | **N/A** | |
| Explanation for Reconciliation difference is attached as per Item 2 as Schedule 1 |  |  | |  |
| List of: Receipts not yet deposited; Unpresented cheques; Deposits not yet receipted; Other adjustments is attached as per Item 2 as Schedule 2 |  |  | |  |
| A copy of the 30 June list of trust account ledgers and their balances is attached as per Item 2 as Schedule 3 |  |  | |  |
| Copy of the General Trust Account Reconciliation and Bank Statement as at 30 June is attached as Schedule 4 |  |  | |  |
| Copies of Overdrawn Trust Ledger Accounts and/or General Trust Account as per Item 3 and 4 are attached as Schedule 5 |  |  | |  |
| List of Dormant trust ledger balances recording; name of trust ledger, amount, matter description, date of last transaction and reason balance held as per Item 5 is attached as Schedule 6 |  |  | |  |
| Explanation for non-compliance with CTA deposit as per Item 8 is attached as Schedule 7 |  |  | |  |
| Schedule of Controlled Money accounts as per Item 9 are attached as Schedule 8 |  |  | |  |
| Copies of overdrawn Controlled Money accounts as per Item 10 are attached as Schedule 9 |  |  | |  |
| List of Trust money subject to a specific power as per Item 12 is attached as Schedule 10 |  |  | |  |
| List of Register of Investment of Trust Money as per Item 13 is attached as Schedule 11 |  |  | |  |
| List of Transit Money as per Item 15 is attached as Schedule 12 |  |  | |  |

1. **DURING THE EXAMINATION PERIOD, DID THE LAW PRACTICE DISBURSE TRUST MONEY VIA ELECTRONIC FUNDS TRANSFER (EFT) FROM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **YES** | | **NO** | **N/A** | |
| General Trust Accounts | |  |  | |  |
| Controlled Money Accounts | |  |  | |  |
| Trust Money Subject to a Specific Power | |  |  | |  |
| Written direction money | |  |  | |  |
| Register of Investments of Trust Money Accounts | |  |  | |  |

1. **ASSESSING RISKS TO THE LAW PRACTICE**

**Affairs of the Practice - Pursuant to clause 3(1) of Schedule 4 of the *Legal Practitioners Act* *1981***

|  |  |  |
| --- | --- | --- |
| **OFFICE ACCOUNT/OPERATING ACCOUNT** | | |
| 1. Bank balance as at 30 June 2019 | **$** Click here to enter text. | |
| 1. Overdraft limit as at 30 June 2019 | **$** Click here to enter text. | |
|  | | |
| 1. Provide a copy of the most recent Office Bank Reconciliation Report | Click here to enter text. | |
|  | | |
| **Please answer the following:** | **YES** | **NO** |
| 1. Are taxes and superannuation up to date? (if not provide details including amount(s) owing, relative periods due and any payment arrangement(s)) |  |  |
| Click here to enter text. | | |
| 1. Have any solicitors letters, demands, summons, judgements or warrants been issued against you/practice/company during the period 1 July 2018 to 30 June 2019 (if so provide details of amounts owing and due dates) |  |  |
| Click here to enter text. | | |
| 1. Have any creditors placed you/practice/company on “cash on demand” terms? (if so provide details) |  |  |
| Click here to enter text. | | |
| 7. Have any operating account cheques been dishonoured during the period  1 July 2018 to 30 June 2019? (if so provide details) |  |  |
| Click here to enter text. | | |
| 8. Have you/practice/company been refused finance during the period 1  July 2018 to 30 June 2019? (if so provide details) |  |  |
| Click here to enter text. | | |
| 9. Have you changed banks for the office operating account during the  period 1 July 2018 to 30 June 2019? |  |  |
| Click here to enter text. | | |

1. **CERTIFICATION**

Name of certifying principal: Click here to enter text.

I certify that to the best of my knowledge and belief:

1. the details provided in Part B of the Statement are complete and correct; and
2. the records in respect to:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Have** | **Have not** | **N/A** |
| General Trust Accounts |  |  |  |
| Controlled Money Accounts |  |  |  |
| Trust Money Subject to Specific Power |  |  |  |
| Written direction money |  |  |  |
| Register of Investments of Trust Money Accounts |  |  |  |
| Transit Money |  |  |  |

been properly kept in accordance with the provisions of the *Legal Practitioners Act* 1981and *Legal Practitioners Regulations* 2014; and

1. all trust money received has been dealt with in accordance with the requirements of the *Legal Practitioners Act* 1981and *Legal Practitioners Regulations* 2014.

|  |  |
| --- | --- |
| Signed: |  |
| Print Name: |  |
| Date: |  |
|  |  |