



**THE LAW SOCIETY**  
**OF SOUTH AUSTRALIA**  
THE VOICE OF THE SOUTH AUSTRALIAN LEGAL PROFESSION

**Statement Regarding Receipt or Holding of Trust Money for Period  
1 July 2019 to 30 June 2020**

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

Part A – Law Practice Declaration

Part B – Trust Money Statement

**PART A**

Insert name of law practice

Insert address of law practice


DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

<b>1.</b>	<b>Did the law practice also provide legal services under other names?</b> If "Yes" complete table below.	<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input type="checkbox"/>
	Law Practice Name	Period from	Period to

<b>2.</b>	<b>Did the law practice conduct business at other offices?</b> If "Yes" complete table below.	<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input type="checkbox"/>
	Law Practice Name and Address	Period from	Period to

<b>3.</b>	<b>Was the law practice operated by:</b> Complete the table below for the reporting period e.g. 1 July 2019 to 30 June 2020.			
			if YES indicate	Period from
	Sole Practitioner	<input type="checkbox"/>		
	A Multi-Practitioner Law Practice	<input type="checkbox"/>		
	Incorporated Legal Practice	<input type="checkbox"/>		
	Some other type of entity:	<input type="checkbox"/>		

4. During the period 1 July 2019 to 30 June 2020 did the law practice?

		YES	NO
(a)	Receive or hold trust money that was required to be deposited into a general trust account with an Approved ADI in this jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>
(b)	Receive or hold controlled money	<input type="checkbox"/>	<input type="checkbox"/>
(c)	Receive or hold trust money subject to a specific power excluding power money pursuant to the PEXA Settlement Scheme	<input type="checkbox"/>	<input type="checkbox"/>
(d)	Receive or hold trust money subject to a specific power pursuant to the PEXA Settlement Scheme	<input type="checkbox"/>	<input type="checkbox"/>
(e)	Receive or hold trust money subject to a written direction	<input type="checkbox"/>	<input type="checkbox"/>
(f)	Receive or hold a direction to invest trust money on behalf of any person	<input type="checkbox"/>	<input type="checkbox"/>
(g)	Receive transit money and NOT retain particulars as required by Regulation 39 of the Legal Practitioners Regulations 2014	<input type="checkbox"/>	<input type="checkbox"/>
(h)	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.	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the period 1 July 2019 to 30 June 2020 did a legal practitioner or associate provide legal services (other than in a personal/private capacity):</b>			
(i)	as a sole executor?	<input type="checkbox"/>	<input type="checkbox"/>
(j)	as a sole attorney or under any other power in a sole capacity?	<input type="checkbox"/>	<input type="checkbox"/>
(k)	as a co-executor?	<input type="checkbox"/>	<input type="checkbox"/>
(l)	as a joint attorney or under any other power in a co-capacity?	<input type="checkbox"/>	<input type="checkbox"/>

5. If any question at Item 4(a), (b), (c), (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 2020**, 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 2020**.

7. If only question 4 (h), or 4(d) and 4(h), 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 2020**.

Contact details of the Society.

**By Mail:** Law Society of South Australia  
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:**

**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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**2. GENERAL TRUST ACCOUNT DETAILS**

General Trust Account Reconciliation	Bank 1	Bank 2 (if required)
ADI Name		
BSB and ADI Account Number		
Branch Address		
Period	From: To:	From: To:
<b>Balance as per general trust ADI (bank) statement* as at 30 June 2020</b>	\$	\$
Add: Receipts not yet deposited (if any)		
Deduct: Unpresented cheques (if any)		
Deduct: Deposits not yet received (if any)		
Add/Deduct: other adjustments		
<b>Reconciled ADI (bank) Balance</b>	\$	\$

Attach schedule if more than two bank accounts maintained.

\*ADI Approved Deposit Taking Institution.

<b>Cash book balance as at 30 June 2020</b>	\$
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Trial Balance as at 30 June 2020	\$	No of Matters
Total of all trust ledger account balances as at 30 June 2020		
Less amount (if any) in Law Practice Combined Trust Account		
<b>Total trust ledger balances</b>		

	YES	NO
As at 30 June 2020 was there a difference between the reconciled ADI balance, cash book and list of trust ledger accounts and their balances?	<input type="checkbox"/>	<input type="checkbox"/>

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

### 3. TRUST LEDGER ACCOUNT DEFICIENCY REPORT

	YES	NO
Did the law practice have any trust ledger accounts that were overdrawn or deficient during the period?	<input type="checkbox"/>	<input type="checkbox"/>

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

### 4. GENERAL TRUST ADI ACCOUNT OVERDRAWN REPORT

	YES	NO
Was any General Trust Account overdrawn or deficient during the period?	<input type="checkbox"/>	<input type="checkbox"/>

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

### 5. 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 2020?	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes" please provide a list of the dormant balances.

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

### 6. 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 2019?	<input type="checkbox"/>	<input type="checkbox"/>
Has the person responsible for the maintenance of the general trust account records changed since 30 June 2019?	<input type="checkbox"/>	<input type="checkbox"/>

	Manually	Computer	Mixture of Manual/Computer
How are the general trust account records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If by computer, state name of software and version number.			

### 7. 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)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide account details:		
Account Name:		
BSB: _____ Account Number: _____		
Have you obtained written approval from the Society to operate such an account?	<input type="checkbox"/>	<input type="checkbox"/>

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

	YES	NO	
Do you have a Combined Trust Account?	<input type="checkbox"/>	<input type="checkbox"/>	
If your CTA deposit is not held at the same ADI as your general trust account, where is it held?			
Amount on deposit in CTA as at 30 June 2020:	\$		
<b>a. For the CTA calculation period ending 30 November 2019</b>	YES	NO	
Were you required to make a deposit to the Combined Trust Account?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you make the required deposit within the time prescribed?	<input type="checkbox"/>	<input type="checkbox"/>	
If not, did you give notice of withholding to the Society on or before 14 December 2019?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b. For the CTA calculation period ending 31 May 2020:</b>	YES	NO	
Were you required to make a deposit to the Combined Trust Account?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you make the required deposit within the time prescribed?	<input type="checkbox"/>	<input type="checkbox"/>	
If not, did you give notice of withholding to the Society on or before 14 June 2020?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c. For the period 1 July 2019 to 30 June 2020:</b>	YES	NO	
Have you made any withdrawals from the Combined Trust Account during this period?	<input type="checkbox"/>	<input type="checkbox"/>	
If YES, list the dates and amounts withdrawn:			
<b>Date</b>	<b>Amount Withdrawn</b>	<b>Date</b>	<b>Amount Withdrawn</b>

**9. CONTROLLED MONEY DETAILS AS AT 30 JUNE 2020**

	Amount \$	Number of Accounts
Controlled Money		

**10. CONTROLLED MONEY ACCOUNT DEFICIENCY REPORT**

	YES	NO	N/A
Was any controlled money account overdrawn during the period 1 July 2019 to 30 June 2020?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**11. 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 <b>2019</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the person responsible for the maintenance of the controlled money records changed since 30 June <b>2019</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Manually	Computer	Mixture of Manual/Computer
How are the controlled money account records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If by computer, state name of software and version number.			

**12. INFORMATION RELATING TO ACCOUNTS WHERE TRUST MONEY IS THE SUBJECT OF A SPECIFIC POWER AS AT 30 JUNE 2020**

	Amount \$	Number of Accounts
Trust money subject to a specific power		

**13. INFORMATION RELATING TO THE REGISTER OF INVESTMENTS OF TRUST MONEY AS AT 30 JUNE 2020**

	Amount \$	Number of Accounts
Investment Register money		

**14. 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 <b>2019</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the person responsible for the maintenance of the Register of Investment of Trust Money records changed since 30 June <b>2019</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Manually	Computer	Mixture of Manual/Computer
How are the Register of Investment of Trust Money records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If by computer, state name of software and version number.			



**15. INFORMATION RELATING TO TRANSIT MONEY AS AT 30 JUNE 2020**

	Amount \$	Number of Accounts
Amount of any transit money held on 30 June 2020.		

**16. SCHEDULES TO BE ATTACHED**

	YES	NO	N/A
Explanation for Reconciliation difference is attached as per Item 2 as Schedule 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of: Receipts not yet deposited; Unpresented cheques; Deposits not yet receipted; Other adjustments is attached as per Item 2 as Schedule 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A copy of the 30 June list of trust account ledgers and their balances is attached as per Item 2 as Schedule 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the General Trust Account Reconciliation and Bank Statement as at 30 June is attached as Schedule 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of Overdrawn Trust Ledger Accounts and/or General Trust Account as per Item 3 and 4 are attached as Schedule 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation for non-compliance with CTA deposit as per Item 8 is attached as Schedule 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule of Controlled Money accounts as per Item 9 are attached as Schedule 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of overdrawn Controlled Money accounts as per Item 10 are attached as Schedule 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of Trust money subject to a specific power as per Item 12 is attached as Schedule 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of Register of Investment of Trust Money as per Item 13 is attached as Schedule 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of Transit Money as per Item 15 is attached as Schedule 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	YES	NO	N/A
General Trust Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlled Money Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust Money Subject to a Specific Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written direction money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Register of Investments of Trust Money Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 18. 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 2020	\$	
2. Overdraft limit as at 30 June 2020	\$	
3. Provide a copy of the most recent Office Bank Reconciliation Report		
<b>Please answer the following:</b>		
	<b>YES</b>	<b>NO</b>
4. Are taxes and superannuation up to date? (if not provide details including amount(s) owing, relative periods due and any payment arrangement(s))	<input type="checkbox"/>	<input type="checkbox"/>
5. Have any solicitors letters, demands, summons, judgements or warrants been issued against you/practice/company during the period 1 July 2019 to 30 June 2020 (if so provide details of amounts owing and due dates)		
	<input type="checkbox"/>	<input type="checkbox"/>
6. Have any creditors placed you/practice/company on "cash on demand" terms? (if so provide details)		
	<input type="checkbox"/>	<input type="checkbox"/>
7. Have any operating account cheques been dishonoured during the period 1 July 2019 to 30 June 2020? (if so provide details)		
	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you/practice/company been refused finance during the period 1 July 2019 to 30 June 2020? (if so provide details)		
	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you changed banks for the office operating account during the period 1 July 2019 to 30 June 2020?		
	<input type="checkbox"/>	<input type="checkbox"/>

**19. CERTIFICATION**

Name of certifying principal: \_\_\_\_\_

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

(a) the details provided in Part B of the Statement are complete and correct; and

(b) the records in respect to:

	Have	Have not	N/A
General Trust Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlled Money Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust Money Subject to Specific Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written direction money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Register of Investments of Trust Money Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transit Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_