



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 2020 to 30 June 2021**

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:

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

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

| | | | | |
|-----------|---|--------------------------|-----------------|-------------|
| 3. | Was the law practice operated by: Complete the table below for the reporting period e.g. 1 July 2020 to 30 June 2021. | | | |
| | | | 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 2020 to 30 June 2021 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"/> |
| During the period 1 July 2020 to 30 June 2021 did a legal practitioner or associate provide legal services (other than in a personal/private capacity): | | | |
| (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 2021**, 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 2021**.

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 2021**.

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

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: |
| Balance as per general trust ADI (bank) statement* as at 30 June 2021 | \$ | \$ |
| Add: Receipts not yet deposited (if any) | | |
| Deduct: Unpresented cheques (if any) | | |
| Deduct: Deposits not yet received (if any) | | |
| Add/Deduct: other adjustments | | |
| Reconciled ADI (bank) Balance | \$ | \$ |

Attach schedule if more than two bank accounts maintained.

*ADI Approved Deposit Taking Institution.

| | |
|---|----|
| Cash book balance as at 30 June 2021 | \$ |
|---|----|

| Trial Balance as at 30 June 2020 | \$ | No of Matters |
|---|----|---------------|
| Total of all trust ledger account balances as at 30 June 2021 | | |
| Less amount (if any) in Law Practice Combined Trust Account | | |
| Total trust ledger balances | | |

| | 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 2021? | <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 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the person responsible for the maintenance of the general trust account records changed since 30 June 2020? | <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 2021: | \$ | | |
| a. For the CTA calculation period ending 30 November 2020 | 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 2020? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. For the CTA calculation period ending 31 May 2021: | 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 2021? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. For the period 1 July 2020 to 30 June 2021: | 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: | | | |
| Date | Amount Withdrawn | Date | Amount Withdrawn |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

9. CONTROLLED MONEY DETAILS AS AT 30 JUNE 2021

| | 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 2020 to 30 June 2021? | <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 2020 ? | <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 2020 ? | <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 2021

| | 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 2021

| | 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 2020 ? | <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 2020 ? | <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 2021

| | Amount \$ | Number of Accounts |
|---|-----------|--------------------|
| Amount of any transit money held on 30 June 2021. | | |

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 2021 | \$ | |
| 2. Overdraft limit as at 30 June 2021 | \$ | |
| 3. Provide a copy of the most recent Office Bank Reconciliation Report | | |
| Please answer the following: | | |
| | YES | NO |
| 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 2020 to 30 June 2021 (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 2020 to 30 June 2021? (if so provide details) | | |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you/practice/company been refused finance during the period 1 July 2020 to 30 June 2021? (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 2020 to 30 June 2021? | | |
| | <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: _____