

3492 – APPLICATION FOR A SPECIAL AUTHORIZATION

For a person working remotely
(Section 42.4 Professional Code)

PART A ■ Professional contact information about applicant

1. Personal information

Last name: _____ First name: _____
Full address: _____

2. Professional contact details

Full address: _____
Telephone: _____ Fax: _____
Email: _____

3. Bar membership(s)

I am a member of the following bar(s):

Name of bar: _____ Date admitted: _____

Member number: _____ Status: _____

Name of bar: _____ Date admitted: _____

Member number: _____ Status: _____

Please enclose an original certificate of good standing issued by the authorized officer of the bar of which you are a member, attesting that you are authorized to practice law outside Quebec.

4. I am attaching a certificate from my professional liability insurer guaranteeing that the professional services rendered by me in Quebec are insured.

YES NO

PART B ■ Undertaking to practice remotely in Quebec

I declare that the following facts relating to the practice of the profession I intend to carry on in Quebec are true and undertake to maintain them at all times during the period for which this special authorization is granted:

- I will not provide any services to Quebec clients .
- I will not practice Quebec law (with the exception of federal law for Canadian lawyers) .
- I will not represent clients before Quebec courts, tribunals or agencies.
- I will not use a professional (trust or general) bank account in Quebec.
- I will not charge any fees in Quebec.
- My professional address will be outside Quebec.
- I will not mention a Quebec address on any correspondence or other documents produced in the course of my practice (letters, emails, invoices, proceedings, etc.).
- My clients will not be notified that I practice in Quebec.
- I will not advertise or solicit clients in Quebec.

Employer awareness:

I _____ (first and last name), _____ (title),
duly authorized representative of _____ (company or partnership)
declare that the applicant is exclusively employed by us and has notified me of this application and
the conditions attached hereto.

SIGNATURE OF EMPLOYER'S AUTHORIZED REPRESENTATIVE AND DATE: _____

Professional liability insurance:

Quebec lawyers have professional liability coverage of \$10 million.

Canadian or foreign lawyers who obtain special authorization to practice in Quebec in a specific case pursuant to section 42.4 of the *Professional Code*, must have professional liability insurance which the coverage is not necessary of at least \$10,000,000

PART C ■ Special authorization

Canadian or foreign lawyers who obtain special authorization to practice in Quebec under section 42.4 of the *Professional Code* are authorized to practice law in accordance with the conditions of this authorization. They must therefore act within the parameters of this authorization.

PART D ■ Jurisdiction of local bar

In the even of a dispute with respect to the professional services rendered by a Canadian or foreign lawyer who has obtained special authorization to practice in Quebec under section 42.4 of the *Professional Code*, complaints must be submitted to the bar of which the lawyer is a member. The Barreau du Québec has no jurisdiction to deal with complaints arising from the case.

PART E ■ Administrative fees

The administrative fee for a first application is \$237. Other applications filed during the same year are free of charge. Renewal applications are free of charge.

To pay by credit card (Visa or Mastercard), please visit www.barreau.qc.ca/paiement and select form **#3492**.

PART F ■ Declaration

I undertake to practice law in Quebec in accordance with this special authorization.

I undertake to fulfill all obligations set out in the *Act respecting the Barreau du Québec*, the *Code of Professional Conduct of Lawyers* and the other regulations of the Barreau du Québec.

I agree to **immediately** notify the Barreau du Québec of any change in the information provided in this application.

Signature

Solemnly affirmed before me at _____,

this ____ day of _____ on the year ____.

(Commissioner for oaths)

Commissioner's no.: _____

Special authorization to practice duly granted on _____

President of the Barreau du Québec

This authorization is valid for a period not exceeding twelve months, subject to compliance with the conditions set out herein. It may be renewed by the President upon request.

RETURN BY EMAIL

- this duly completed form a certificate of good standing
 professional liability insurance certificate receipt for payment of \$237

Secretariat of the Barreau du Québec

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