

## APPLICATION FOR RENEWAL OF 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 do not provide any services to Quebec clients .
- I do not practice Quebec law (with the exception of federal law for Canadian lawyers) .
- I do not represent clients before Quebec courts, tribunals or agencies.
- I do not use a professional (trust or general) bank account in Quebec.
- I do not charge any fees in Quebec.
- My professional address is outside Quebec.
- I do 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 are not be notified that I practice in Quebec.
- I do 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 ■ 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

Affirmed on my oath at \_\_\_\_\_,  
this \_\_\_\_ day of \_\_\_\_\_ on the year \_\_\_\_\_.

**Renewal of 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

#### **Secretariat of the Barreau du Québec**

Maison du Barreau, 445, boulevard Saint-Laurent, Montréal, Quebec CANADA H2Y 3T8  
Email: permis@barreau.qc.ca