

Solicitor Disclosure Form

I,
of

have read your acceptance of my Expression of Interest to work as a Solicitor on Thursdays evenings and Saturdays mornings according to a Duty Roster prepared and take up all the responsibilities associated with that position on a voluntary basis.

I am prepared provide assistance for one year commencing from _____ 20__ as a Solicitor at the Toongabbie Legal Centre.

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| <p>1. My Date of Birth: ____ / ____ / 20 ____</p> <p>2. Qualifications: _____</p> <p>3. Years of practising as a Solicitor under the current business name: _____ years</p> <p>4. Years of practising as a Solicitor under previous Business Practice (<i>please include the name</i>):
 _____ / _____ years</p> <p>5. Have you been (or are you) a member of any Joint Venture? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5a. If YES, please provide the description and nature of the Joint Venture project:

 _____</p> <p>6. During the past 10 years has any Claim been made, or has negligence been alleged, against you, or have any circumstances which may give rise to a claim against you been notified to insurers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6a. If YES, please give the following details:</p> <p>(i) Year Notified: _____</p> <p>(ii) Insured With: _____</p> <p>(iii) Claimant: _____</p> <p>(iv) Nature of Problem: _____
 _____</p> <p>(v) Amount Paid/Outstanding: _____</p> | <p>7. Are there any circumstances not already notified to insurers, which may give rise to a Claim against you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7a. If YES, please give details:</p> <p>(i) Name of Practice and Principal: _____
 _____</p> <p>(ii) Claimant: _____
 _____</p> <p>(iii) Nature of Problem: _____
 _____</p> <p>(iv) Amount Paid and/or Outstanding: _____
 _____</p> <p>8. Have you ever been subject to disciplinary proceedings for professional misconduct?
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8a. If YES, please give details:</p> <p>(i) Name of Practice and Principal: _____
 _____</p> <p>(ii) Claimant: _____
 _____</p> <p>(iii) Nature of Problem: _____
 _____</p> <p>(iv) Amount Paid and/or Outstanding: _____
 _____</p> |
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The above statements are true to the best of my knowledge and I have not suppressed or mis-stated any facts.

Signed by		Dated	
Full address			
Suburb		State	Postcode
Home phone ()	Work phone ()	Mobile	
Email			

**Return this form to: c/o Hon. Director, TLC, PO Box 232, Toongabbie NSW 2146
 or scan and email to: admin@tlc.asn.au**