

Introduction

The Law Practice Declaration and Trust Money Statement (hereinafter referred to as 'Form 4') consists of two parts:

Part A – Law Practice Declaration

Part B – Trust Money Statement

All law practices with an office in Queensland are required to complete Part A, irrespective of whether they have received, or held, trust money. Law Practices that have received/controlled or held Trust Money during the relevant period are also required to complete Part B.

If a law practice is required to complete Part B, the law practice is required to complete both Part A and Part B and provide them to the External Examiner before the External Examiner commences the examination.

Parts A and B will be attached to the External Examiner's Report (QLS Form 5 (LPR)) by the External Examiner to comprise Schedule 2.

Prescribed Form

Form 4 is a prescribed form the approval of which has been notified in the *Queensland Government Gazette*.

As a prescribed form, the only changes that are permissible are changes to the lightly shaded areas (appears as blue shading when viewed on a computer screen) of the form to complete the form.

Lodgement

Part A Declarations, where Trust Money was not held or received (other than Transit Trust Money), are to be lodged with the Society by **30 April** of the respective year.

The completed External Examiner Report (QLS Form 5 (LPR)), along with the Law Practice Declaration and Trust Money Statement (QLS Form 4 (LPR)), are to be lodged with the Society by **31 May** of the respective year.

Part A – Law Practice Declaration

<i>(Insert full name of principal)</i>	
I	
<i>(Insert name of law practice)</i>	
of	
<i>(Insert address of law practice)</i>	
of	
	Postcode

Declare to the best of my knowledge and belief in response to the following questions and statements:

(a) Did the law practice operate under any other practice names?

Yes No *(If YES, complete table below)*

Law Practice Name	Period from/to
	<i>(dd/mm/yyyy)</i>

(b) Did the law practice conduct business at other addresses?

Yes No *(If YES, complete table below)*

Law Practice Name and Address	Period from/to
<i>(Insert name of law practice)</i>	<i>(dd/mm/yyyy)</i>
<i>(Insert address of law practice)</i>	
	Postcode

(c) Was the law practice operated by?

a Sole Principal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Partnership	<input type="checkbox"/> Yes	<input type="checkbox"/> No
an Incorporated Legal Practice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Multi Disciplinary Practice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Community Legal Centre	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(d) During the period ___ / ___ / ___ (1 April or commencement of Trust Account) to ___ / ___ / ___ (31 March or closure of Trust Account), did the law practice?

Receive or hold money that was required to be deposited into a general trust account with an Approved ADI in this jurisdiction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receive or hold controlled money	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receive or hold trust money subject to a specific power	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receive or hold money subject to a written direction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receive or hold direction to invest trust money on behalf of any person	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receive transit money and not retain particulars as required by s52 of the <i>Legal Profession Regulation 2017</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If any questions/statement at Item (d) is answered YES the law practice is required to complete Part B.

If all questions/statements at Item (d) are answered NO the law practice is required to complete Part A ONLY.

And I make this declaration believing the same to be true.

Signed

Full name

Date

(dd/mm/yyyy)

Part B – Trust Money Statement

The Law Practice Declaration and Trust Money Statement is to be completed and forwarded to your External Examiner prior to the commencement of the external examination if you answered yes to any of the questions in paragraph (d) in **PART A – Law Practice Declaration**.

Name of law practice

1. Separate Trust Accounts

Are separate trust account records maintained for any branch offices or law practice names noted in Items (a) and (b) of Part A of this form? Yes No

If YES, please complete and provide a separate Part B for each branch office and law practice name.

2. General Trust Accounts

General Trust Account Reconciliation	Bank 1		Bank 2 (if applicable)	
ADI Name				
BSB Number				
ADI Account Number				
Period	(From)	(To)	(From)	(To)
Balance as per Approved ADI statement* as at ____/____/____	\$		\$	
less unrepresented cheques <i>(as per attached Schedule 1)</i>	\$		\$	
Sub Total	\$		\$	
add money not deposited <i>(as per attached Schedule 2)</i>	\$		\$	
other adjustments Add Debit Adjustments	\$		\$	
Less Credit Adjustments <i>(as per attached Schedule 3)</i>	\$		\$	
Reconciled Approved ADI Balance	\$		\$	

**Attach schedule if more than two bank accounts maintained. If trust account is closed attach final bank statement with closed date as Schedule 4a.*

Cash book balance, as at ____/____/____	\$
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As at ____/____/____ there was a difference between the reconciled Approved ADI statement balance, cash book balance and trust ledger accounts balances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, provide an explanation as Schedule 5.</i>	

Trial Balance as at ____/____/____	Amount
Total of all trust ledger account balances with credit balances	\$
Less: Any other debit balances	\$
Total trust ledger balances <i>(as per attached Schedule 4)</i>	\$

3. Overdrawn Trust ledgers report

Tick if not applicable

The following trust ledger accounts recorded debit balances during the financial period.

Matter Ref	Ledger Name	Date of Debit Balance	Amount \$	Date Account Corrected	Reason for overdraw

Attach additional details if space is insufficient. Attach copies of overdrawn ledgers as Schedule 6.

4. Overdrawn General Trust Account Report

Tick if not applicable

The following General Trust Accounts recorded debit balances during the financial period.

Approved ADI Name	Date of Debit Balance	Amount \$	Date Account Reverted to Nil or Credit Balance	Reason for debit balance

Attach additional details if space is insufficient. Attach copies of statements and relevant correspondence as Schedule 6.

5. Dormant Trust Ledger Balances Tick if not applicable

The following trust ledger accounts recorded dormant balances at the end of the financial period
(NB: Dormant balances are ledger accounts with no movement for 12 months).

Matter Ref	Name of Trust Ledger Account	Matter Description	Amount \$	Date Last Transaction	Reason Balance Held

Attach additional details if space is insufficient. NB: any attached schedules to include reason for balance being held.

6. Maintenance of trust account records *(Tick appropriate box)*

Has the practice changed its general trust accounting system during the financial period? Yes No

How are the general trust account records maintained?

Manually Computer system One write system

If computer system state:

Name of software	Version number

7. Controlled Money Accounts Tick if not applicable

Amount	Number of Accounts
Record the total amount held and number of balances. \$	

Attach copy of register as Schedule 7.

8. Controlled Money Account Debit Balance Report Tick if not applicable

The following controlled money accounts recorded debit balances during the financial period.

Controlled Money Account Name	Date Controlled Money Account Overdrawn	Amount \$	Date Account Reverted to Nil or Credit Balance	Reason

Attach copies of statements/correspondence as Schedule 8.

9. Information relating to Specific Power Money		<input type="checkbox"/> Tick if not applicable
	Amount	Number of Accounts
Record the total amount held and number of balances.	\$	
<i>Attach copy of listing as Schedule 9.</i>		

10. Investment Money Accounts		<input type="checkbox"/> Tick if not applicable
	Amount	Number of Accounts
Investment Register money (investment records of firm).	\$	
Investment Register bank accounts (bank records).	\$	
<i>Attach copy of register as Schedule 10.</i>		

11. Investment Money Account Debit Balance Report					<input type="checkbox"/> Tick if not applicable
The following investments money accounts recorded debit balances during the financial period.					
Investment of Trust Money Account Name	Date Investment Account Overdrawn	Amount \$	Date Account Reverted to Nil or Credit Balance	Reason	
<i>Attach copies of statement etc as Schedule 11.</i>					

12. Information Relating To Transit Money		<input type="checkbox"/> Tick if not applicable
	Amount	Number of Client Matters These Funds Relate To
Record the total amount held and number of client matters.	\$	
<i>Attach copy of listing as Schedule 12.</i>		

13. Electronic Funds Transfer / Direct Debit Authority				<i>(Tick appropriate box)</i>
	EFT (Electronic Funds Transfer)	OSR (Office of State Revenue)	PEXA (Property Exchange Australia)	
During the financial period did the law practice disburse funds by means of: <i>If NO go to Question 14</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the law practice comply with the guidelines issued by QLS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the law practice authorised by QLS to disburse trust funds via EFT/DD Authority? <i>If NO provide explanation as Schedule 13.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

14. Law Practice Trust Account Signatories

List the full names of all authorised signatories to the General Trust Accounts.

Full name of Signatory	Period From	Period To	Type (Solely/Jointly)	Position (eg principal, employed solicitor, bookkeeper)

Attach additional details if space is insufficient.

15. Schedules To Be Attached

(tick appropriate box)

List of unpresented cheques as per Item 2 attached as Schedule 1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List of money not deposited as per Item 2 attached as Schedule 2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of other adjustments as per Item 2 attached as Schedule 3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List of trust account ledgers and their balances (Trust Trial Balance) as per Item 2 attached as Schedule 4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of final bank statement (for closed trust account) as per Item 2 attached as Schedule 4a	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explanation for Reconciliation difference as per Item 2 attached as Schedule 5.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of Overdrawn Trust Ledger Accounts and/or General Trust Account as per Item 3 and 4 attached as Schedule 6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Schedule of Controlled Money Accounts as per Item 7 attached as Schedule 7.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of Overdrawn Controlled Money Accounts as per Item 8 attached as Schedule 8.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List of Trust money subject to a specific power as per Item 9 is attached as Schedule 9.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Register of Investment of Trust Money as per Item 10 attached as Schedule 10.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of Overdrawn Investment Moneys Accounts as per Item 11 attached as Schedule 11.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List of Transit Money as per Item 12 attached as Schedule 12.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explanation of failure to comply with QLS EFT/DD Authority Guidelines as per Item 13 attached as Schedule 13.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

16. Certification

(Insert full name of certifying principal)

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

(a) The details provided in Part B of the Trust Money Statement are complete and correct.

(b) The records in respect to:

General Trust Accounts	<input type="checkbox"/> Have	<input type="checkbox"/> Have Not
Controlled Money Accounts	<input type="checkbox"/> Have	<input type="checkbox"/> Have Not
Trust money subject to specific power	<input type="checkbox"/> Have	<input type="checkbox"/> Have Not
Written Direction Money Accounts	<input type="checkbox"/> Have	<input type="checkbox"/> Have Not
Register of Investments of Trust Money Accounts	<input type="checkbox"/> Have	<input type="checkbox"/> Have Not
Transit money	<input type="checkbox"/> Have	<input type="checkbox"/> Have Not

have been properly kept in accordance with the provisions of the *Legal Profession Act 2007* and *Legal Profession Regulation 2017*.

(c) All trust money received has been dealt with in accordance with the requirements of the *Legal Profession Act 2007* and *Legal Profession Regulation 2017*.

Signed	Date	(dd/mm/yyyy)
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Privacy

Queensland Law Society ('the Society') is authorised to collect your personal information under the *Legal Profession Act 2007* and the *Legal Profession Regulation 2017*, and may use the personal information you have provided in this form for a number of purposes including:

- carrying out the Society's statutory obligations and duties;
- updating and maintaining details relating to your practise of law.

In accordance with the *Electronic Transactions (Queensland) Act 2001*, the Society may provide notices to you by electronic communication. By completing notices, your consent to this form of contact is taken to be given.

The information may be provided to various organisations, such as the Legal Services Commission and corresponding interstate and overseas authorities, in accordance with the *Legal Profession Act 2007*.

If you do not wish your details to be used for any one or more of the above purposes, you should advise the Records section of the Society, GPO Box 1785, Brisbane Qld 4001 in writing.

Further details about the Society's Privacy Statement, Plan and Code of Practice and the collection of personal information may be found on the Society's website, qls.com.au.