# External Examiner's Report



Queensland | Legal Profession Regulation 2017 | section 66

QLS FORM 5 (LPR) | version 13

| 1. External Examiner Details  |   |                       |   |
|---|---|-----------------------|---|
| Name of External Examiner   |   |                       |   |
|   |   |                       |   |
| Qualification of External Examiner  | Member of CPA Australia Ltd   |                       | Member of Institute of Public Accountants     |
|   | Member of Chartered Accountants Austral                                 | ılia & New Zealand    | Registered Company Auditor in Public Practice |
| Name of accounting practice   |   |                       |   |
| Address of accounting practice  |   |                       |   |
|   |   |                       | Postcode                                      |
| Email address   |   |                       |   |
|   |   |                       |   |
| 2. Law Practice Details   |   |                       |   |
| Name of law practice  |   |                       |   |
| Address of law practice   |   |                       |   |
|   |   |                       | Postcode                                      |
|   |   |                       |   |
| 3. Trust Account Details  |   |                       |   |
| Name of trust account   |   |                       |   |
| ADI at which trust account is held  |   |                       |   |
| BSB number  | Acc   | count number          |   |
|   |   |                       |   |
| 4. Period   |   |                       |   |
| Period covered by Report  | From  |                       | То  |
| I confirm that I have conducted an e<br>based on appropriate examinations | xamination of the trust records of the law pract and sample techniques. | tice maintained durin | g this period Yes No                          |

| 5. Receipt of Form 4 Parts A & B   |  |                  |                       |  |  |
|--|--|------------------|-----------------------|--|--|
| I confirm that the law practice has provided to<br>Parts A & B (Form 4) and that I have reviewed   | Yes  | □No              |                       |  |  |
| I confirm that nothing has come to my attention that the information recorded in the Law Practice Declaration and Trust Money Statement Parts A & B (Form 4) is not true and correct.  |  |                  | □No                   |  |  |
| If No, please provide further information and attach as Schedule 1 to this Report.  SCHEDULE 1   |  |                  |                       |  |  |
| -0-Bushedism of Bosomio  |  |                  |                       |  |  |
| 6. Production of Records  Subject to any exceptions noted in Item 14 of this report, I confirm that all necessary trust records were produced to me as requested for the purposes of the external examination and that the records were kept in a way that enables the records to be conveniently and properly externally examined.  |  |                  |                       |  |  |
| If No, please provide further information a  | nd attach as Schedule 2 to this Report.  |                  | SCHEDULE 2            |  |  |
|  |  |                  |                       |  |  |
| <ul><li>7. Breaches of Legislation</li><li>My examination has disclosed that the law practices of the law practice</li></ul> | tice has breached the Legal Profession Act 2007 and Legal Profession Regula    | ation 2017 rega  | rding the maintenance |  |  |
| of trust records and the receipting and disburse   | ment of trust money by the law practice as detailed below.                     |                  |                       |  |  |
| Breaches recorded in this table do not necessa and Legal Profession Regulation 2017.   | rily indicate that the records have not been maintained in accordance with the | e Legal Professi | on Act 2007           |  |  |
| If no breaches to report, insert NIL   |  |                  |                       |  |  |
| Legislation  | Description and Extent of Breach   |                  |                       |  |  |
|  |  |                  |                       |  |  |
|  |  |                  |                       |  |  |
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| If space is insufficent, please attach additi  | onal details as Schedule 3 to this Report.                                     |                  | SCHEDULE 3            |  |  |

Enquiries and completed forms -

| 8. Monthly Trust Reconcilations   |   |                           |                   |                |        |              |
|---|---|---------------------------|-------------------|----------------|--------|--------------|
| I confirm I have reviewed the<br>by the law practice as Scheo<br>(Form 4).  |   |                           |                   | ed Yes         | □No    |              |
| I confirm that I have reviwed reconciliation.   | l all adjustment items appe                         | earing in that monthly tr | rust account      | Yes            | □No    | □ N/A        |
| I confirm that the law practice has taken action to correct all adjustment items appearing in that monthly trust account reconciliation.  |   |                           |                   | Yes            | □No    | □ N/A        |
| I confirm that all required monthly trust account reconcilaitions have been prepared by the law practice.   |   |                           |                   | Yes            | □No    |              |
| I confirm that all monthly trust account reconcilaitions have been reviewed by the principal of the law practice and annotated in a way that evidences the completion of the review by the principal.   |   |                           |                   | N Yes          | □No    |              |
| If No to any, please provid   | e further information and                           | d attach as Schedule      | 4 to this Report. |                |        | SCHEDULE 4   |
| 9. Overdrawings   |   |                           |                   |                |        |              |
| In respect to Questions 7, 8, 11 and 13 of Part B of the Law Practice Declaration and Trust Money Statement (Form 4), I confirm all reported overdrawn trust ledgers or accounts reported have been reviewed and I confirm the trust ledgers or accounts have been restored to a nil or credit balance as required. |   |                           |                   | Yes            | □No    | □ N/A        |
| In respect to Questions 7, 8, 11 and 13 of Part B of the Law Practice Declaration and Trust Money Statement (Form 4), I confirm all reported overdrawn trust ledgers or accounts were restored promptly.  |   |                           |                   | Yes            | □No    | □ N/A        |
| I confirm that I am not aware of any further overdrawings that have not been reported by the law practice.  |   |                           |                   | Yes            | □No    | □ N/A        |
| If No to any, provide deta  | ils below.  |                           |                   |                |        |              |
| Type of Account<br>(trust ledger, trust bank<br>account, controlled<br>money account,<br>investment account)  | Client, Matter<br>Description & Matter<br>Reference | Date overdrawn            | Amount            | Date rectified | Reason | for overdraw |
|   |   |                           |                   |                |        |              |
|   |   |                           |                   |                |        |              |
|   |   |                           |                   |                |        |              |
|   |   |                           |                   |                |        |              |
| If space is insufficent, pl   | ease attach additional d                            | letails as Schedule 5     | to this Report    |                |        | SCHEDULE 5   |

| 10. EFT Payments   |  |                                     |                           |     |           |  |
|--|--|-------------------------------------|---------------------------|-----|-----------|--|
| To be completed only if the law practice has made EFT payments from the trust account.   |  |                                     |                           |     |           |  |
| In my opinion, the law practice has complied with the Electronic Funds Transfers - Guidelines for trust account opperations as Yes No issued by the Society. |  |                                     |                           |     |           |  |
| If <b>No</b> , please provide details below.   |  |                                     |                           |     |           |  |
| Date of payment  | EFT payment ref no   | Amount                              | Details of non-compliance |     |           |  |
|  |  |                                     |                           |     |           |  |
|  |  |                                     |                           |     |           |  |
|  |  |                                     |                           |     |           |  |
| If space is insufficent, please  | attach additional details as Sc                                      | chedule 6 to this Report.           |                           | S   | CHEDULE 6 |  |
| 11. Dormant Balances   |  |                                     |                           |     |           |  |
| I confirm I have reviewed the lis  | ting of dormant trust ledger bala<br>aw Practice Declaration and Tru |                                     | Yes                       | □No | □ N/A     |  |
| I confirm that the law practice has provided a correct explanation as to why the trust funds continue to be held.  |  |                                     | Yes                       | □No | □ N/A     |  |
| I confirm that the law practice h<br>to disburse any dormant baland  | Yes  | ☐ No                                | □ N/A                     |     |           |  |
| I confirm that I am not aware of any further dormant balances that have not been reported by the law practice.   |  |                                     | Yes                       | □No |           |  |
| If No to any, please provide fu  | urther information and attach  | as Schedule 7 to this Report.       |                           | S   | CHEDULE 7 |  |
| 12. General/Office Accou   | nt   |                                     |                           |     |           |  |
| I confirm I have requested and I   | received the general/office bank                                     | statements for the financial period | d.                        | Yes | □No       |  |
| I confirm I have reviewed all deposits to the general/office bank account for the period// to/ (At least a 1 month period)                                   |  |                                     | /                         | Yes | □No       |  |
| I confirm trust money has not been deposited to the general/ office bank account during this period.   |  |                                     | od.                       | Yes | □No       |  |
| If No to any, please provide further information and attach as Schedule 8 to this Report.  |  |                                     |                           |     | CHEDULE 8 |  |

| 13. Examination Details  |   |   |     |      |            |  |  |
|--|---|---|-----|------|------------|--|--|
| Trust Receipts Reviewed  | Receipt # from:   | Receipt # to:   |     |      | □ N/A      |  |  |
| Trust Cheques Reviewed   | Cheque # from:  | Cheque # to:  |     |      | □ N/A      |  |  |
| Trust EFT Payments<br>Reviewed   | EFT # from:   | EFT # to:   |     |      | □ N/A      |  |  |
| Trust Ledgers Reviewed   | Matter Numbers:   |   |     |      | □ N/A      |  |  |
| If space is insufficent, please attach additional details as Schedule 9 to this Report.  |   |   |     |      | SCHEDULE 9 |  |  |
| 14. Further Information  |   |   |     |      |            |  |  |
| I confirm there is no further information that has not already been included in this Form or attached Schedules that needs to be drawn to the attention of the Queensland Law Society Incorporated.                                |   |   |     |      | No         |  |  |
| If No, please provide further  | information and attach as Schedule 10 to t  | his Report.   |     | SCHE | DULE 10    |  |  |
| 15. Maintenance of Trust   | Records   |   |     |      |            |  |  |
| At the conclusion of my examination, I am of the opinion that the trust records for the following have been properly kept in accordance with the provisions of the Legal Profession Act 2007 and Legal Profession Regulation 2017. |   |   |     |      |            |  |  |
| Trust Account  |   |   | Yes | □No  | □ N/A      |  |  |
| Controlled Money Accounts  |   |   | Yes | No   | □ N/A      |  |  |
| Trust Money subject to a specific Power  |   |   | Yes | No   | □ N/A      |  |  |
| Money subject to a Written Direction   |   |   | Yes | No   | □ N/A      |  |  |
| Register of Investments of Trust Money Accounts  |   |   | Yes | No   | □ N/A      |  |  |
| Transit Money  |   |   | Yes | □No  | □ N/A      |  |  |
| If No to any, please provide   | further information and attach as Schedule  | 11 to this Report.  |     | SCHE | DULE 11    |  |  |
| 16. Reliance on Report   |   |   |     |      |            |  |  |
| I disclaim any assumption of res   | I acknowledge that Queensland Law Society Incorporated will rely on the information contained in this External Examiner's Report.  I disclaim any assumption of responsibility for any reliance on this External Examiner's Report to any person other than  Yes  No Queensland Law Society Incorporated, or for any purpose other than that for which it was prepared. |   |     |      |            |  |  |
| 17. Certification  |   | Privacy   |     |      |            |  |  |
|  | edge and belief that the opinions stated,<br>ements given, and contents of this External<br>correct.  | Queensland Law Society ('the Society') is authorised to collect your personal information under the <i>Legal Profession Act 2007</i> and the <i>Legal Profession Regulation 2017</i> , 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 and updating and maintaining details relating to your appointment as External Examiner.   |     |      |            |  |  |
| Signature of External Examiner   |   | The information may be provided to various organisations, such as the Leg Services Commission and corresponding interstate and overseas authoriti in accordance with the Legal Profession Act 2007. It may also be provided to the person or entity with whom the External Examiner is registered or a member or, as appropriate, to the Chief Executive, Department of Justice a Attorney-General. Further details about the Society's Privacy Statement, Pl and Code of Practice and the collection of personal information may be found the Society's website, qls.com.au. |     |      |            |  |  |

Enquiries and completed forms -

## Instructions

#### Scope

The procedures to be adopted by the External Examiner to complete the report are to be sufficient to enable the External Examiner to form an opinion as to whether the trust accounting records of the law practice have been maintained in accordance with the Legal Profession Act 2007 and Legal Profession Regulation 2017.

#### Prescribed Form

Form 5 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 those required to complete the form.

#### Lodgement

The completed External Examiner's Report (Form 5), along with the Law Practice Declaration and Trust Money Statement Parts A & B (Form 4), are to be lodged with the Society within 60 days after the end of the financial period.

#### Lodgement is to be made by email to managertai@qls.com.au

Please ensure all required schedules and required information within the Schedules are attached to the Forms. If there are schedules missing or information missing within the Schedules, the Forms will be **deemed not lodged** until such time as the schedules or information are provided.

### Item 1

Insert details of the External Examiner. The appointment of an External Examiner is a personal appointment and not the appointment of a business or corporation. Provide the main business address if the practice has more than one.

### Item 2

Insert details of the law practice whose trust records have been Externally Examined. If the law practice has more than one address, use the law practice's main address.

## Item 3

Insert the trust account details.

A separate form is to be used for each trust account operated by the law practice.

### Item 4

The period covered by the report will be from 1 April or the date the trust account was opened, to 31 March or the date the trust account was closed. Alternatively, if the report relates to a law practice that has ceased, but the trust account remains open, the dates will be in accordance with section 276 of the *Legal Profession Act 2007*.

### Item 5

The External Examiner must receive the Law Practice Declaraton and Trust Money Statement Parts A & B (Form 4) from the law practice prior to the completion of the external examination.

### Item 6

If the law practice failed to supply any requested records, or the records were not maintained such that they were able to be externally examined, further details must be provided.

### Item 7

List all breaches of legislation noted during the examination and provide details of any remedial action suggested to the law practice.

# Item 8

The External Examiner is required to review the monthly trust account reconciliation provided by the law practice and ensure all parts to the reconciliation are included - trust bank reconciliation, cashbook reconciliation and listing of trust ledger balances (trust trial balance), together with a copy of the trust bank statement showing the balance at the end of the financial period. Enquires are to be made concerning any adjustment items appearing in the reconciliation. The External Examiner is to confirm that the adjustment items have been corrected by the law practice in the subsequent month. If the law practice has not corrected the items, the External Examiner is required to provide details of the adjustment and reasons for it having not been corrected.

#### Item C

The law practice is to disclose any overdrawn trust ledger accounts in Form 4. The External Examiner is to review the overdrawn trust ledger accounts and ascertain whether the overdrawing has been corrected and whether it was corrected promptly.

### Item 10

The External Examiner is required to test a sample of EFT payments to ascertain whether the law practice has complied with the Electronic Funds Transfers - Guidelines for trust account operations. A sample of all forms of EFT payments (EFT to bank account, PaylD, Bpay, PEXA, QRO, Titles) is to be selected for review.

### Item 11

The law practice is to disclose any dormant trust ledger balances and provide reasons why the trust funds are continued to be held in Form 4. The External Examiner is to review the listing and ascertain whether the law practice's reason for continuing to hold the trust funds is correct. If the External Examiner believes there are funds held in the trust account that should be disbursed, the law practice is to be made aware of this and action taken. If there has been inaction by the law practice, this is to be reported to the Society in an attached Schedule.

#### Item 12

The External Examiner is required to review the general/office account of the law practice to determine if there have been any trust funds deposited to that account. If the law practice does not supply the general/office bank statements, then the External Examiner is to mark "No" in Item 12. Failure of the law practic to provide the requested general/office account bank statements may result in action by the Society.

### Item 13

The External Examiner is to provide details of the trust receipts, trust cheques, EFT payments and trust ledger accounts reviewed during the examination.

# Item 14

Please provide any further information that may be relevant to the Society.

### Item 15

The External Examiner is to provide an opinion as to whether the trust account records have been maintained in accordance with the legislation.

### Item 16

The External Examiner's Report is to be used solely by the Society in its regulatory function.

## Item 17

The Form is to be signed by the personally appointed External Examiner only.