

Version 1  
LPB FORM 6

WESTERN AUSTRALIA

*Legal Profession Act 2008*  
[Section 71(1)]

**Notice of Establishment of Office by  
Interstate Legal Practitioner**

The *Legal Profession Act 2008* entitles interstate practitioners to engage in legal practice in Western Australia to the same extent they are entitled to in their home jurisdiction. Section 71(1) of the *Legal Profession Act 2008* requires an interstate legal practitioner to notify the Legal Practice Board when they establish an office.

Pursuant to Section 71(5) of the *Legal Profession Act 2008* an interstate legal practitioner establishes an office in this jurisdiction when the practitioner first offers or provides legal services to the public in this jurisdiction from an office maintained by the practitioner, or by a principal of a law practice of which the practitioner is an associate, for that purpose in this jurisdiction.

**Section A – Practitioner Details**

1. Surname: \_\_\_\_\_
2. First Names: \_\_\_\_\_
3. Date of Birth: *(dd/mm/yy)* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. Residential Street Address: \_\_\_\_\_  
\_\_\_\_\_
5. Address for Service: \_\_\_\_\_  
*(Please provide an address in Western Australia)* \_\_\_\_\_  
\_\_\_\_\_
6. Telephone Number: *(Include STD Code)* ( ) \_\_\_\_\_
7. Facsimile Number: *(Include STD Code)* ( ) \_\_\_\_\_
8. Email: \_\_\_\_\_
9. Date of admission to Legal Profession: *(dd/mm/yy)* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
10. Jurisdiction of Admission: \_\_\_\_\_
11. Jurisdiction of Practising Certificate: \_\_\_\_\_

**Section B – Employment Details**

12. Law Practice Name/Employer: \_\_\_\_\_
13. Employment Status: \_\_\_\_\_

14. Street Address: \_\_\_\_\_  
\_\_\_\_\_
15. Postal Address: \_\_\_\_\_  
*(If different from street address)* \_\_\_\_\_  
\_\_\_\_\_
16. Telephone Number: *(Include STD Code)* ( ) \_\_\_\_\_
17. Facsimile Number: *(Include STD Code)* ( ) \_\_\_\_\_
18. Email: \_\_\_\_\_
19. Are you engaged in legal practice with more than one law practice?  Yes  No  
*(Please fill out the below details of your other place of practice)* **(Go to Q20)**

Law Practice Name/Employer: \_\_\_\_\_

Employment status: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Address: \_\_\_\_\_  
*(If different from street address)* \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: *(Include STD Code)* ( ) \_\_\_\_\_

Facsimile Number: *(Include STD Code)* ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**Section C – Additional Information**

20. Are there any conditions or restrictions, to which you are subject in respect of your legal practice in your home jurisdiction or elsewhere?
- No **(Go to Q21)**
- Yes – Please list all conditions and jurisdiction of imposition:

Jurisdiction	Conditions

21. Are you entitled to receive trust monies?  Yes  No
22. Are you entitled to withdraw trust monies from a trust account?  Yes  No

**Section D – For Your Information**

A notice under section 71(1) must be accompanied by:

(Please tick to indicate that you have enclosed)

- Satisfactory evidence in LPB Form that you have professional indemnity insurance that complies with the requirements under the *Legal Profession act 2008*.
- Confirmation of your contribution to the Guarantee Fund pursuant to section 338 of the *Legal Profession Act 2008*.

**Section E - Certification**

I certify that the information set out in this form is true and correct and I have not omitted any relevant information.

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_