## **New Solicitor Questionnaire**

whilst in the present or any previous firm or firms?	Name of New Principal, Consultant, Employee:									
i) been refused a practising certificate?  ii) been fined or reprintanded a conditional practising certificate?  iii) been fined or reprintanded or otherwise sanctioned or been the subject of a costs or penalty order by the Solicitors' Disciplinary Tribural?  iv) practised in a Practice that has been subject to an investigation or intervention by any regulatory department of the Law Society or Solicitors Regulation Authority including the Office for the Supervision of Solicitors (OSS), the Consumer Complaints Service (CCS), the Legal Complaints Service (LCS) or the Legal Ormbudsman (LcO)?  v) been investigated by any other regulatory body other than the Law Society or SRA (e.g. PSA, Council of Licensed Conveyancers or ILEN)?  vi) had a civil or criminal judgement (other than minor traffic offences) against you?  vii) had an award for inadequate professional service made against you by the OSS/CCS/LCS/LaO or entered into any regulatory settlement agreement with the SRA?  viii) In the last ten years been declared bankrupt whether voluntarily or involuntarily  If 'YES', to any of the above, please provide details on a separate sheet of headed notepaper and include a copy of all reports issued by the SDT, LeO former LCS, OSS or CCS and/or any other regulatory body.  Please provide a full C.V. and state below the reasons for leaving your former practice.  Please provide a full C.V. and state below the reasons for leaving your former practice.  Please provide a full C.V. and state below the reasons for leaving your former practice.  Please provide a full C.V. and state below the reasons for leaving your former practice.  Please provide a full C.V. and state below the reasons for leaving your former practice.  Please provide a full C.V. and state below the reasons for leaving your former practice.  Please provide a full C.V. and state below the reasons for leaving your former practice.  Please provide a full C.V. and state below the reasons for leaving your former practice.  Please provide a full C.V. and state below	Date	of Birt	th:	Full Time/Part Time:		Roll Number:				
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Signature: Print Name: Date:		If <b>'YE</b>	CS', please attach a copy of your firm's	s most recent proposal	form and Claims print out of al	l Claims and Circu	mstances			
	Signa	ture:		Print Name:			Date:			

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