

LAW PRACTICE CERTIFICATE

Pursuant to Part 4 Division 2A of the Motor Accident Insurance Act 1994 (MAI Act); Part 1 Division 1AA of the Personal Injuries Proceedings Act 2002 (PIP Act); Chapter 6B Parts 1 and 2 of the Workers' Compensation and Rehabilitation Act 2003 (WCR Act); For further information on the provision of this form visit www.worksafe.qld.gov.au; www.maic.qld.gov.au/for-injured-people; www.isc.qld.gov.au Statutory Declaration made pursuant to the Oaths Act 1867

I, of

in the State or Territory of , do solemnly and sincerely declare that:

1. I am an Australian legal practitioner, as defined in section 6(1) of the Legal Profession Act 2007, and:

I am the supervising principal of ("the law practice"); **OR**

I am authorised under section 36C of MAI Act, and/or section 8D of PIP Act and/or section 325N of the WCR Act to sign this certificate on behalf of ("the law practice").

2. The law practice acts for ("the claimant") in respect of a statutory workers' compensation claim and/or a claim for damages for injury which occurred:

on / / ("the claim"); **OR** over a period of time from / / to / / ("the claim").

3. I have full knowledge of the matters the subject of this declaration which relates to conduct engaged in on, or after 5 December 2019 (MAI Act) or 30 June 2022 (PIP Act and WCR Act).

4. The supervising principal and each associate of the law practice have not given or received, agreed to give or receive, or allowed or caused someone else to give or receive consideration to another person for the referral or potential referral of this claim in contravention of section 74 MAI Act, section 71 PIP Act and/or section 325R WCR Act. If any of these sections do not apply, provide the reason why they do not apply:

5. The principal and each associate of the law practice have not personally approached or contacted the claimant and solicited or induced the claimant to make this claim in contravention of section 75 MAI Act, section 71B PIP Act and/or section 325T WCR Act. If any of these sections do not apply, provide the reason why they **do not** apply:

6. If this claim is a speculative personal injury claim, the costs agreement related to this claim complies with section 79 of MAI Act, section 71E of the PIP Act, and/or section 347 of the Legal Profession Act 2007.

7. I have read and understood the contents of this form. By virtue of the provisions of the Oaths Act 1867, I declare that the contents of this form are true. Where the contents of this form are based on information and belief, the contents are true to the best of my knowledge. I understand that a person who provides a false matter in a declaration commits an offence.

Complete the following signature block ONLY if signing and witnessing a hard copy of this form.

± The signatory is responsible for ensuring this form is completed and provided to each recipient as required under the applicable legislation. For claims that fall under multiple schemes, this form should be provided to each relevant body in accordance with the relevant Act.

Signature of declarant / substitute signatory

Date

If signing as substitute signatory*:

I have been directed by the declarant to sign this form and have legal capacity.

Taken and declared before me*:

Signature of witness

Place

Date

Surname/family name of witness

Given name/s of witness

Qualification of witness

Seal of office (if applicable)

Details of substitute signatory* (if applicable)

Surname/family name of substitute signatory

Given name/s of substitute signatory

Relationship to the declarant

Reason why the declarant cannot sign

**Please refer to the Oaths Act 1867 (Qld) for details about who is an eligible witness or who can be a substitute signatory for this form.*

ELECTRONIC SIGNATURES

Complete this page and signature block ONLY if signing and/or witnessing this form electronically

I state that:

- This declaration was made in the form of an electronic document (tick if applies)
- This declaration was electronically signed (tick if applies).
- This declaration was made, signed and witnessed under Part 6A of the *Oaths Act 1867 (QLD)*.

Signature of declarant / substitute signatory

Date

If signing as substitute signatory*:

- I have been directed by the declarant to sign this form and have legal capacity.

Signature of declarant / substitute signatory

Date

If signing as substitute signatory*: I have been directed by the declarant to sign this form and have legal capacity.

ELECTRONIC SIGNATURES (if applicable)

For special witnesses* to complete (tick all that apply)

- I am a special witness under the Oaths Act 1867 (see section 12 of the *Oaths Act 1867 (Qld)*)
- This document was made in the form of an electronic document.
- I electronically signed this document.
- This declaration was made, signed and witnessed under Part 6A of the *Oaths Act 1867 (QLD)*.

Taken and declared before me*:

Signature of witness

Place

Date

Surname/family name of witness

Given name/s of witness

Qualification of witness

Seal of office (if applicable)

Details of substitute signatory* (if applicable)

Surname/family name of substitute signatory

Given name/s of substitute signatory

Relationship to the declarant

Reason why the declarant cannot sign

*Please refer to the *Oaths Act 1867 (Qld)* for detail about who is an eligible witness/special witness or who can be a substitute signatory for this form.