**HUMAN RESOURCES PROFESSIONALS ASSOCIATION (“HRPA”)**

**REPORT**

**TO BE COMPLETED BY A MEMBER OR REGISTERED FIRM**

**WHO OR WHICH HAS EXPERIENCED**

**A BANKRUPTCY OR INSOLVENCY EVENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name of Member making this Report: | | | | | | |  | | | | | | | |
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| Date: | |  | | |  | | | | | | | | | |
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| Name of Registered Firm (“Firm”) if this Report is being made on behalf of a Firm: | | | | | | | | | | | |  | Date: | |
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| *Please Note: If this Report relates to a Firm, all of the above must be completed.*  In this Report, please do NOT provide a document which you are asserting in good faith and on reasonable grounds is subject to legal privilege which privilege you do not want to waive. A document which may be privileged may include (without limitation):  - legal advice received from your lawyer(s) or the Firm's lawyer(s) which is intended to remain privileged;  - communications with your lawyer(s) or the Firm's lawyer(s) and / or others relating to ongoing or potential litigation;  - communications that relate to legal proceedings of any kind (including without limitation the settlement of same). | | | | | | | | | | | | | | |
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| Please indicate the bankruptcy or insolvency event to which this Report relates, and the date of the event, pursuant to section 40 of the *Registered Human Resources Professionals Act* (the “*Act*”) and subsection 18.01 of HRPA By Law 1 (the “**By Law**”): | | | | | | | | | | | | | | |
| Check | Event Detail | | | | | | |  |  | |  | | |
|  | Member’s Bankruptcy (clause 40(1)1 of the Act) | | | | | | |  |  | | Date: | | |  |
|  | Is the Bankruptcy being contested? | | | | | | |  |  | |  | | |  |
|  | Member’s Proposal to Creditors (clause 40(1)2 of the Act) | | | | | | |  |  | | Date: | | |  |
|  | Proceeding against a Member as an insolvent debtor (clause 40(1)3 of the Act) | | | | | | |  |  | | Date: | | |  |
|  | (Note: such a Proceeding might include enforcement of an obligation pursuant to a secured loan such as a charge or a mortgage) | | | | | | | | | |  | | |  |
|  | Receiving Order made against a Firm (clause 40(1)4 of the Act) | | | | | | |  |  | | Date: | | |  |
|  | Is the Receivership being contested? | | | | | | |  |  | |  | | |  |
| Please provide all documentation and information, including declarations, as outlined in the *Act* and the By Law, including: | | | | | | | | | | | | | | |
|  | - all documentation pertaining to the subject of the disclosure or, if all documentation is not yet available, the attached signed Undertaking to provide the documentation as soon as it becomes available. Examples of documents: Assignment in Bankruptcy; Statement of Affairs; Proposal to Creditors; Report of Trustee to Creditors;  - the pleadings related to the subject of the disclosure or, if the pleadings are not yet filed, the attached signed Undertaking to provide the pleadings as soon as they become available. (Please Note: “pleadings” are documents that your or the Firm's representative has served on the opposing party or parties, and has filed in Court.) Examples of pleadings: Petition for a Bankruptcy Order; any Court orders, such as, for example, a Bankruptcy (Receiving) Order; Statement of Claim; Statement of Defence;  - all documentation pertaining to the financial circumstances of the Member or Firm making the disclosure including, but not limited to, income tax returns, financial statements and financial records.  Please be advised that the Registrar may request additional documents to review your file, pursuant to subsection 40(3) of the *Act*, and the HRPA’s Review Committee may request additional documents pursuant to subsection 41(2) of the *Act*. | | | | | | | | | | | | | |
|  | Please identify any documents or information that cannot be provided at this time (e.g., if the bankrupt has not yet been discharged). Pursuant to the By Law, including clause 18.02(b) and clause 18.02(c), and the attached signed Undertaking, you will be required to submit copies of such documents and the information as soon as they are available. | | | | | | | | | | | | | |
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|  | If this is a bankruptcy, please indicate whether you have filed for or been petitioned into bankruptcy. | | | | | | | | | | | | | |
|  |  | | Petitioned into bankruptcy |  | | Filed for bankruptcy | | | | | | | | |
|  | If a bankruptcy, please indicate whether the bankrupt has been discharged. | | | | | | | | | | | | | |
|  |  | | Yes |  | | No | | | | | | | | |
| 3. | If a bankruptcy, please indicate whether this is the first (1st) bankruptcy for the Member or Firm | | | | | | | | | | | | | |
|  |  | | First (1st) Bankruptcy |  | | Not First (1st) Bankruptcy | | | | | | | | |
| 4. | If a bankruptcy and the bankrupt has not been discharged, please indicate the date on which you expect the discharge to occur. | | | | | | | | | | | | | |
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| 5. | If the bankrupt has been discharged, please indicate the date and describe below conditions (if any) to which the discharge is subject. If a copy of the discharge is not yet available, please provide a copy when it is available. | | | | | | | | | | | | | |
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| 6. | Please indicate whether you have filed a formal proposal, within the meaning of the Bankruptcy and Insolvency Act (Canada), to creditors. | | | | | | | | | | | | | |
|  |  | | Yes |  | | No | | | | | | | | |
|  | Date: | |  | |  | | | | | | | | | |
|  | If YES, please provide a copy and, if applicable, indicate whether the proposal was accepted or rejected by creditors, and if so, the date on which the vote of creditors was held: | | | | | | | | |  | | | | |
|  | If YES, please provide a copy and, if applicable, indicate whether the proposal was accepted or rejected by the Court, and if so, the date of that approval: | | | | | | | | |  | | | | |
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|  | Please indicate whether you, your business or the Firm (as the case may be) has been placed in receivership. If YES, please provide details. | | | | | | | | | | | | | |
|  |  | | Yes |  | | No | | | | | | | | |
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|  | Were any of your clients or the Firm's clients listed as creditors either directly or indirectly in these proceedings? | | | | | | | | | | | | | |
|  |  | | Yes |  | | No | | | | | | | | |
|  | If YES, please provide the name(s) and details. | | | | | | | | | | | | | |
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|  | Please explain the underlying circumstances that you believe contributed to the current financial situation. | | | | | | | | | | | | | |
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|  | Please indicate proposal(s) to prevent these circumstances from happening again. | | | | | | | | | | | | | |
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|  | Please provide any mitigating factors in respect of the current financial situation that should be taken into consideration. | | | | | | | | | | | | | |
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|  | Please describe your current employment, business or professional practice, or any other manner by which you  receive income. If engaged in a professional practice, please provide the name and address of the practice, the structure (e.g., partnership, sole proprietorship, professional corporation, other corporation), details of the position you hold in such practice, the nature of professional services you provide, and a general description of the types of clients for which you provide services. If you are employed, please provide the employer's name and address, the products or services provided by the employer, your job title, and the responsibilities that you ordinarily perform. | | | | | | | | | | | | | |
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|  | Briefly describe your plans for the immediate future (i.e., over the next 12 months) as they pertain to your profession, occupation and earning a livelihood. | | | | | | | | | | | | | |
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|  | If you have you been charged with or convicted of a criminal offence, been involved in civil litigation, or been the subject of a Court order or a finding of a statutory tribunal of any kind or in any jurisdiction, in each case that is related directly or indirectly to the bankruptcy or insolvency event that you are disclosing, please explain, and please provide copies of the relevant documents, such as, for example, the Information or Indictment, Statement of Claim, Statement of Defence. | | | | | | | | | | | | | |
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|  | Please provide the name, address and phone number of the relevant trustee in bankruptcy, proposal trustee, or receiver (as applicable): | | | | | | | | | | | | | |
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|  | Please list the documents that you plan to submit with this report: | | | | | | | | | | | | | |

Attestation

To: Human Resources Professionals Association (the “HRPA”)

I, [print name], , declare that the statements made by me in this Report are true and complete to the best of my knowledge, as of the date indicated below, and that I have provided true copies of all documents. If any changes, including additions or deletions, to this Report become necessary, I will provide the details to the Registrar of the HRPA immediately.

I am aware that if I fail to meet any of my disclosure obligations under the *Registered Human Resources Professionals Act* or the HRPA By Law 1 (the “By Law”), this will constitute professional misconduct and I may be subject to a complaint pursuant to section 18.03 of the By Law.

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| --- | --- |
| Signature: |  |
| Date: |  |

Undertaking

To: Human Resources Professionals Association (the “HRPA”)

I, , having completed a Report to the HRPA dated , regarding a bankruptcy or insolvency event, hereby undertake to provide the documents and/or information requested therein (but which, as of this date, are not available to me (for example, because I have not yet received them, they are in the possession of another person, or they relate to an event that has not yet taken place)) to the Registrar and/or the Review Committee of the HRPA, as appropriate, as soon as the documents and/or information become available to me.

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| Dated at: |  | , | this |  | day of |  | 20 |  |
|  | (City) |  |  | (Province) |  | (Month) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Name (Printed): |  |
| Witness: |  | Name (Printed): |  |



Declaration

To: Human Resources Professionals Association (the “HRPA”)

I, , having completed a Report to the HRPA dated , regarding a bankruptcy or insolvency event, hereby grant to the HRPA permission, pursuant to clause 40(3)3 of the *Registered Human Resources Professionals Act*, to access documents or information relating to me / the Firm / my or its business and any related bankruptcy or insolvency event, directly or indirectly, from the trustee in bankruptcy, the Superintendent of Bankruptcy, or an official receiver, as the case may be.

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| Dated at: |  | , | this |  | day of |  | 20 |  |
|  | (City) |  |  | (Province) |  | (Month) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Name (Printed): |  |
| Witness: |  | Name (Printed): |  |



Consent

To: Human Resources Professionals Association (the “HRPA”)

I, [print name], , consent to permitting the HRPA to directly access information and documents related to the subject of disclosure referenced in section 16.01 of the HRPA By Law 1 (the “By Law”) from the Regulatory Organization, as the case may be, pursuant to section 16.02 of the By Law.

Section 1.01 of the By Law provides that “Regulatory Organization” includes any organization with the authority to regulate any person, service, good or market.

I am aware that if I fail to meet any of my disclosure obligations under the By Law, this will constitute professional misconduct and I may be subject to a complaint pursuant to section 16.06 of the By Law.

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| --- | --- |
| Signature: |  |
| Date: |  |