



NOTE: All questions on this form must be answered.

A. CLAIMANT

Name: _____

Address: _____

City/Town: _____ Province/Territory: _____ Postal Code: _____

Phone: Home: () - Work: () -

B. LAW FIRM TO WHOM TRUST MONIES WERE PAID

Law Firm Name: _____

Address: _____

City/Town: _____ Province/Territory: _____ Postal Code: _____

Lawyer in charge of file: _____

Firm File Number: _____

C. CLAIM

Total Amount: _____

Payments made to law firm:

Date: _____ Amount: _____

Date: _____ Amount: _____

Disbursements on claimant's behalf by law firm:

Date: _____ Amount: _____

Date: _____ Amount: _____

Description of circumstances giving rise to the claim: *[attach copies of any relevant documents]*

D. OTHER INFORMATION THAT MAY BE USEFUL IN VERIFYING THE CLAIM

E. CERTIFICATION

I, _____, of _____,
in _____, certify that the foregoing information is
complete and correct to the best of my knowledge.

Date

Applicant's Signature