

NOTE: All fields on this form must be completed.

A. CLAIMANT

Name: _____

Address: _____

Telephone Number: (Home): _____

(Work): _____

B. LAW FIRM TO WHOM TRUST MONEY HAS BEEN PAID

Law Firm Name: _____

Address: _____

Lawyer in charge of file: _____

File Number: _____

C. CLAIM

Total Amount: _____

Payments made to Law Firm:

Date: _____ Amount: _____

Disbursements on Claimant's Behalf by Law Firm

Date: _____ Amount: _____

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

E. CERTIFICATION

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

Dated at _____ on _____, 20 _____

(signature of member)