



CLAIM TO TRUST MONEY
Section 70.1 of the *Law Society Act, 1999*

A. CLAIMANT

Name: _____

Address: _____

Telephone: Home: _____ Work: _____

B. LAW FIRM TO WHOM TRUST MONIES WERE PAID

Law Firm name: _____

Address: _____

Lawyer's name: _____

File # (if known): _____

C. CLAIM

Amount: _____

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

E. CERTIFICATION

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

(Date)

(Signature)