

**UNCLAIMED TRUST FUNDS**

**CLAIMANT'S APPLICATION FORM**

*s.59.10 - 59.13 Law Society Act  
By-law # 10 of the by-laws of the Law Society of Upper Canada*

**A. CLAIMANT**

*( A copy of photo identification must be submitted by the claimant with this claim form (ie) driver's licence, passport, Provincial health card)*

<b>Name</b>	
<b>Address</b>	
<b>Telephone Number</b>	<b>Home:</b> <b>Work:</b>
<b>Fax Number</b>	
<b>E-Mail Address</b>	
<b>Social Insurance No.</b>	
<b>Date of Birth</b>	
<b>Corporation Number (if claimant is a corporation)</b>	

**B. Lawyer/Paralegal to whom trust monies were paid:**

<b>Name</b>	
<b>Address</b>	
<b>Lawyer/Paralegal in charge of your matter.</b>	
<b>Name of file/matter (if litigation file, specify style of cause, eg. Smith v Jones)</b>	
<b>Type of file/matter (e.g., personal injury, real estate etc.)</b>	

**C. CLAIM INFORMATION**

<b>Amount of Claim:</b>
<b>Is this the actual amount?</b> Yes _____ or No _____ (if not the Law Society will interpret the amount to be an approximate amount)
<b>Details of payments made:</b>  <b>Date:</b> _____ <b>Amount:</b> _____  _____
<b>For what purpose(s) was the lawyer/paralegal retained? (provide a copy of any retainer agreements, accounts, reporting letters, copies of cancelled cheques, receipts or other relevant documentation)</b>  _____ _____ _____ _____
<b>Why were the funds provided to the lawyer/paralegal?</b>  _____ _____ _____
<b>Why was the trust money left unclaimed?</b>  _____ _____ _____

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


**E. CERTIFICATION**

I, \_\_\_\_\_

of \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*Please return completed form to:*

***The Law Society of Upper Canada  
Unclaimed Trust Fund Programme  
Trustee Services  
Osgoode Hall, 130 Queen St. West  
Toronto, Ontario  
M5H 2N6***

*Voicemail (416) 947-3312  
Fax (416) 644-4880*