Lawyer Assistance Attestation Form

This form should be used if you want to confirm that a lawyer helped you with the Category 2 claim form submitted by you to the Claims Administrator and Schedule A (Lawyer Information) of the Category 2 claim form was not completed or submitted to the Claims Administrator, or to confirm a lawyer assisted you with completing a Category 2 missing information request.

Note: Please do not use this form if you have changed lawyers after submitting the Category 2 form.

Class Member's first name ***(Required)**	
Class Member's last name ***(Required)**	
Class Member's date of birth **DD/MM/YYYY** ***(Required)**	
Claimant name (if different from Class Member)	
Contact method ***(Answer Required)**	☐ **Email address** (if you have one)
	☐ **Phone number**

Claim number
***(Required)**

Why are you completing this lawyer assistance attestation? *(Required)

☐ This **lawyer helped me** with my Category 2 form, but **I forgot to submit their information** with my claim.

☐ I submitted the Category 2 form by myself, but the **lawyer helped me with completing my Category 2 missing information request**.

Section A – Lawyer Information

Lawyer First name *(Required)			
Lawyer Last name *(Required)			
Law firm		**Law society / bar number *(Required)**	
Street name and number *(Required)			
Office / unit number (if applicable)			
City / town / village / First Nation or reserve *(Required)			

Province / territory ***(Required)**	
Country ***(Required)**	
Postal code ***(Required)**	
Office telephone with extension	
Cell phone	
Email address ***(Required)**	

Claimant Confirmation

I (the Claimant) am solemnly affirming that I have selected the lawyer listed above to represent me as it relates to the Indian Boarding Homes Class Action Settlement. I verify that this lawyer helped me with my Category 2 claim and/or any missing information requests associated with that claim.

I (the lawyer) am solemnly affirming that I assisted the Claimant, and will continue to do so with all further Indian Boarding Homes Class Action Settlement requests (if required).

Lawyer name (Printed) *(Required)	**Lawyer signature *(Required)**
Claimant name (Printed) *(Required)	**Claimant signature *(Required)**

IMPORTANT: All communications between the Claims Administrator and Applicant counsel will occur through email. If you are unable to communicate through email, please contact the Administrator at **1-888-499-1144**

Lawyer Bank Account Information

Lawyer Transit number *(Required)	
Lawyer Institution number *(Required)	
Lawyer Account number *(Required)	