



Lawyer Assistance Attestation Form

This form should be used if you want to confirm that you have retained a lawyer to assist you with the preparation of your individual claims, and Schedule A (Lawyer Information) was not completed or submitted to the Claims Administrator with your Category 2 claim form.

This form should also be used if you want 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)**

- ☐ The lawyer **helped me** with the preparation of my individual claims, but Schedule A (Lawyer Information) was not submitted with my Category 2 claim.
- ☐ I submitted the Category 2 form by myself, but the **lawyer helped me with a Category 2 missing information request.**



Section B – 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 the lawyer mentioned above has helped me with the preparation of my individual claims and/or has helped me with a Category 2 missing information request..

I (the lawyer) am solemnly affirming that I helped the Claimant to complete their claim.

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)**