



Lawyer Category 1 Access Authorization Form

Use this form if you completed your Category 1 form independently and now want to allow a lawyer access to it to help with your 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)**



Lawyer First
name

*(Required)

Lawyer Last
name

*(Required)

Law firm
(if known)

Email address

*(Required)

Do you want communications about your claim to be sent through this lawyer? ***(Required)**

☐ Yes, I want to be contacted through this new lawyer.

☐ No, I want to be contacted directly about my claim.

Claimant Confirmation

I (the Claimant) am confirming that I have asked for the lawyer named above to have access to my Indian Boarding Homes Program Settlement Category 1 claim. I allow the Claims Administrator to send my Category 1 form to the above stated lawyer on my behalf.

I (the lawyer) am solemnly affirming that I will be assisting the Claimant with all further Indian Boarding Homes Class Action Settlement requests.

Lawyer name
(Printed) ***(Required)**

Lawyer signature
***(Required)**

Claimant name (Printed)
***(Required)**

Claimant signature
***(Required)**