



Request for Change in Lawyer or Lawyer Removal

This form should be used if you want to remove a lawyer from your claim. If you want to add a new lawyer, please include their details in **Section B**.

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)**



Section A – Lawyer to be Removed

Lawyer First
name
***(Required)**

Lawyer Last
name
***(Required)**

Law firm
(if known)

Claimant Confirmation

I (the Claimant) am confirming that I have asked for the lawyer named above to be removed from my Indian Boarding Homes Program Settlement claim. I understand that this lawyer will no longer have access to my claim and will no longer represent me. Any communications that were sent to my lawyer will now be sent to me or my new representative.

I also understand that if this lawyer helped me with my Category 2 form, their compensation under the Settlement Agreement will not be affected by their removal.

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

Claimant signature
***(Required)**



Section B – New Lawyer Information

Are you seeking representation from a new lawyer? ***(Required)**

- ☐ **Yes, and I want to be contacted through this new lawyer.** – Please continue with completing **Section B.**
- ☐ **Yes, but I want to be contacted directly about my claim.** – Please continue with completing **Section B.**
- ☐ **No.** – No further action is required.

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 allow the Claims Administrator to send the information related to my claim including any submitted claim forms, to the 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)**

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)**