

Claimant full name (required):
 Claimant date of birth (required) (DD/MM/YYYY):
 / /

→ **Appendix E | Individual Legal Counsel**

As Individual Legal Counsel, you must enclose the Retainer Agreement signed and dated by you and the Claimant or the Estate/Personal Representative applying on the Claimant’s behalf. Please refer to the Individual Legal Fees Protocol for further details related to the processing of payment of legal fees.

Your Retainer must indicate that the legal services provided are for the purpose of assisting the Claimant with their Claim under the Settlement Agreement for the Federal Indian Hospitals Class Action.

Important:

- Individual Legal Counsel must have submitted a valid Retainer Agreement in line with the Individual Legal Fees Protocol and be a practising lawyer in good standing in a Canadian province or territory.
- If you move, change your email address or phone number, please provide your new contact information to the Claims Administrator at **1-888-592-9101**.
- **Note:** In order to receive payment of prescribed legal fees, you will also need to complete and return the Individual Legal Counsel Payment Request Form.

Your name (required)

Your name must match the name associated with your Law Society Number / Barreau du Québec member number.

First name:
 Middle name (if applicable):
 Last name:

Organization information (required)

Your law organization/firm Province/Territory
 Law Society Number / Barreau du Québec member number

Class Counsel disclosure

Aside from your capacity as Individual Legal Counsel for the Claimant or the person applying on their behalf, are you Class Counsel?

No Yes → **If yes, which firm?**

<input type="checkbox"/> Koskie Minsky LLP	<input type="checkbox"/> Merchant Law Group LLP
<input type="checkbox"/> Cooper Regal LLP	<input type="checkbox"/> Klein Lawyers LLP

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→ **Appendix E | Individual Legal Counsel**

Your mailing address (required)

Street number

Street name

Unit

P.O. Box (if applicable)

City / Town / Community

Postal Code

Province / Territory

Country

C/O Name (if applicable)

Your email address (required):

Your telephone number (required): - - Ext.