



Federal Indian Hospitals Class Action Settlement



Appendix A.1 | Individual Legal Counsel Payment Request Form

- **Important:** Only complete this form if you are a Practising Lawyer who has been engaged as Legal Counsel for a Claimant or their Representative with respect to the Settlement Agreement between Ann Cecile Hardy and Cecil Hardy and The Attorney General of Canada as approved by the Federal Court of Canada on June 24, 2025 ("Settlement Agreement" or "SA") (SA 10.02), AND you have received an Individual Legal Counsel Payment Request Letter.
- **Note:** If you move, or change your email address or phone number, please provide your new contact information to the Claims Administrator at [1-888-592-9101](tel:1-888-592-9101).

Practising Lawyer - your name and organization (required)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	Middle name (if applicable)	Last name
<input type="text"/>	<input type="text"/>	
Law Society / Barreau du Québec member number	Law organization / firm	

Your mailing address (required)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Street number	Street name	Unit number
<input type="text"/>	<input type="text"/>	<input type="text"/>
P.O. Box (if applicable)	City / Town / Community	Postal Code
<input type="text"/>	<input type="text"/>	
Province / Territory	Country	

Your email address (required):

Your telephone number (required):

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Ext.	<input type="text"/>
----------------------	---	----------------------	---	----------------------	------	----------------------

→ **Appendix A.1 | Individual Legal Counsel Payment Request Form**

Claim details of your client - the Claimant (required)

Claimant first name Claimant middle name (if applicable) Claimant last name

Claim ID:

Claimant Date of Birth: / /
 Day (DD) Month (MM) Year (YYYY)

Legal fees (required)

You may claim up to 5% of the approved Claimant's award, for legal fees and disbursements, plus applicable taxes.

Legal fee requested (%) (up to 5%): Provincial/Territorial tax rate (%):

Did you represent the Claimant, only with respect to the reconsideration of their compensation? Yes No

Legal Counsel bank account (required unless already provided to Administrator)

Transit number

Institution number

Account number (7-12 digits)

YOUR NAME 001
 123 YOUR STREET
 YOURCITY, ONTARIO
 R3B 1E7 DATE _____

PAY TO THE ORDER OF _____ \$ /100 DOLLARS

YourBank
 123 THER STREET
 YOURCITY, ONTARIO R3B 1E7

MEMO _____

⑆ 00 1 ⑆ ⑆ 2345 ⑆ 008 ⑆ ⑆ 234567 ⑆

Transit Number Institution Number Account Number

I assisted the Approved Claimant with their Claim and am a Practising Lawyer in good standing with my licensing/regulatory body in the province/territory where I practise law.

SIGN ▾

Practising Lawyer first name (printed) Practising Lawyer last name (printed)

/ /
 Signature of Practising Lawyer (required) Day (DD) Month (MM) Year (YYYY)