Barreau du Québec

BARREAU DU QUÉBEC COMPENSATION FUND CLAIM FORM

INTRODUCTION

You must answer all the questions on the form.

If there is insufficient space, you may append any additional pages.

It is important to enclose with the form any and all documents or proof that can support your claim (for example, copies of NSF cheques, receipts, agreements, bank account statements, the original of a power of attorney if you are acting on behalf of an organization, etc.).

In order to be processed, this claim form must be duly signed and sworn, and all required documents must be enclosed with it.

PLEASE NOTE:

If your claim is incomplete, it will not be able to be processed and it will be returned to you by the Compensation Records Office, along with an explanatory letter.

Partie 1 ■ Claimant(s)

Identification of first claimant

☐ M. ☐ Mrs. First name: _____ Last name: _____

Company name: _____

(If you are acting on behalf of a company, please enclose a power of attorney to this effect.)

Full address: _____

Postal code: _____ Home telephone no.: _____

Work telephone no.: _____ Cellphone: _____

Fax (if none, enter N/A): _____ Email: _____

Other claimant (if applicable)

☐ M. ☐ Mrs. First name: _____ Last name: _____

Company name: _____

(If you are acting on behalf of a company, please enclose a power of attorney to this effect.)

Full address: _____

Postal code: _____ Home telephone no.: _____

Work telephone no.: _____ Cellphone: _____

Fax (if none, enter N/A): _____ Email: _____

Partie 2 ■ Lawyer in question in the claim

Identification

☐ M. ☐ Mrs. First name: _____ Last name: _____

Name of law firm: _____

Full address: _____

Postal code: _____ Tel. no.: _____

Fax: _____ Cellphone: _____

Email: _____

Partie 3 ■ Details of claim

1. Indicate the overall amount claimed: $_____

2. Did you place a sum of money or other property in the lawyer's custody for his services? ☐ Yes ☐ No

   If yes, indicate, in the appropriate column, the date that money was given to the lawyer:

Was it an advance of fees (sums of money left to the lawyer before work was carried out)**?**	**Was it a payment of an account for his fees** (lawyer's bill)**?**	**Was it another type of remittance?** (disbursement, surety, insurance proceeds, settlement of a case, negotiation, transaction, etc.) **Investments and loans are not covered. SPECIFY:**

3. Describe the mandate you gave the lawyer (the legal services that you wanted him to carry out) and present the facts in support of your claim.

   For example: The history of your relationship with your lawyer: dates of your meetings; services requested; the number of meetings, hearings, decision, bills, etc.

4. Did you sign a fee agreement with this lawyer?

   (The fees are the costs for the services provided by the lawyer. It may be an hourly fee, a percentage of gains or a fixed price.)

   ☐ Yes (Please enclose a copy of the agreement.) ☐ No

   If no, do you have a verbal agreement regarding the lawyer's fees?

   ☐ Yes, Specif: _____

   ☐ No

5. On what date and under what circumstances did you learn that the sums of money given to your lawyer were used for purposes other than those specified in the agreement?

_____

_____

_____

_____

6. Did you previously submit a request for services to the Barreau du Québec before filing this form?

☐ Yes. Indicate the date: _____ File no.: _____

Name of the person who handled your file: _____

The reason for or type of services requested: _____

☐ No

7. Please describe the steps taken in order to recover, from your lawyer, the sum of money claimed:

_____

_____

_____

_____

_____

_____

8. Did you seek any civil remedy before the courts to recover the sum of money?
(Small claims, Court of Québec, Superior Court)

☐ Yes. Please enclose the judgement, if applicable.

If there was no judgement, please indicate at what step the case is now _____

_____

☐ No

9. Did you sign a discharge in favour of the lawyer? ☐ Yes. Please enclose a copy of this discharge. ☐ No

10. At the present time, are you faced with a bankruptcy or with an assignment of your property for the benefit of debtors or have you submitted a proposal in bankruptcy? ☐ Yes ☐ No

11. Have you submitted a request for arbitration to the Barreau du Québec?

☐ Yes. What is the file no.? _____ ☐ No

12. To make this claim, are you represented by a lawyer? If applicable, please indicate to us:

First name of your present lawyer: _____ Last name: _____

Company name of law firm: _____

Full address: _____

Postal code: _____ Telephone no.: _____

Fax: _____ Cellphone: _____

Email: _____

13. Do you have any other information to add to your claim?

_____

_____

_____

_____

_____

_____

I, _____ the undersigned, hereby agree to comply with the provisions of the *Act Respecting the Barreau du Québec*, the *Professional Code*, the *Regulation respecting the compensation fund of the Barreau du Québec* and their other regulations. I understand that a false statement or failure to reply to any of the questions on this form may result in the rejection of my claim.

Moreover, I consent to having the Barreau du Québec, its representatives or personal information officers check and obtain any and all information and documents required to submit the claim file to the Barreau du Québec's Compensation Fund.

The purpose of this form is also to authorize all services, departments, authorities and people, including the Syndic's Office, the secretary of the Order, the secretary of the Disciplinary Council and the Compensation Fund Committee, the Arbitration Council, the Professional Inspection Officer as well as the Professional Liability Insurance Fund of the Barreau du Québec to provide and disclose to the Compensation Fund Committee of the Barreau du Québec any and all reports, documents or information in their possession, given or exchanged by the undersigned with one of them and concerning the lawyer or former lawyer and that I have given to the Barreau du Québec.

In witness whereof, I have signed in _____, this _____

_____
Signature

Solemnly sworn to before me in _____ this____ day of_____ in the year_____.

_____
Signature of a lawyer or other person qualified to receive the oath.

Name (please print) _____ and title _____

If ☐ a lawyer or ☐ notary Membre no.: |___|___|___|___|___|___|__|___|

If a commissioner for oaths:

Judicial district: _____ Commissioner no.: _____

RETURN THIS FORM BY MAIL to the following address:

Greffe du Fonds d'indemnisation du Barreau du Québec
445 Boulevard St-Laurent, 4e étage, Montréal (Québec) H2Y 3T8

For any information, please contact the Barreau du Québec:
514 954-3411 or 1-800-361-8495, ext. 3411
greffe.indemnisation@barreau.qc.ca

To simplify this form, the masculine gender has been used to include the feminine.

The *Regulation on the Compensation Fund of the Barreau du Québec* and the procedures may be consulted at: www.barreau.qc.ca/en/general-public/filing-complaint-against-lawyer/misuse-money-property/