



**UNCLAIMED TRUST FUNDS
CLAIMANT'S APPLICATION FORM**

s.59.10 – 59.13 Law Society Act

By-law #10 of the by-laws of the Law Society of Ontario

A. CLAIMANT

(A copy of photo identification must be submitted by the claimant with this claim form (i.e.) driver's license, passport, provincial health card)

Name	
Address	
Telephone Number	Home: Work:
Fax Number	
Email Address	
Social Insurance No.	
Date of Birth	
Corporation Number (if claimant is a corporation)	

B. LAWYER/PARALEGAL TO WHOM TRUST MONIES WERE PAID

Name	
Address	
Lawyer/Paralegal in charge of your matter	
Name of file/matter (if litigation file, specify style of cause, e.g. Smith v Jones)	
Type of file/matter (e.g. personal injury, real estate etc.)	

C. CLAIM INFORMATION

Amount of Claim:
Is this is the actual amount? Yes _____ or No _____ (if not the Law Society will interpret the amount to be an approximate amount)
Details of payments made: Date: _____ Amount: _____
For what purpose(s) was the lawyer/paralegal retained? (provide a copy of any retainer agreements, accounts, reporting letters, copies of cancelled cheques, receipts or other relevant documentation) _____ _____ _____ _____
Why were the funds provided to the lawyer/paralegal? _____ _____ _____ _____
Why was the trust money left unclaimed? _____ _____ _____ _____

OTHER INFORMATION THAT MAY BE USEFUL IN VERIFYING THE CLAIM

D. CERTIFICATION

I, _____

of _____

in the Province of Ontario, certify that the foregoing information is complete and correct to the best of my knowledge.

DATE

SIGNATURE

Please return completed form to:
The Law Society of Ontario
Unclaimed Trust Fund Program
393 University Avenue, Suite 1100
Toronto, ON M5H 2N6

Voicemail (416) 947-3312
Fax (416) 644-4880

UnclaimedTrust@lso.ca