



## NOTICE OF CLAIM Claimant's Form

**I have read the "Claimant's Guide" before completing this form**

### I. Claimant information

Name : \_\_\_\_\_

Address : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address : \_\_\_\_\_

### II. Information on the lawyer who is the subject of the claim

Name: \_\_\_\_\_

Name of the firm (*if relevant*) : \_\_\_\_\_

Address : \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Who was the lawyer acting for? You  Someone else  Provide details (*In this case, proceed to question III 3*) : \_\_\_\_\_

### III. Claim information

1. when was the lawyer first consulted?  
\_\_\_\_\_

2. Why did you consult the lawyer and what did you hire him to do?  
\_\_\_\_\_  
\_\_\_\_\_

3. when did you first become aware of a potential error, fault or omission by the lawyer?  
\_\_\_\_\_

4. What error, fault or omission do you allege?

*Join any pertinent document in support of your claim.*

**5. Describe the damages you claim to have suffered:**

**6. Details of amounts claimed :**

*Attach all relevant documents in support of the alleged damages and/or the amounts claimed.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please save the present form, complete it, print it, **sign** it and send it with all relevant documents to the *Fonds d'assurance responsabilité professionnelle du Barreau du Québec*:

by fax : **514 954-3454** or

by e-mail to: [assuranceresponsabilite@farpbq.ca](mailto:assuranceresponsabilite@farpbq.ca) or

by mail for the attention of:

**The Executive Director  
Fonds d'assurance responsabilité professionnelle  
du Barreau du Québec  
445, boulevard Saint-Laurent, bureau 300  
Montréal (Québec) H2Y 3T8**