



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 or

by mail for the attention of:

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