

Claim to Trust Money

Under Section 117 (5) of the *Legal Profession Act*
Rule 119.43 (5)

SECTION A – CLAIMANT INFORMATION

1. Claimant's Name: _____
2. Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Country: _____
3. Office Phone Number: _____ Home Phone Number: _____
Other Phone Number: _____ Fax Number: _____
4. Email: _____

SECTION B – LAW FIRM TO WHOM TRUST MONIES WERE PAID

1. Law Firm Name: _____
2. Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
3. Office Phone Number: _____ Fax Number: _____
4. Email: _____
5. Lawyer in Charge of File: _____
6. File Number: _____

The information provided in this form will be used by the Law Society of Alberta for one or more purposes contemplated by the *Legal Profession Act*, the Rules of the Law Society, the Code of Conduct, or a resolution of the Benchers and will be accessible to all departments of the Law Society, including the Alberta Lawyers Insurance Association. The information may be used or disclosed by the Law Society of Alberta, now or in the future, for regulatory purposes, including Law Society of Alberta investigations and proceedings. We may contact you to obtain additional information, or to obtain clarification on the information you provided. Should you have any questions about this, please contact the Privacy Officer at 403-229-4700.

SECTION C – DETAILS OF CLAIM

1. Claim amount: _____
2. Please complete the following table showing the amounts paid and received in the law firm trust bank account on your behalf: (Alternatively you may attach a statement of funds received and disbursed or trust ledger card if so provided by the law firm)

Date (mm/dd/yyyy)	Source of Funds	Payee	Amount Received	Amount Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Totals			_____	_____

3. Description of circumstances that gave rise to the claim:

4. Other information that may be useful in verifying the claim:

SECTION D - CERTIFICATION

I, _____, certify that the foregoing information is complete and correct to the best of my knowledge.

Date (mm/dd/yyyy)

Signature

The information provided in this form will be used by the Law Society of Alberta for one or more purposes contemplated by the *Legal Profession Act*, the Rules of the Law Society, the Code of Conduct, or a resolution of the Benchers and will be accessible to all departments of the Law Society, including the Alberta Lawyers Insurance Association. The information may be used or disclosed by the Law Society of Alberta, now or in the future, for regulatory purposes, including Law Society of Alberta investigations and proceedings. We may contact you to obtain additional information, or to obtain clarification on the information you provided. Should you have any questions about this, please contact the Privacy Officer at 403-229-4700.