

Law Society of Prince Edward Island

CLAIM TO TRUST MONEY- Form 20

Section 44.1 of the *Legal Profession Act*

A. CLAIMANT

Name: _____

Address: _____

Telephone: Home: _____ Work: _____

B. LAW FIRM TO WHOM TRUST MONIES WERE PAID

Law Firm name: _____

Address: _____

Lawyer in charge of file: _____

File #: _____

C. CLAIM

Amount: _____

Payments made to law firm:

Date	Amount
_____	_____
_____	_____
_____	_____

Disbursements on claimant's behalf by law firm:

Date	Amount
_____	_____

_____	_____
_____	_____
_____	_____

Description of circumstances giving rise to the claim:

(Attach copies of any relevant documents)

D. OTHER INFORMATION THAT MAY BE USEFUL IN VERIFYING THE CLAIM

E. CERTIFICATION

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

(Date)

(Signature)