

Law Society of Prince Edward Island

UNCLAIMED TRUST MONEY, **Form 19**

Section 44.1 (1) of the *Legal Profession Act*

NOTE: All questions on this form must be answered. One form must be submitted for each trust ledger account.

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A. MEMBER/FIRM INFORMATION

1. Member/Firm Name: \_\_\_\_\_

\_\_\_\_\_

2. Member/Firm Address: \_\_\_\_\_

\_\_\_\_\_

3. Member/Firm Telephone Number: \_\_\_\_\_

\_\_\_\_\_

4. Responsible Lawyer: \_\_\_\_\_

5. Firm File Number: \_\_\_\_\_

B. CLIENT/CLAIMANT INFORMATION

1. File Name: \_\_\_\_\_

2. Name and last known address of person/corporation who is entitled to the funds: \_\_\_\_\_

\_\_\_\_\_

NOTE: If more than one person is entitled to funds, list names, amounts each is entitled to, and answer all applicable questions for each person individually.

3. If Corporation, current status with Corporate Registry: \_\_\_\_\_

4. Length of time monies have been held for client: \_\_\_\_\_

5. Attempts to contact client in the past two years (state dates, methods, and addresses involved):

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. FILE INFORMATION

1. Name of Action: \_\_\_\_\_

2. Name of Client: \_\_\_\_\_

3. Last Known Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Last Known Telephone Number: \_\_\_\_\_

5. Dollar Amount Enclosed and Date of Receipt of Monies: \_\_\_\_\_

6. Information useful in confirming validity of client's claim to these funds including the nature of the trust and the circumstances in which it arose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are these funds subject to trust conditions? (if so, give complete details):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. CERTIFICATION

I \_\_\_\_\_, of \_\_\_\_\_, PEI. certify

that the foregoing information is complete and correct to the best of my knowledge.

\_\_\_\_\_, 20\_\_\_\_  
Date

\_\_\_\_\_  
Member's Signature