

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)