LiUNA Local 183 Members' Group Legal and Paid Leave Trust Fund

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BUILDING HEALTHY FUTURES

GROUP LEGAL APPLICATION Child Support



LIUNA LOCAL 183 MEMBERS' GROUP LEGAL & PAID LEAVE TRUST FUND

HOW TO SUBMIT A CLAIM FOR CHILD SUPPORT

Pursuant to the provisions of the Fund, this is the required documentation:

- 1 **Member** to complete and sign **<u>Page 1</u>** of the attached claim form;
- 2 Lawyer to complete and sign <u>Page 2</u> of the attached claim form;
- 3 A copy of the sign Motion to Change or Reply or any enforceable signed Agreement between the parties and
- 4 A copy of the **Statement of Account**.

Please submit all the required claim forms and supporting documentation:

<u>BY MAIL</u> LiUNA Local 183 Members' Group Legal & Paid Leave Trust Fund Office 1263 Wilson Avenue – Suite 207 Toronto, ON M3M 3G2

> <u>BY FAX</u> F 416-243-2281

QUESTIONS? P 416-243-2088

Please keep a copy of your application package for your records and to substantiate your claim.

LIUNA LOCAL 183 MEMBERS' GROUP LEGAL

AND PAID LEAVE TRUST FUND

1263 WILSON AVENUE - SUITE 207, TORONTO, ON M3M 3G2 P 416-243-2088 | F 416-243-2281

CLAIM FOR LEGAL BENEFITS

PAGE 1 - To be completed by MEMBER:

1 **MEMBER INFORMATION** (please print):

Name					
Last		First	Social Insurance Number		
Address Number	Street	City	Province	Postal Code	
Telephone I	Number	Name of Spouse	Spouse Date of Birth (D/M/Y)		
1 Legal Services	are for:	Member	Spouse]	
2 I direct the Plan	I direct the Plan to pay the legal services benefit to:				
TERMS AND CO	NDITIONS:	Member	Spouse	Lawyer/Paralegal	

- i. Members are responsible for the selection of a Lawyer/Paralegal of their own choice. The Plan is not responsible for the quality of service provided by the Lawyer/Paralegal, nor is the Plan responsible for the fees or disbursements, charged by the Lawyer/Paralegal.
- ii. The Plan's sole and exclusive responsibility is to reimburse eligible participants and their spouses for legal service benefits in accordance with the Legal Services Plan adopted by Trustees of the LiUNA Local 183 Members' Group Legal and Paid Leave Trust Fund. Plan Members should confirm their eligibility for benefits and the amount of their entitlements, before retaining a Lawyer/Paralegal.

WAIVER OF SOLICITOR - CLIENT PRIVILEGE

(Must be signed by person who receives legal services)

Ι,

____, hereby waive solicitor-client privilege in

(Name-Please Print) connection with the legal services for which I am making a claim for benefit, in favor of the Trustees of LiUNA Local 183 Members' Group Legal and Paid Leave Trust Fund, their Lawyers and employees who shall have full access to all documents, records and files pertaining to the legal services described in Page 2 of this 2-page application. I also hereby consent to the use of my Social Insurance Number (S.I.N.) for the purposes of processing this Claim.

I certify that the above information is true and that I understand and accept the terms and conditions set out above.

Signature of person receiving legal service benefit & if different from member, also>

Signature of Member

Date

OFFICE USE ONLY

AUTHORIZATION:

LIUNA LOCAL 183 MEMBERS' GROUP LEGAL AND PAID LEAVE TRUST FUND

PAGE 2 - To be completed by LAWYER / PARALEGAL:

1	Name and address of Lawyer, Law Firm or Paralegal:					
_		Telephone Number				
2	Name of Client:	Date of Birth				
3	ate you were retained to provide the services below:					
4	If your services involve real estate, is the property to:	services involve real estate, is the property to:				
	Reside / Resided Rent / Investment Va	cation Property				
5	ADDITIONAL INFORMATION:					
	i. LiUNA Local 183 Members' Group Legal and Paid Leave Trust Fund ("the TRUST") has no duties, responsibilities or obligations and makes no representations to the Lawyer, Law Firm or Paralegal providing legal services to its members. The Trust's obligations are solely and exclusively to its member, and strictly defined and limited by the Legal Services Benefit currently in effect.					
	 ii. In order for an Eligible Member or Spouse to be reimbursed, the Trust in Account describing the precise nature of services provided, plus documents requested in the instructions. 					
	iii. All accounts must be printed on the letterhead of the Lawyer, Law Firm	or Paralegal.				
	DESCRIPTION OF SERVICE:					
	PURCHASE WILL	ARATION AGREEMENT				
	SALE P.O.A. DIVC	DRCE				
	MORTGAGE CODICIL CHIL	D SUPPORT				
	TRANSFER IMMIGRATION CUS	TODY				
	DISCHARGE HTA (ONTARIO) ADO	PTION				
	СНА	NGE OF NAME				
Date of Service Matter is: Continuing		Completed				
Aı	mount of Legal Fees Billed (No HST and no Disbursements) \$					
Się	gnature of Lawyer/Paralegal Date					
	SUBMIT CLAIM FORM TO: LiUNA Local 183 Members' Group Legal & Paid Leave Trust Fund Office 1263 Wilson Avenue – Suite 207 Toronto, ON M3M 3G2 P 416-243-2088					

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