

**Ministry of the Attorney General
Civil Remedies Act Compensation Claim Form**

Section 1: General Information				
<p>Please keep a copy of this form and once completed, submit via one of the methods below: Mail: Ministry of the Attorney General, Civil and Administrative Forfeiture Program, Ontario Victim Services, 720 Bay St, 5th Floor, Toronto ON, M7A 2S9; Email: CAFP@ontario.ca; Fax: 416-326-1780 or 1-866-320-3351. This form must be completed in full to be considered. The information to be provided in this form is collected under the authority of Ontario Regulation 498/06.</p> <p>If there is not enough space on this form, attach more pages as needed.</p> <p>For questions on how to complete this form, or if you have a personal accessibility requirement or need documents in a different format, call: Toll-free in North America 1-888-246-5359; or mail, email or fax us, as per details above.</p>				
Please Provide the Following Information:				
1. Statutory Notice Number:		2. Amount of Claim:		
3. Claimant's Date of Birth (input as MMM-DD-YYYY, i.e. Jan-23-1967):				
Section 2: Contact Information				
4. Claimant Contact Information				
First Name		Last Name		
Full Corporate Name (if claimant is a business)				
Street number & name	Suite/Unit number	City	Province/State	Postal/Zip Code
Country	Home phone	Business phone	Fax	
Email				
5. Legal Guardian or Representative Contact Information				
<p>Legal Guardian – if claimant is under age 18, provide proof of Guardian identity (i.e. passport, driver's license). Representative – see Item #6 - Power of Attorney – below</p>				
Relationship to claimant				
First Name		Last Name		
Full Corporate Name (if claimant is a business)				

Street number & name	Suite/Unit number	City	Province/State	Postal/Zip Code
Country	Home phone	Business phone	Fax	

Email

6. Power of Attorney – fill out Section 2, item #5

1) Where the claimant is alive, but does not have legal capacity, provide:

- a. A Power of Attorney (original or certified true copy), naming a specific person as the representative and
- b. Proof of the representatives' identity (passport, driver's license, etc.)

2) Where the claimant is deceased, provide:

- c. Proof of death (original or certified true copy of death certificate)
- d. A copy of the probate court order or will, appointing a specific person as the representative (Executor)
- e. Proof of the representatives' identity (passport, driver's license, etc.)

Section 3: Particulars of Claim

7. Please ensure your claim covers the period of time specified in the Statutory Notice (Notice). This forfeiture relates only to activities within this period of time. Claims outside of this period of time cannot be considered, as they were not part of the forfeiture proceeding that resulted in the forfeiture of funds related to this Notice.

8. Notice Source – Please identify how you found out about this, by checking the box(es) that apply below:

- Attorney General Letter
- Ontario Gazette
- Securities Commission website (list website name & province):

- Other web-site (list website name):

- Newspaper (list paper name):

- Facebook ad
- Other (explain):

- 9.** Please explain clearly and in order by date, the events that occurred which led to your loss. Include all related documentary evidence necessary to support the claim, which may include: copies of cheques, receipts, invoices, wire transfers, investment account statements, trade confirmations, correspondence with your broker and others, share certificates, bank statements, lease agreements, police reports, victim impact statements, etc. and/or anything else you feel is needed to support your claim. Failure to do so may result in your claim being denied. Add more pages as needed.

Section 4: Additional Information

10. Have you received any money or are you entitled to receive any money from any source relating to this claim?

Yes No

If yes, tell us how much and from what source (i.e. an insurance company or government organization, like the Criminal Injuries Compensation Board, Workers Compensation Board, a *Criminal Code* restitution order, the U.S. Department of Justice, etc.)

11. Was a police report filed or a court action started relating to this claim?

Yes No

If yes, attach a copy of the police report or the court documents to this claim. If you answered yes, but no documents are attached, please explain why.

12. Other than being a victim and entitled to file a claim, do you have any connection with the persons named in the Notice or with the unlawful activity that resulted in the related legal proceedings? (For example, are you a relative or did you have any role in the unlawful activity that resulted in the forfeiture?)

Yes No

If yes, please explain fully.

Section 5: Notice of Collection of Personal Information

Your personal information is being collected for the purpose of determining your eligibility for compensation under the *Civil Remedies Act, 2001*. The Ministry will not otherwise disclose the personal information you have provided, except as required by law, including the Freedom of Information and *Protection of Privacy Act* and the *Civil Remedies Act*. Questions about the collection should be directed to:

Civil and Administrative Forfeiture Program: 1-888-246-5359; Fax: 416-326-1780 or 1-866-320-3351;
Email: CAFP@ontario.ca;

Write: Civil and Administrative Forfeiture Program, Ontario Victim Services, 720 Bay St, 5th Floor, Toronto ON, M7A 2S9.

Section 6: Declaration

13. Declaration of Claimant or Guardian/Representative

I certify that:

- A) The information included in this form is true and if there is any change to the information after I have sent the claim, I will advise the Ministry of the Attorney General, Civil Forfeiture Program, immediately.
- B) I am aware and agree that the information included in this form will be used for the assessment of my claim, eligibility and for statistical reporting.
- C) I am aware that false or incomplete information or failure to notify the Civil Forfeiture Program of any change in the information included in this form may result in the denial of the claim or repayment of any compensation paid to me based on this claim.
- D) I am aware and agree that the information contained in this claim or sent in support of this claim is subject to disclosure under the *Freedom of Information and Protection of Privacy Act* and the *Civil Remedies Act, 2001*.

Claimant Signature	Guardian/Representative Signature
Date	Date
Print Name	Print Name

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