

CLAIMS PROCESS COUNSELLING DIRECTION FORM

From: _____
[name of Claimant or Substitute Decision Maker]

TO: Koskie Minsky LLP
20 Queen St. W., Suite 900
Toronto, ON M5H 3R3

TO: MWQ Claims Administrator
PO Box 3355
London, ON N6A 4K3

RE: Manitoba Developmental Centre – Claims Process Counselling Funds

I HEREBY CONFIRM that I have undergone Claims Process Counselling by _____, [counsellor, psychologist, or psychiatrist] on _____ [date(s)] as evidenced by _____'s [counsellor, psychologist, or psychiatrist] invoice dated _____ [date(s)].

I PROVIDE THIS AUTHORIZATION AND DIRECTION for the purpose of making a claim for Claims Process Counselling Funds for the Claims Process Counselling that I have undergone.

I HEREBY direct Koskie Minsky LLP and MWQ Claims Administrator to transfer Claims Process Counselling Funds to [choose one only]:

() _____ [name of Claimant]

() _____ [counsellor, psychologist, or psychiatrist]

THIS SHALL BE your good and sufficient authority for so doing.

Date

[signature of Claimant or Substitute Decision Maker]