DRYWALL ACOUSTIC LATHING & INSULATION LOCAL 675
LEGAL ASSISTANCE PLAN

MEMBER – Complete this section *(please print)*			
Member's Name:	Union Number: U -		Date of Birth: Day Mo Year
Member's Address:	City	Province	Postal Code

LAWYER – Complete this section *(please print)*			
Lawyer's Name:	Law Society Number:		Phone Number:
Lawyer's Address:	City	Province	Postal Code

IMPORTANT: A signed copy of the Statement of Account must accompany this claim.

Claim Type Code: (See Below For Claim Codes)		Fee: $	
	Consultation		**Provincial Offences**
100	Legal Advice to a Member through telephone or office consultation	500	Defending offences under the Ontario Highway Traffic Act
	Estates		**Criminal Code Offences**
200	Will made by Member or Spouse	600	Defending offences under the Criminal Code of Canada by a Member or Dependant.
210	Wills made by Member and Spouse		
220	Codicil to Will by Member or Spouse		
230	Codicil to Will by Member and Spouse		
240	Probate of Will or Administration of Estate		
	Real Estate		**Administrative Law**
300	Purchase of a personal principal residence or personal vacation property	700	Litigation with the Member as a Plaintiff with respect to a civil or administrative action or proceeding in connection with a matter of substance in relation to personal or property rights
310	Sale of a personal principal residence or personal vacation property		
320	Mortgage of a personal principal residence or personal vacation property	710	Litigation with the Member or Dependent as Defendant or Respondent with respect to a civil or administrative action or proceeding
330	Renewal or Discharge or Amendment of a mortgage		
340	Preparation or review of lease	720	Immigration matters
350	New Mortgage not incidental to purchase (First Mortgage)		
	Family		
400	Uncontested Separation Agreement for Member or Spouse	430	Preparation of Power of Attorney for Member or Spouse
410	Uncontested Divorce for Member or Spouse	440	Adoption
420	Contested Family Law Matters and/or Family Court Matters	450	Change of Name (uncontested)

I hereby certify that the above statements are true, accurate and complete to the best of my knowledge and belief. I understand that the Plan Administrator Manion, Wilkins & Associates Ltd., will use the information provided by me on this claim form strictly to process my claim. I hereby authorize the Plan Administrator to evaluate or investigate my claims and release my personal information to qualified third parties solely for the purpose of conducting such evaluations or investigations, and only to the extent required for such purposes. I hereby authorize my union, or government body, and any other applicable person or institutions to release relevant information to the Plan Administrator solely for the purpose of processing this claim. A photocopy of this release shall be as valid as the original.

Member's Signature	Date	Phone Number

MEMBER
Submit completed claim form and original receipts to:

Manion, Wilkins & Associates Ltd
626 – 21 Four Seasons Place
Etobicoke, Ontario
M9B 0A6
(416) 234-3511
1 (866) 532-8999 Toll Free
(416) 234-2071 (Fax)
claims@manionwilkins.com (Email)

If Payment Is To Be Assigned To Lawyer:

I hereby assign to the lawyer named herein the amount of the fee payable by this Plan herein and such payment made to the lawyer will be deemed to be a payment to me of any amount due to me by this Plan.

_____ _____

Member's Signature Date