



Form 6-1  
(Rule 141)  
Application for Compensation

**(Please complete all questions. If a question does not apply to your circumstances, please indicate that it is not applicable. If there is insufficient space on the form, please attach additional sheets).**

**Claimant Information**

1. Claimant's Name(s): \_\_\_\_\_  
*First Middle Last*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Number: ( ) - Home Number: ( ) -

Other Number: ( ) - Fax Number: ( ) -

E-Mail Address: \_\_\_\_\_

2. Is this claim being made on behalf of a corporation or an estate?  Yes  No

(If "Yes")

(a) Are you the lawful representative of the corporation or the estate?  Yes  No

(Please attach copies of corporate authority, letters probate, letters of administration or any other documentation to support this statement)

(b) List the name and address of all beneficiaries of the estate or other persons entitled to share in any payment from the Fund:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you being represented by a lawyer in this claim?  Yes  No

(If "Yes", please complete the following:)

Lawyers Name: \_\_\_\_\_

Firm Name: (If applicable) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Number: ( ) - Fax Number: ( ) -

E-Mail Address: \_\_\_\_\_

**Respondent Lawyer Information**

4. Provide the name and last known address of the lawyer who caused your loss:

Lawyers Name: \_\_\_\_\_  
 Firm Name: (If applicable) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Work Number: ( ) - \_\_\_\_\_ Fax Number: ( ) - \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**Engagement Information**

5. Was the lawyer who caused your loss, your lawyer?  Yes  No  
 (If "Yes")

(a) When did you first hire this lawyer? \_\_\_\_\_

(b) What legal services did you engage this lawyer to perform for you?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(c) What was the fee arrangement?  
 (i) Flat Fee?  Amount \$ \_\_\_\_\_  
 (ii) Hourly Rate?  Rate \$ \_\_\_\_\_  
 (iii) Contingency?  Percentage \_\_\_\_\_ %

(d) Was the fee arrangement in writing?  Yes  No  
 (If "Yes", please attach a copy of the fee arrangement.)

(e) What legal services did the lawyer perform for you (to the best of your knowledge)?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(f) Approximately how many times did you meet this lawyer? \_\_\_\_\_

(g) Approximately how often did you speak with this lawyer on the telephone about your case? \_\_\_\_\_

(h) What legal papers did the lawyer prepare for you (to the best of your knowledge)?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(i) Describe the Court appearances (if any) the lawyer made for you (to the best of your knowledge).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



- (j) Did you hire a new lawyer to complete your case?  Yes  No  
 (If "Yes", please complete the following and provide details on the services provided, the amount charged and what, (if anything), remains to be done.)

**Contact Information for Lawyer You Hired to Complete Your Case**

Lawyers Name: \_\_\_\_\_  
 Firm Name (If applicable) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Work Number: ( ) - Fax Number: ( ) -  
 E-Mail Address: \_\_\_\_\_

**Accounting Information**

**Funds Received by Respondent Lawyer**

6. Did you send funds or valuable property to the lawyer?  Yes  No  
 (If "Yes", please complete Schedule A, Part 1 and provide copies of any supporting materials.)  
 7. Did the lawyer receive funds or valuable property from a third party on your behalf?  Yes  No  Unknown  
 (If "Yes", please complete Schedule A, Part 2 and provide copies of any supporting materials.)

**Funds Disbursed by Respondent Lawyer**

8. Did the lawyer pay funds to third parties on your behalf?  Yes  No  Unknown  
 (If "Yes", please complete Schedule B, Part 1 and provide copies of any supporting materials.)  
 9. Did the lawyer pay him or herself from the funds?  Yes  No  Unknown  
 (If "Yes", please complete Schedule B, Part 2 and provide copies of any supporting materials.)  
 10. Did the lawyer pay you from the funds?  Yes  No  
 (If "Yes" please complete Schedule B, Part 3 and provide copies of any supporting materials.)  
 11. Did the lawyer send you statements of account (invoices)?  Yes  No  
 (If "Yes" please complete Schedule C and provide copies of the accounts).  
 12. Outstanding Legal Fees:  
 Statements of Account (invoices) rendered by lawyer \$ \_\_\_\_\_ (Total)  
 Less: Payments on Account \$ \_\_\_\_\_ (Total)  
 Outstanding (unpaid) legal fees \$ \_\_\_\_\_ (Total)  
 13. Did the lawyer provide any legal services that were not billed?  Yes  No  Unknown  
 (If "Yes": please provide details.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Accounting For Funds Handled By Respondent Lawyer**

14. Did the lawyer provide you with an accounting of the funds that they handled on your behalf?  Yes  No

*(If "Yes", please provide a copy of the accounting that the lawyer sent you.)*

**Loss Claim**

15. The amount of the loss claimed as a result of the conduct of the respondent lawyer is: \$ \_\_\_\_\_

**Please show your calculations that support this amount**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. The loss occurred on or about: \_\_\_\_\_  
*Month Day Year*

17. The loss was discovered occurred on or about: \_\_\_\_\_  
*Month Day Year*

18. Please describe how you discovered the loss:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Please describe, in chronological order, the lawyer's conduct that led to the loss. Please be as detailed as possible and specify amounts and dates. Provide copies of documents that support your loss.  
*(Use an extra sheet if necessary)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Please provide the names, addresses, and telephone numbers of persons, including employees of the lawyer, who know about your loss and/or how your lawyer may have caused the loss :

(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_



**Other**

21. Do you have any other claims against this lawyer?  Yes  No  
*(If "Yes", please provide details.)*

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22. Have any criminal or civil proceedings been taken relating to this case?  Yes  No  
*(If "Yes", please provide details including the present status of such proceedings.)*

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23. Has the loss been reported to the police?  Yes  No  
*(If "Yes", please provide details including when your loss was reported and which detachment it was reported to. Also, please provide a copy of your complaint and describe what action was taken.)*

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24. Have you filed a complaint against this lawyer with the Conduct Department of the Law Society Of Alberta?  Yes  No

25. Have you had the lawyer's statement(s) of account taxed by the Taxing Officer at the Courthouse?  Yes  No  
*(If "Yes", please provide details.)*

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26. Has a demand for compensation been made of the lawyer?  Yes  No  
*(If "Yes")*

Amount Demanded \$ \_\_\_\_\_ Date(s) of Demand: \_\_\_\_\_

27. Demand was  Oral  Written  
*(If written, please attach a copy of the demand to this application)*

28. Have you been compensated for any part of your claim?  Yes  No  
*(If "Yes", state the amount received by you, the person or persons who made the payment and the date of such payment.)*

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### DECLARATION

I (We), the undersigned applicants, solemnly declare that all information provided by me in this application or supplemental thereto, and in the documents furnished in connection with this application, is true, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Declared before me	)	
at: _____	)	
on _____, 20____	)	
	)	
	)	
_____	)	_____
A Commissioner for Oaths for the Province of Alberta <b>(Out-of-Province Members – please declare this document before a Notary Public)</b>	)	Applicant's Signature
	)	

**NOTES:**

- **ALL ATTACHMENTS MUST BE STAMPED AND COMMISSIONED AS EXHIBITS BY THE COMMISSIONER FOR OATHS.**
- **IF THE DECLARATION IS MADE OUTSIDE ALBERTA, IT MUST BE MADE BEFORE A NOTARY PUBLIC.**

The personal information collected in this form will be used by the Law Society for one or more purposes contemplated by the *Legal Profession Act*, the Rules of the Law Society, the *Code of Professional Conduct*, or a resolution of the Benchers and will be accessible to all departments of the Law Society, including the Alberta Lawyers Insurance Association. The information may be used or disclosed by the Law Society, now or in the future, for regulatory purposes, including Law Society investigations and proceedings. We may contact you to obtain additional information, or to obtain clarification on the information you provided. Should you have any questions about the collection, use or disclosure of this information, please contact Tanya McCullough, Manager, Membership Department, at (403) 229-4700.



**SCHEDULE A**

**Application for Compensation  
Schedule of Funds Received by the Lawyer**

**PART 1 – Funds Received by the Lawyer from the Claimant (s):**

Date	Paid By	Purpose of Payment (1)	Amount	Support Attached (2)
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
Total			\$	

**PART 2 – Funds Received by the Lawyer from Third Parties:**

Date	Paid By	Purpose of Payment (1)	Amount	Support Attached (2)
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
Total			\$	

Notes:

- (1) Please describe the purpose of the payment (ie. retainer, deposit, payment on account, settlement of funds, cash shortfall, mortgage proceeds, etc.)
- (2) Please attach supporting materials such as copies of cancelled cheques, receipts, etc.
- (3) If trust conditions were placed on the funds, please describe the trust conditions and provide any supporting materials
- (4) If you know the address and/or phone number of any of the third parties, please provide them.

**SCHEDULE B**

**Application for Compensation  
Schedule of Funds Disbursed by the Lawyer**

**PART 1 – Funds Paid by the Respondent Lawyer to Third Parties on Behalf of the Claimant (s):**

Date	Paid By	Purpose of Payment (1)	Amount	Support Attached (2)
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
Total			\$	

**PART 2 – Funds Paid by the Respondent Lawyer to Him/Herself:**

Date	Paid By	Purpose of Payment (1)	Amount	Support Attached (2)
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
Total			\$	

**PART 3 – Funds Paid by the Respondent Lawyer to the Claimants:**

Date	Paid By	Purpose of Payment (1)	Amount	Support Attached (2)
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
Total			\$	

Notes for Schedule B Part 1, 2 & 3:

- (1) Please describe the purpose of the payment, to the best of your knowledge (ie. cash to close, mortgage payout, payment of account, return of funds, etc.)
- (2) Please attach any supporting materials.



**Schedule C**

Application for Compensation					
Schedule of Statement of Account (Invoices) Rendered by the Respondent Lawyer					
Invoice Date	Invoice # (If applicable)	Date Received by Claimant(s)	Amount	Copy Attached (1)	Account Taxed At Court (2)
Total			\$		

Notes

- (1) Please attach copies of the statements of accounts.
- (2) If any of these accounts have been taken to Taxation at the Court of Queen's Bench, please indicate the outcome of taxation.