

# ATTESTATION OF PERSONAL REPRESENTATIVE NOVA SCOTIA

You have submitted a claim as Personal Representative of a **minor child** who resides in Nova Scotia and who is eligible for money under the First Nations Drinking Water Settlement Agreement.

We are asking you to complete this form so that the minor child's money is processed correctly. You have options in completing this form. Please choose **one** option only:



**Option A:** You can choose to have the minor child's money paid to the Public Trustee of Nova Scotia. This means that the minor child's money will be held in a public trust until they turn 19.

To choose this, check the box under A – Election. **This option is also the default and will apply if you do not return this form within 60 days of receipt.**

**OR**



**Option B:** You can attest (make a legal statement to the best of your knowledge) that **one** of the situations under B is true. In this case, some or all the minor child's money will be paid to you on their behalf.

Please read the statements fully. In brief, these options are:

- **B-1** – You are the minor child's guardian of property, under a court order; **OR**
- **B-2** – You are the minor child's parent and they reside with you; **OR**
- **B-3** – You have lawful custody of the minor child; **OR**
- **B-4** – You are appointed as a guardian of person by the minor child's lawful custodian(s).

Only a court-appointed guardian of property will be able to receive all of the child's money on the child's behalf. If you are the minor child's parent and they reside with you, if you have lawful custody of the minor child, or you have been appointed as the minor child's guardian, up to \$2,000 can be paid to you. Anything above that amount will need to go to the Public Trustee of Nova Scotia to be held in trust for the child until they turn 19.

**You may only choose ONE option: in other words, please make one election (check box A) or make one attestation (complete one section of B).**

If you need help with this form there are three teams of people available to help.



**The Hope for Wellness Team** offers comfort and emotional support.

**They can help you** if you are experiencing emotional distress.

**You can reach them** toll-free on our Wellness Help Line at 1-855-242-3310 or online at [www.hopeforwellness.ca](http://www.hopeforwellness.ca)



**The Administrator** handles claim applications and payments.

**They can help you** with the claims process, including with filling in this Attestation. Start with them if you have a question and don't know who to ask.

**You can reach them** toll-free on our Administrator Help Line at 1-833-252-4220.



**The Class Counsel Team** are your lawyers. They work for you, calls are confidential, and there's no charge to talk with them.

**They can help you** with claims for Specified Injuries Compensation or legal questions about the class action settlement.

**You can reach them** toll-free at on our Class Counsel Help Line at 1-833-265-7589.

#### A. ELECTION – Payment to the Public Trustee of Nova Scotia

☐ I \_\_\_\_\_ of the Province/Territory of \_\_\_\_\_, request that any compensation to which \_\_\_\_\_ (the minor child) is entitled be deposited with the Public Trustee of Nova Scotia.

#### B. ATTESTATION – Payment to Representative

**You may complete only ONE of following four attestations.**

##### 1. Guardian of Property Attestation (Requires Court Order)

I \_\_\_\_\_ of the Province/Territory of \_\_\_\_\_, declare and attest that all of the following statements are true.

1. I am a guardian of the property of the minor child \_\_\_\_\_ (the "Child"), appointed by the enclosed court order, dated (mm/dd/yyyy) \_\_\_\_\_;
2. I have complied with any court orders related to the deposit of security in my capacity as a guardian of the property of the Child;
3. I am the only guardian of property of the Child or I have submitted this claim with the consent/approval of the other guardian(s) of the property of the Child;
4. The Child does not have a public guardian (such as the Public Trustee of Nova Scotia); and
5. The Child does not have any legal obligation to support another person.

##### a. Your declaration and signature:

\_\_\_\_\_  
Print your Full Name (First, Last)

\_\_\_\_\_  
Declaration and Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

##### b. Witness "I witnessed the person sign this form"

\_\_\_\_\_  
Print the Full Name of the Witness (First, Last)

\_\_\_\_\_  
Declaration and Signature of Witness

\_\_\_\_\_  
Date (mm/dd/yyyy)

## 2. Parental Attestation

I \_\_\_\_\_ of the Province/Territory of \_\_\_\_\_, declare and attest that all of the following statements are true.

1. I am the parent of the minor child \_\_\_\_\_ (the "Child"), by virtue of:

☐ a. being the mother or father of the Child;

☐ b. demonstrating a settled intention to treat the Child as my own;

**OR**

☐ c. my obligation to pay support for the Child per the enclosed court order, dated (mm/dd/yyyy) \_\_\_\_\_;

2. The Child resides with me at \_\_\_\_\_;

3. To the best of my knowledge, no guardians of the property of the Child have been appointed by a court;

4. There are no court orders or parenting plan restricting my decision-making responsibilities in respect of the Child;

5. The Child does not have a public guardian (such as the Public Trustee of Nova Scotia); and

6. The Child does not have any legal obligation to support another person.

### a. Your declaration and signature:

\_\_\_\_\_  
Print your Full Name (First, Last)

\_\_\_\_\_  
Declaration and Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

### b. Witness "I witnessed the person sign this form"

\_\_\_\_\_  
Print the Full Name of the Witness (First, Last)

\_\_\_\_\_  
Declaration and Signature of Witness

\_\_\_\_\_  
Date (mm/dd/yyyy)

### 3. Custodial Attestation

I \_\_\_\_\_ of the Province/Territory of \_\_\_\_\_, declare and attest that all of the following statements are true.

1. I have lawful custody of the minor child \_\_\_\_\_ (the "Child") in that I have decision-making responsibility for the minor and parenting time with the minor by virtue of:

☐ a. an order made by the court dated (mm/dd/yyyy) \_\_\_\_\_;

☐ b. a parenting plan dated (mm/dd/yyyy) \_\_\_\_\_;

**OR**

☐ c. the customs or traditions of the First Nation group, community or people (e.g., Mi'kmaw laws, traditions, or customs) to which the Child belongs.

2. I have decision-making responsibility of the Child;

3. To the best of my knowledge, no guardians of the property of the Child have been appointed by a court;

4. There are no court orders or parenting plans restricting my decision-making responsibilities in respect of the Child;

5. The Child does not have a public guardian (such as the Public Trustee of Nova Scotia); and

6. The Child does not have any legal obligation to support another person.

#### a. Your declaration and signature:

\_\_\_\_\_  
Print your Full Name (First, Last)

\_\_\_\_\_  
Declaration and Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

#### b. Witness "I witnessed the person sign this form"

\_\_\_\_\_  
Print the Full Name of the Witness (First, Last)

\_\_\_\_\_  
Declaration and Signature of Witness

\_\_\_\_\_  
Date (mm/dd/yyyy)

#### 4. Guardian of Person Attestation

I \_\_\_\_\_ of the Province/Territory of \_\_\_\_\_, declare and attest that all of the following statements are true.

1. I the guardian of the person of the minor child \_\_\_\_\_ (the "Child") by virtue of

☐ a. being appointed by the will of the Child's parent \_\_\_\_\_ who is now deceased dated (mm/dd/yyyy) \_\_\_\_\_;

☐ b. being appointed by the Child's parent by written instrument dated (mm/dd/yyyy) \_\_\_\_\_;

**OR**

☐ c. the customs or traditions of the First Nation, Indigenous group, community or people (e.g., Mi'kmaw laws, traditions, or customs) to which the Child belongs.

2. To the best of my knowledge, no guardians of the property of the Child have been appointed by a court

3. The Child does not have a public guardian (such as the Public Trustee of Nova Scotia);

4. There are no court orders or parenting plans restricting my decision-making responsibilities in respect of the Child; and

5. The Child does not have any legal obligation to support another person.

##### **a. Your declaration and signature:**

\_\_\_\_\_  
Print your Full Name (First, Last)

\_\_\_\_\_  
Declaration and Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

##### **b. Witness "I witnessed the person sign this form"**

\_\_\_\_\_  
Print the Full Name of the Witness (First, Last)

\_\_\_\_\_  
Declaration and Signature of Witness

\_\_\_\_\_  
Date (mm/dd/yyyy)