

ATTESTATION OF PERSONAL REPRESENTATIVE ONTARIO

You have submitted a claim as Personal Representative of a **minor child** who resides in Ontario 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 Accountant of the Superior Court of Justice of Ontario. This means that the minor child's money will be held in a public trust until they turn 18.

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, with 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 (for example, they live with you and you have day-to-day care and control of the minor child).

Only a court-appointed guardian of property will be able to receive all the child's money on the child's behalf. If you are the parent and the child resides with you or if you have lawful custody of the child, up to \$35,000 can be paid to you. Anything above that amount will need to go to the Accountant of the Superior Court of Justice of Ontario to be held in trust for the child until they turn 18.

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



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 Accountant of the Superior Court of Justice

☐ I _____ of the Province of _____, request that any compensation to which _____ (the minor child) is entitled be deposited with the Accountant of the Superior Court of Justice of Ontario.

B. ATTESTATION – Payment to Representative

You may complete only ONE of following three attestations.

1. Guardian of Property Attestation (Requires Court Order)

I _____ of the Province 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 ordered, dated (mm/dd/yyyy) _____;
2. 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;
3. The Child does not have a public guardian (such as the Public Guardian and Trustee of Ontario or a Children's Aid Society); and,
4. 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 to the best of my knowledge.

1. I am the mother or father of the minor child _____ (“Child”) and the Child resides with me at _____;
2. No guardians of the property of the Child have been appointed by a court;
3. There are no court orders or separation agreements restricting my decision-making abilities in respect of the Child;
4. The Child does not have a public guardian (such as the Public Guardian and Trustee of Ontario or a Children’s Aid Society); and,
5. There is no other person with decision-making authority in respect of the Child or I have submitted this claim with the consent/approval of any such persons;
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 of _____, declare and attest that all of the following statements are true to the best of my knowledge.

1. I have lawful custody of the minor child _____ (“Child”) by virtue of (check one):

- ☐ a the enclosed parenting order made by the court dated (mm/dd/yyyy) _____;
- ☐ b. the enclosed separation agreement dated (mm/dd/yyyy) _____;
- ☐ c. being appointed by the enclosed will of the Child’s parent _____, who is now deceased;

OR

- ☐ d. the customs or traditions of the First Nation group, community or people to which the Child belongs.

2. No guardians of the property of the Child have been appointed by a court;
3. There are no court orders restricting my decision-making abilities in respect of the Child;
4. The Child does not have a public guardian (such as the Public Guardian and Trustee of Ontario or a Children’s Aid Society); and,
5. There is no other person with decision-making authority in respect of the Child or I have submitted this claim with the consent/approval of any such persons;
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)