

# ATTESTATION OF PERSONAL REPRESENTATIVE QUÉBEC

You have submitted a claim as Personal Representative of a **minor child** who resides in Québec 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 Director of Youth Protection or the Public Curator of Québec. In both situations, 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, 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 child's parent (i.e., legal tutor); **OR**
- **B-2** – The child's parents have appointed you to care for the child (i.e., suppletive tutor); **OR**
- **B-3** – The child's parents appointed you to care for the child in the event they died or became incapable, and they have died or become incapable (i.e., dative tutor).

If you are able to provide one of the attestations, you will be able receive all the child's money on the child's behalf. If the value of the total payment entitlement exceeds \$40,000, you may have additional legal obligations and duties in respect of the management of the money on behalf of the minor child. It is your responsibility to ensure you comply with these obligations.

**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 Director of Youth Protection or Public Curator of Québec**

☐ I \_\_\_\_\_ of the Province of \_\_\_\_\_, request that any compensation to which \_\_\_\_\_ is entitled be deposited with the Director of Youth Protection or Public Curator of Québec.

**B. ATTESTATION – Payment to Representative**

As noted, you must complete only ONE of following attestations.

**1. Parental (Legal Tutor) Attestation**

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

1. I am the mother or father of the minor child \_\_\_\_\_ ("Child");
2. There are no agreements or court orders or other legal restrictions impacting my ability to act as Tutor for the Child;
3. I have designated no suppletive tutors or, even if I have, I have always remained able to fully assume the office of legal tutor and of person having parental authority;
4. The Child is not fully emancipated;
5. The Child is not under the tutorship of the Public Curator of Québec or Director of Youth Protection, or someone the latter or a court recommended to exercise Tutorship; and,
6. There is no lawful exemption entitling the Child to receive funds on their own behalf.

**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. Suppletive Tutor Attestation

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

1. I am the suppletive tutor of the property of the minor child \_\_\_\_\_ (“Child”) by virtue of (check only one):

☐ a. the enclosed Court approved designation by the father and/or mother of the Child,

dated (mm/dd/yyyy) \_\_\_\_\_;

☐ b. the enclosed certificate from the competent authority attesting my tutorship according to Québec Aboriginal

custom, dated (mm/dd/yyyy) \_\_\_\_\_;

**OR**

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

2. There are no agreements or court orders or other legal restrictions impacting my ability to act as suppletive Tutor for the property of the Child;

3. There are no other suppletive tutors of the property of the Child or, if there are, I have the authority to make this particular claim;

4. The Child is not fully emancipated;

5. The Child is not under the tutorship of the Public Curator of Québec or Director of Youth Protection, or someone the latter or a court recommended to exercise Tutorship; and,

6. There is no lawful exemption entitling the Child to receive funds on their own behalf.

### **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. Dative Tutor Attestation

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

1. I am the dative tutor of the minor child \_\_\_\_\_ ("Child") by virtue of (check only one):

- ☐ a. the enclosed Court designation, dated (mm/dd/yyyy) \_\_\_\_\_;
- ☐ b. the enclosed will of the Child's parent, \_\_\_\_\_, who was the last surviving parent and is now deceased;
- ☐ c. the enclosed protection mandate of the Child's parent, \_\_\_\_\_, who is now incapacitated;
- ☐ d. the enclosed declaration, dated (mm/dd/yyyy) \_\_\_\_\_, which the Child's parent, \_\_\_\_\_, filed with the Public Curator;

**OR**

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

2. There are no agreements or court orders or other legal restrictions impacting my ability to act as suppletive Tutor for the property of the Child;
3. There are no other suppletive tutors of the property of the Child or, if there are, I have the authority to make this particular claim;
4. The Child is not fully emancipated;
5. The Child is not under the tutorship of the Public Curator of Québec or Director of Youth Protection, or someone the latter or a court recommended to exercise Tutorship; and,
6. There is no lawful exemption entitling the Child to receive funds on their own behalf.

#### **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)