

AUTHORIZATION FORM

I, undersigned,

Name of the representative: _____,

in my capacity as representative, of the claimant

Name of the claimant: _____,

hereby authorize Services Proactio Inc., as part of their function as administrator of the claims of class action No. 500-06-001109-202, to obtain a copy of any document relating to preventive confinement contained in my following court file:

File number(s): _____

The complete file may be obtained, including any order issued by the Court in relation with the period of preventive confinement in a Quebec hospital covered by this claim (whether it be a safeguard order, temporary confinement order, confinement order).

IN WITNESS WHEREOF, I HAVE SIGNED
IN _____, ON _____
 (City) (Date)

Signature

INFORMATION ABOUT THE CLAIMANT:

FIRST AND LAST NAME: _____

DATE OF BIRTH: _____

TELEPHONE NUMBER: _____

CISSS OU CIUSSS CONCERNED: _____