



Criminal Injuries Compensation Board

439 University Avenue, 4th Floor

Toronto, Ontario M5G 1Y8

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Tel: (416) 326-2900 Fax: (416) 326-2883

[http:// www.cicb.gov.on.ca](http://www.cicb.gov.on.ca)

Notice of Legal Representation

CICB File Number:	
Claimant Name:	
Mailing Address:	
Telephone Number:	()

I have retained legal representation for my CICB claim, as noted above, from:

Name :	
Name of Organization:	
Mailing Address:	
Telephone Number:	()

I hereby request and authorize the Criminal Injuries Compensation Board to release any and all information, which may be requested relating to my CICB claim, to my solicitor or agent as listed above AND THIS SHALL BE YOUR GOOD AND SUFFICIENT AUTHORITY FOR DOING SO.

Claimant's Declaration

_____ Signature of Claimant	_____ Date