CLAIMS PROCESS COUNSELLING DIRECTION FORM

From:	[name of Claimant or Substitute Decision Maker]
TO:	Koskie Minsky LLP 20 Queen St. W., Suite 900 Toronto, ON M5H 3R3
TO:	MWQ Claims Administrator PO Box 3355 London, ON N6A 4K3

RE: Manitoba Developmental Centre – Claims Process Counselling Funds

I HEREBY	CONFIRM	that	Ι	have	undergone	Claims	s Process	Counselling	by		
, [counsellor, psychologist, or psychiatrist] on											
[<i>date(s)</i>] as	evidenced	by _				's	[counsellor,	psychologist,	or		
psychiatrist] invoice dated				[date(s)].							

I PROVIDE THIS AUTHORIZATION AND DIRECTION for the purpose of making a claim for Claims Process Counselling Funds for the Claims Process Counselling that I have undergone.

I HEREBY direct Koskie Minsky LLP and MWQ Claims Administrator to transfer Claims Process Counselling Funds to [*choose one only*]:

() _____ [name of Claimant]

() _____ [counsellor, psychologist, or psychiatrist]

THIS SHALL BE your good and sufficient authority for so doing.

Date