



Tribunals Ontario

Criminal Injuries Compensation Board

655 Bay Street, 14th Floor
Toronto, ON M7A 2A3
Toll Free: 1-800-372-7463
Tel: (416) 326-2900 | Fax: (416) 326-2883
www.sjto.ca/cicb

Direction of Funds

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

I hereby authorize and direct the Criminal Injuries Compensation Board and related parties to direct any and all compensation that may be awarded to me for the above-noted CICB file number, IN TRUST to:

Name:	
Name of Organization:	
Mailing Address:	
Telephone Number:	()
Law Society Number (LSUC #):	

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

Declaration

_____ Signature of Claimant	_____ Date
_____ Signature of Witness	_____ Date