



Tribunals Ontario

Criminal Injuries Compensation Board

15 Grosvenor Street, Ground Floor
Toronto, ON M7A 2G6

Toll Free: 1-800-372-7463

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

tribunalsontario.ca/cicb | Email: info.cicb@ontario.ca

Direction of Funds

CICB File Number:

Claimant Name:

Mailing Address:

Telephone Number:

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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:

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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

Personal information contained on this form is collected pursuant to the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions about this form should be directed to the Criminal Injuries Compensation Board, 15 Grosvenor Street, Ground Floor, Toronto, Ontario M7A 2G6. Telephone: (416) 326-2900 or Toll Free: 1-800-372-7463.