

GRATL & COMPANY

BARRISTERS AND SOLICITORS

METHADONE CLINIC FEE CLASS ACTION REGISTRATION FORM

Please complete this form and email the completed form to
clinicfees@gratlandcompany.com or fax to 604-608-1919

Date:

Full Legal Name:

Date of Birth:

Current Address:

Address of Third Party (if of No Fixed Address):

Telephone Number:

Email:

Social Media Names:

Are you currently a resident of British Columbia?

YES

NO

Are you currently on Income or Disability Assistance (i.e. currently receiving assistance payments?)

YES

NO

Please state what type of assistance you are receiving:

Were methadone clinic fee payments deducted from your income assistance or disability assistance payments after November 4, 2009?

YES

NO

What were the amount of the deductions per month?

What was the name of the clinic(s):

Please list any other information that you think is relevant:
