

Power of attorney

My name is: _____

Case No. _____

My address is: _____

My telephone number is: _____

I give power of attorney to

Name: _____

Name of company/organization, if any: _____

Address: _____

Telephone number: _____

He/she shall, instead of me, attend to the application for compensation I have lodged with the Criminal Injuries Compensation Board (be my "party representative").

My application for compensation concerns: _____

I realize that all letters from the Criminal Injuries Compensation Board, including rulings, will be sent to my party representative for the duration of the power of attorney.

The power of attorney is cancelled when the Criminal Injuries Compensation Board has concluded its investigation of this case. I may, however, cancel the power of attorney at any point by informing the Criminal Injuries Compensation Board.

(Place, date)

(My signature)

