

# NOTICE OF LEGAL PROCEEDING

## Pursuant to section 4 (1.1) of the Health Care Costs Recovery Act

Personal information on this form is collected under the authority of the *Health Care Costs Recovery Act*. The information will be used to identify recoverable health care costs as a result of a third party liability incident. If you have any questions about the collection of this information, contact Third Party Liability's email at htth.tpl@gov.bc.ca or call (250) 952-2034. Personal information is protected from unauthorized use and disclosure in accordance with the *Health Care Costs Recovery Act* and the *Freedom of Information and Protection of Privacy Act*.

Proposed Representative Plaintiff Last Name		Given Name(s)		
Description of Alleged Harm				
Province or Territory of Filing	ng Are you aware of any parallel actions filed in other jurisdictions? If so, which jurisdictions?			
Date and Purpose of Next Cou	rt Hearing if Scheduled			
Date and Purpose of Next Cou	rt Hearing, il Scheduled			
	DEFENCE COUNSEL	PLAINTIFF COUNSEL		
Defence Counsel Name and Ad		PLAINTIFF COUNSEL Plaintiff Counsel Name and Address		
Defence Counsel Name and Ad	ddress	Plaintiff Counsel Name and Address		
	ddress			
Defence Counsel Name and Ad	ddress	Plaintiff Counsel Name and Address		
Defence Counsel Name and Ad	ddress ber (include area code)	Plaintiff Counsel Name and Address		
Defence Counsel Name and Ad Defence Counsel Phone Numb	ddress ber (include area code)	Plaintiff Counsel Name and Address Plaintiff Counsel Phone Number (include area code)		
Defence Counsel Name and Ad Defence Counsel Phone Numb	ddress ber (include area code)	Plaintiff Counsel Name and Address Plaintiff Counsel Phone Number (include area code)		

Defence Counsel Signature		OFFICE USE ONLY
Print Name	Date Signed (YYYY / MM / DD)	

# Please attach a copy of the filed Notice of Civil Claim (or equivalent document)

## Health Care Costs Recovery Act

#### Service of Notices to Government

- 22 Written notice to the government under section 4 (1) or (1.1) [requirement to notify government of claim] or 5 (3) (b) [final disposition of claim or legal proceeding]
  - (a) must be served on the Attorney General at the Ministry of Attorney General in the City of Victoria, and
  - (b) is sufficiently served if
    - (i) left there during office hours with a solicitor on the staff of the Attorney General at Victoria,
    - (ii) mailed by registered mail to the Deputy Attorney General at Victoria, or
    - (iii) if provided by any other means of service prescribed in the regulations.\*

\*Pursuant to the Health Care Costs Recovery Regulation, this form and filed Notice of Civil Claim (or equivalent document) are sufficiently served if emailed to the following address: AGHCCRAService@gov.bc.ca. Notice is deemed to be served once an email confirmation has been received by the person filing the notice.