



## NOTICE OF LEGAL PROCEEDING

Pursuant to section 4 (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 [hlth.tpl@gov.bc.ca](mailto:hlth.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*.

Last Name of Plaintiff / Beneficiary		Given Name(s)	Date of Birth (YYYY / MM / DD)
Residential Address		Postal Code	Personal Health Number (PHN)
Contact Phone Number (include area code)	Email Address		Date of Incident (YYYY / MM / DD)
Name of Parent, Guardian or Litigation Guardian (if applicable)			
<b>BENEFICIARY'S COUNSEL</b>		<b>WRONGDOER'S REPRESENTATIVE (DEFENCE COUNSEL / ADJUSTER)</b>	
Counsel's Name and Address		Representative's Name and Address	
Counsel's Phone Number (include area code)		Representative's Phone Number (include area code)	
Counsel's Email Address		Representative's Email Address	

Signature	Print Name	<b>OFFICE USE ONLY</b>
	Date Signed (YYYY / MM / DD)	
If signatory is not plaintiff/beneficiary, state relationship		

***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](mailto:AGHCCRAService@gov.bc.ca). Notice is deemed to be served once an email confirmation has been received by the person filing the notice.