BRITISH COLUMBIA | Ministry of Health

NOTICE OF LEGAL PROCEEDING

Pursuant to section 4 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 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)		

BENEFICIARY'S COUNSEL	WRONGDOER'S REPRESENTATIVE (DEFENCE COUNSEL / ADJUSTER)
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	OFFICE USE ONLY
	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) *[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 Justice 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 scanned and 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.