

EXPLANATORY NOTES

CLAIM / VOLUNTARY DEPOSIT (SJ-224A)

The purpose of the “Claim / Voluntary Deposit” form is to allow you to share in the amounts remitted by the debtor to the voluntary deposit distribution centre.

For further information, as well as the contact information for courthouses in the province of Québec, consult the [list of courthouses](#) on the website of the ministère de la Justice.

TYPES OF FORMS

This form is available in dynamic PDF format, meaning the form can be downloaded from www.justice.gouv.qc.ca and completed directly on screen.

- Dynamic PDF:

After completing the form, you must print it on letter-sized paper, i.e. 8.5 inches by 11 inches (215.9 mm by 279.4 mm). Be sure to set your printer to this paper size.

- Paper:

If you complete the form by hand, please write legibly in block letters.

PROCEDURE

Once the form is completed, keep a copy for your files.

The claim must be notified to the debtor. Notification can be made by any appropriate method proving that the document was remitted to its recipient (for example: registered mail or bailiff).

You must then send the claim to the office of the courthouse where the debtor made a voluntary deposit undertaking. You must enclose the supporting documents and proof of notification.

Court costs are payable on filing your claim. To find out what the costs are, refer to the website of ministère de la Justice, at www.justice.gouv.qc.ca.

CLAIM / VOLUNTARY DEPOSIT

► General information

The amount of the legal costs you must pay to file your claim will be added to the amount of the claim, as will the costs you incur for notification.

The amounts deposited are distributed to the creditors every three months.

The claimant and the claimant's attorney must notify any change of address to the financial services clerk at the courthouse.

Where the claim is made by an attorney, cheques issued in the claimant's name will be sent to the attorney.

► How to fill out the claim form

You must provide all the information requested in this claim form, otherwise it will be returned to you. For any questions regarding the information to be provided in this claim form, do not hesitate to contact the clerk of the Court.

The framed numbers of the explanatory notes correspond to the parts of the form with the same numbers.

HEADING AND FILE NUMBER

- 1** Enter the name of the judicial district and the file number indicated on the notice sent by the financial services clerk.

IDENTIFICATION OF PARTIES

- 2** Enter the name and address of both the claimant and the debtor. Enter the claimant's number only if the financial services clerk has already given it to you.

CLAIM

- 3** Enter the amounts claimed as principal, interest and disbursements (excluding the costs of the claim) and the total amount claimed. Calculate the total amount of the claim, subtracting any amount the debtor has already paid you (credit).

Indicate the nature of the debt and the date on which it became due to you.

List the exhibits filed (for example, judgment, invoices, contract) to justify your claim. The **originals** of the supporting documents must be attached to the application.

You may enter a personal file number in the reference number space. That number will appear on the stub of the cheques that will eventually be sent to you in relation to this claim.

DECLARATION

- 4** Complete the declaration by entering the signee's name and indicating whether you are the claimant, the claimant's representative or the claimant's attorney (if so, enter your attorney number). Check the appropriate box on line 1 and enter the total amount claimed on line 2.

Enter the place and date, and sign the declaration.

A declaration deemed to have been made under oath has the same force and effect as if it were made under oath.

BACK OF THE FORM

- 5** Enter the judicial district and the number of the case in which you are filing the claim. Also enter the debtor's name and the claimant's name. If you are an attorney, enter your name and address in the appropriate space.

POWER OF ATTORNEY

- 6** *Fill out the power of attorney if a person other than an attorney is representing you for the purposes of this claim.*

Enter the name and address of the person you authorize to receive cheques in your name, and sign in the presence of a witness. Enter the name and address of the witness and have the witness sign.

1 District: _____

► FILE NUMBER

2 0

CLAIM / VOLUNTARY DEPOSIT

► IDENTIFICATION OF PARTIES

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Claimant	Claimant's number
Name	
Address	
City	Postal code

Debtor	
Name	
Address	
City	Postal code

► CLAIM

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The claimant claims from the debtor
the sum of \$ _____ as principal
and \$ _____ as disbursements (excluding the costs of the claim)
and \$ _____ in interest to date, for a **total** of \$ _____

Credit (where applicable) – \$ _____

Total claim \$ _____

Nature of the claim _____
Date of the claim _____

The claimant files the following documents in support of this claim:

Reference number: _____

► STATEMENT (deemed to have been made under oath)

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I, the undersigned, _____ (name and address) declare the following:

1. I am the claimant (or the claimant's representative) or the claimant's attorney Attorney's number: _____

2. The debtor owes the claimant and the claimant's attorney \$ _____ .

3. I notified the claim to the debtor.

4. This statement is deemed to have been made under oath.

At _____, on _____

Signature of claimant / representative / attorney

