



Motor Vehicle Accident Claims Fund
Application For Payment out of the Fund of Court Ordered Costs
(Statutory Authority – Sections 26, 27 and 28 of the *Motor Vehicle Accident Claims Act*)

Uses - This form is to be used to apply to the Minister of Finance for the payment of a cost order against, the Minister of Finance, an uninsured motorist, or the Superintendent of Financial Services. The court order must arise from litigation where:

- a) the Minister of Finance is liable to pay statutory accident benefits under section 6 of the *Motor Vehicle Accident Claims Act*; or,
- b) the Minister of Finance has status to defend an uninsured motorist under section 8 of the *Motor Vehicle Accident Claims Act*; or,
- c) the proceeding names the Superintendent of Financial Services as contemplated under either sections 12, 13 or 15 of the *Motor Vehicle Accident Claims Act*.

Prohibition - This form is not to be used by an insurance company for reimbursement or indemnity for amounts that it will pay or has paid by reason of the existence of a policy of insurance within the meaning of the *Insurance Act*. These prohibited amounts would include legal costs incurred under an obligation to defend under any policy of insurance.

Statutory Recovery Remedies Suspended - MVACF Suspension of Uninsured(s) Driver's Licences - Where this application is used to satisfy a cost order against an uninsured motorist(s), pursuant to section 10 of the *Motor Vehicle Accident Claims Act*, the driver's licence of the uninsured motorist(s) shall be suspended and only re-instated in accordance with that section. Accordingly, the applicant is advised that collection remedies available under sub-section 198 (1) of the *Highway Traffic Act* are statutorily suspended, until the Motor Vehicle Accident Claims Fund has been repaid in full.

Assessment of the Solicitor-Client Account - The *Motor Vehicle Accident Claims Act* requires an assessed bill of costs be filed with the Minister. The statutory authority for this requirement is excerpted below:

27. (1) No money shall be paid out of the Fund under or in respect of an order or judgment until the bill or bills of costs of the barrister or solicitor acting or who acted for the applicant in the application or action that resulted in the order or judgment, as assessed on a solicitor and client basis, is filed with the Minister.
- (2) No amount shall be charged or received either directly or indirectly for legal services in connection with any application or action referred to in subsection (1), other than the amounts as assessed on a solicitor and client basis in the bill or bills of costs.
- (3) No order is required to assess such a bill. R.S.O. 1990, c. M.41, s. 27

Denial of Application

If payment of this application is denied, it will be necessary to bring an application before a judge of the Court for a finding or determination in respect of any matter in connection with this application for payment out of the Fund.

Offences - The following is excerpted from the *Motor Vehicle Accident Claims Act*:

29. (1) Every person is guilty of an offence who,
 - (a) knowingly makes a false or misleading statement or representation in connection with the person's entitlement to a benefit or payment under this Act to the Minister, the Superintendent or an employee or agent of the Ministry whose duties relate to this Act;
 - (b) willfully fails to inform the Superintendent or an employee or agent of the Ministry whose duties relate to this Act of a material change in circumstances in connection with the person's entitlement to a benefit or payment under this Act within 14 days of the material change; or
 - (c) knowingly makes a false or misleading statement or representation in order to obtain payment from the Fund for goods or services. 2002, c. 22, s. 149.
- (2) On conviction for an offence under this section, the person convicted is liable on a first conviction to a fine of not more than \$100,000 and on each subsequent conviction to a fine of not more than \$200,000. 2002, c. 22, s. 149.



FORM 4

**Financial
Services
Commission
of Ontario**

**Commission des
services financiers
de l'Ontario**

**Motor Vehicle Accident Claims Fund
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(Statutory Authority – Sections 26, 27 and 28 of the *Motor Vehicle Accident Claims Act*)**

NOTICE OF COLLECTION OF PERSONAL INFORMATION TO APPLICANTS

(This notice is made pursuant to the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.F.31)

Legal authority for the collection of personal information:

Motor Vehicle Accident Claims Act, R.S.O. 1990, c.M.41, as amended

Principal purposes for which the personal information is intended to be used:

The Director of the Motor Vehicle Accident Claims Fund, the employees of the Minister of Finance who administers the Fund, and any agent acting for or on behalf of the Director, will be using the information on this application form:

- 1) to administer the *Motor Vehicle Accident Claims Act* generally;
- 2) to complete or verify information relating to this application for court ordered costs and to determine a proper amount of payment out of the Fund;
- 3) to consult with: other parties involved in the litigation; insurance companies; employers; health practitioners; hospitals; insurance adjusters; accountants; financial advisors; solicitors, agents or representatives of the applicant; federal, provincial and municipal governments and agencies; and Canadian or foreign police forces to determine or verify entitlement to payment out of the Fund; and
- 4) to disclose such information to parties for purposes which are consistent with the purposes set out above.

The public official you can contact about the collection of personal information:

Director
Motor Vehicle Accident Claims Fund
5160 Yonge Street, Box 85
TORONTO ON M2N 6L9
Telephone: (416) 250-1422

Toll-Free outside Toronto calling area: 1-(800) 268-7188

CONSENT FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION:

I irrevocably consent to the Minister of Finance collecting, using and disclosing the information contained in my application form. I also irrevocably consent to the Minister, and any agent acting on behalf of the Minister, collecting and using additional information about me from the sources mentioned above for the purposes set out above.

Signature of Applicant: _____
(In the case of a corporation the applicant warrants authority to bind the corporation)

Print Full Name: _____

Date: _____



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PART A - INFORMATION

Short Form Title of Proceedings: _____

Party Entitled to Costs Making this Application: _____

Court Matter Number: _____ Date of Order Awarding Costs: _____

Corporation Number: _____
(If applicable)

Applicant's Name: _____
(Applicant is required to have authority to bind in the case of a corporation)

Applicant's Date of Birth: _____

Applicant's Address: _____

Applicant's Lawyer: _____

MVACF Lawyer: _____

MVACF File No.: _____ Amount of Costs Claimed: _____

PART B – DIRECTION

Notice - This section is only to be completed if the applicant requires that the proceeds be paid directly to solicitors acting on behalf of the applicant or corporation.

I, _____ direct that the proceeds of this application, if approved for payment out of the Fund, be sent to my solicitors:

Completion of this Part B of Form 4 shall be your authority.

Signature of Applicant

Date



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PART C - DECLARATION

I, _____, personally, (or as a binding officer on behalf of _____), make application to the Minister of Finance of the Province of Ontario for the payment out of the Motor Vehicle Accident Claims Fund of my court ordered costs of \$_____. I warrant that these costs will not reimburse or otherwise indemnify an insurer or represent amounts, which were or could be paid by reason of the existence of a policy of insurance within the meaning of the *Insurance Act*.

In support of my application, I attach the following:

- 1) the original Order or Judgment as issued and entered;
- 2) proof of Consent or Approval of the Minister as to form and content;
- 3) bill of costs as assessed on a solicitor and client basis (section 27 of the *Motor Vehicle Accident Claims Act*);
- 4) signed Consent form under the Freedom of Information and Protection of Privacy Act (page 2).

I understand that failure to attach any of the above documents will result in the denial of this application.

Signature of Applicant: _____
(In the case of a corporation the applicant warrants authority to bind the corporation)

Print Full Name: _____

Date: _____