

ACCOUNT ARBITRATION REQUEST FORM

I, the undersigned,

client's name

client's address

declare that:

Section 1

psychologist's name

is claiming from me (or is refusing to reimburse me) a sum of money for professional services.

Section 2

I enclose with this form a copy of the conciliation report and, if applicable, a certified cheque payable to the psychologist, in the amount of _____.

I acknowledge that this amount, which is mentioned in the conciliation report, is the amount that I owe.

Section 3

I am applying for arbitration of the account under the Regulation respecting the conciliation and arbitration procedure for the accounts of psychologists.

Section 4

I acknowledge that I have received a copy of the above-mentioned Regulation and have taken note of it.

Section 5

I agree to submit to the procedure set out in the Regulation and, as required, to pay

psychologist's name

the amount of the arbitration award.

Signed on _____

Date

Client's signature