



LAW SOCIETY OF NEW BRUNSWICK  
BARREAU DU NOUVEAU-BRUNSWICK

**RULES FOR THE REVIEW OF LAWYERS' BILLS**

**FORM 1**

**NOTICE OF REVIEW**

**This form must be filed with the Executive Director of the Law Society.**

I wish to have a lawyer's bill(s) reviewed. A copy of the bill(s) is(are) attached.

Name of applicant: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

\_\_\_\_\_

Telephone/Fax/E-mail: \_\_\_\_\_

Name of Lawyer or firm whose bill you wish to have reviewed: \_\_\_\_\_

Address of Lawyer: \_\_\_\_\_

\_\_\_\_\_

Telephone/Fax/E-mail: \_\_\_\_\_

Briefly state the reasons you wish to have the bill reviewed. If necessary, provide details on a separate sheet.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

\_\_\_\_\_  
**Signature of Applicant**