

CLAIMS FORM

INDIAN DAY SCHOOL CLASS ACTION SETTLEMENT

This Settlement is applicable to all students who attended and suffered abuse or harm at a Federal Indian Day School or Federal Day School operated by the Government of Canada.

Claim Due By: TBA*

*The Claims Deadline is defined in the Settlement Agreement as two and a half (2.5) years after the Implementation Date. A date for the Claims Deadline will be announced in the coming months.

Starting in 1920, Indigenous students were required to attend school. Some Indigenous students attended a Federal Indian Day School or Federal Day School ("**Day School**") that was funded, managed and controlled by the Federal Government of Canada ("Canada").

The **Federal Indian Day School Class Action Settlement Agreement** ("Settlement") provides compensation to any former day student who attended a Day School and who suffered abuse or harm when attending the school.

A list of the eligible Day Schools, along with relevant dates of their management and control by Canada, is available at www.indiandayschools.com (Schedule K of the Settlement).

Class Counsel and available legal advice: legal advice with respect to eligibility and harms experienced is available **at no cost to you** from Class Counsel, Gowling WLG, by contacting dayschools@gowlingwlg.com or 1-844-539-3815.

The Settlement provides for compensation to former Day School students who **both**:

a) **attended** Federal Indian Day School(s) and Federal Day School(s) funded, managed and controlled by Canada

AND

b) **suffered abuse or harm from** teaching staff, officials, students and other third parties at the school.

To be eligible for compensation, students must not have not already received a settlement from Canada for the same or related incident(s) at a Federal Indian Day School or Federal Day School as identified in this Claim Form.

Former Day School students are collectively identified as Survivor Class Members.

If you believe you are a Member of the Class, please complete this Claim Form to the best of your ability.

Part 1	Your name, contact details and date of birth	p. 3
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Before sending, please review the Retention Policy and Submission Process on pgs. 14 and 15

Please make sure to keep a copy of your Claim Form and any attached documents for your personal records.

Original photographs or records are not required – clear copies will be accepted.

Part 1: Information of Former Day School Student (Claimant)

Claimant Name and Last Name (required)

First Name:

Middle Name: (if applicable)

Last Name:

Other name(s) (if applicable) *Examples: name while attending the school, maiden name, adopted name, or nickname*

Claimant's Date of Birth (required)

If Claimant has died, Date of Death

MM____DD____YY____

MM____DD____YY____

Indian Status Card number, Beneficiary number or E-Disc number (if available)

Social Insurance Number (if available)

____ - ____ - ____

Claimant Contact Details (required)

Street Name and Number

Unit Number (if applicable)

City/Town/Community

Province/Territory

Postal Code

Country

Home Telephone Number

Mobile Telephone Number

Email Address (if available)

Claimant's current Home Community or Communities (if applicable)

Examples: Name of First Nation, Town, Hamlet, or Settlement

Part 2: Where and When did you attend the School(s)?

To be eligible for compensation, you must have attended an eligible Day School during the period when it was funded, managed and controlled by Canada (Class Period).

Day Schools covered by the Day School Settlement, along with their opening and closing dates, are listed at www.IndianDaySchools.com (Schedule K of the Settlement). If you attended more than two (2) schools, please list each separately below.

Name of Day School #1 (required)	
Reserve, Location or Community	
Province or Territory	
First Year of Attendance	Year attended (yyyy) or Age when attended <u>19</u> — — — —
Last Year of Attendance	Year attended (yyyy) or Age when attended <u>19</u> — — — —
Add additional details below <u>only if</u> you attended <u>more than one</u> Day School (if applicable)	
Name of Day School #2	
Reserve, Location or Community	
Province or Territory	
First Year of Attendance	Year attended (yyyy) or Age when attended <u>19</u> — — — —
Last Year of Attendance	Year attended (yyyy) or Age when attended <u>19</u> — — — —

Part 3: Claimant and Witness Signatures

Claims Administrator and Independent Assessor: I recognize that the Administrator and Independent Assessor **do not**:

- represent the Day Schools or Canada;
- act as an agent or legal counsel for any party, and do not offer legal advice; and,
- have any duty to identify or protect legal rights of any party, or to raise an issue not raised by any party.

Privacy: I understand that it may be necessary:

- for the Administrator to disclose information provided in this Claim for verification to Canada, the Independent Assessor; the Exceptions Committee (if applicable); and,
- for Canada to disclose information in its possession to: the Administrator; the Independent Assessor; the Exceptions Committee (if applicable).

Information in Claim Form: I confirm that all of the information provided in this Claim Form is true to the best of my knowledge. Where someone helped me complete this Claim Form, that person has read to me everything they wrote and included with this Claim Form.

Class Counsel and legal advice: I understand that free legal advice is available from Gowling WLG by contacting dayschools@gowlingwlg.com or 1-844-539-3815.

Consent: *I understand that by signing this Claim Form and submitting it to the Claims Administrator, I am consenting to the above, and to the disclosure of my personal information to be used and disclosed in accordance with the Settlement.*

Other/Prior Settlement (required):

Please check YES / NO to this question: you have already received money from Canada for the same abuse/harm at a Federal Indian Day School(s) or Federal Day School(s) as described in this Claim Form. **This does not include Indian Residential Schools payments. If you are unsure, contact Class Counsel.**

Yes

No

Signature of Claimant (required)

Date

MM____DD____YY____

The **Witness** must only see the Claimant **sign this page**. They are **not required** to read the Claim nor to verify the accuracy of the events.

Signature of Witness (required)

Date

MM____DD____YY____

Witness Full Name - First, Last

Witness Address: Street Name and Number; Unit Number

City/Town/Community

Province/Territory

Postal Code

Country

Witness Telephone Number

Witness Email Address (if available)

Part 4: Claim for Level 1 Harm– Verbal/Physical Abuse

If the abuse/harm described in Level 1 (\$10,000) represents the most serious abuse/harm(s) that you experienced while attending the Day School, please complete this section by placing a mark in the below.

Abuse/harm may have been from teachers, officials, students, and/or other third parties.

If the abuse/harm in Level 1 does not represent the most serious harm(s)/abuse you experienced, please skip this section and complete a higher Claim Level (Levels 2 to 5) in Part 5, as appropriate.

LEVEL 1 – Description of Verbal / Physical Abuse or Harm

Verbal Abuse or Harm, including:

- Mocking, or denigration (e.g. belittling or abusive language), or humiliation (e.g., shaming) by reason of Indigenous identity or culture; or
- Threats of violence or intimidating statements; or
- Sexual comments or provocations.

OR

Physical Abuse or Harm, including

- Unreasonable or disproportionate acts of discipline or punishment.

LEVEL 1 – Selection

If the description of abuse/harm above represents the most serious abuse/harm that you experienced, please select Level 1 by placing a mark such in this box.

NEXT STEPS

If you selected Level 1 above, no further description or documentation is required.

PLEASE PROCEED TO PART 6, if applicable, on p.12 and review p.13

Part 5: Claims Process for Levels 2, 3, 4, or 5

STEP 1: Identify the ABUSE or HARM you suffered from *teachers, officials, students, and/or other third parties.*

Abuse / Harm	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Sexual Abuse/Harm	<u>At least one</u> sexual incident of any one of:			<u>Repeated</u> sexual incidents of any one of:
	<ul style="list-style-type: none"> ▪ touching with sexual purpose; ▪ adult(s) exposing themselves; ▪ fondling/kissing; ▪ nude photos taken 	<ul style="list-style-type: none"> ▪ masturbation; ▪ oral intercourse; ▪ attempted penetration 	<ul style="list-style-type: none"> ▪ penetration; ▪ penetration with an object 	<ul style="list-style-type: none"> ▪ masturbation; ▪ oral intercourse; ▪ penetration; ▪ penetration with an object
OR				
Physical Abuse	<u>At least one</u> incident of physical abuse / assault, <u>causing</u> :	<u>At least one</u> incident of physical abuse / assault, <u>causing</u> :	<u>Repeated</u> (at least two) incidents of physical abuse / assault, <u>causing</u> :	<u>During an incident</u> of any one sexual abuse / assault described above <u>at least one</u> incident of physical abuse / assault, <u>causing</u> :
	CAUSING:			
Harm	<u>serious but temporary</u> harm:	<u>permanent or long-term</u> harm:		
	<ul style="list-style-type: none"> ▪ injury requiring bed rest or infirmary stay (e.g., in school medical room or hospital); or ▪ loss of consciousness; or ▪ broken bone(s) 	<ul style="list-style-type: none"> ▪ injury; or ▪ impairment (e.g., physical or mental); or ▪ disfigurement 		

STEP 2: SELECT YOUR CLAIM LEVEL

Level 2
\$50,000

Level 3
\$100,000

Level 4
\$150,000

Level 5
\$200,000

STEP 3: Provide SUPPORT for the Level selected by completing sections listed below

Support	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Your Written Narrative of events	Complete 5A			
List of position/ person(s) who inflicted or caused the abuse/harm	Only if available Complete 5B		Required* Complete 5B	
Evidence of School attendance	Required* Complete 5C and attach documents			
Family / Friend narratives or other records	Only if available Complete 5D and attach documents		Required* Complete 5D and attach documents	
Medical, Dental, Nursing or Therapy Records	Only if available Complete 5E and attach documents		Required* Complete 5E and attach documents	

*** If you do not have the documents marked above as required, you may complete a Sworn Declaration; see Part 5F**

Part 5: Claim for Levels 2, 3, 4, 5 only

Part 5B – List of position / person(s) who inflicted abuse/harm

List of position / person(s) who caused abuse/harm	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
	Only if available		Required*	

*** If you are not able to identify the position/person for Levels 4 & 5, complete Part 5F: Sworn Declaration***

Please provide names / descriptions and/or positions of person(s) (e.g. teaching staff, officials, students and other third parties) who caused abuse/harm to you while you attended the Day School. If you need more space, please attach pages to your Claim Form and reference this section (Part 5B).

Name / Description	and / or	Position

Part 5C – Evidence of Attendance

Attach school records	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
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Required*

*** If you do not have the required documents for Level 2, 3, 4 and 5, complete Part 5F: Sworn Declaration ***

Please list below and attach to this Claim Form, evidence of your school attendance, including copies of any of your school records issued by the Day School(s) you attended during any of the years of your attendance. Examples may include:

- Report Cards
- Class Photographs
- Letter(s) from teacher or principal
- Enrolment Forms
- Other Records, like yearbook or school articles

List of following record(s) attached to this Claim Form:

Part 5: Claim for Levels 2, 3, 4, 5 only

Part 5D – Other narratives and records

Attach Family/ Friend narratives or other records	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
	Only if available		Required*	

*** If you do not have the required documents for Levels 4 or 5, complete Part 5F: Sworn Declaration ***

Please list below and attach to this Claim Form, copies of other written narratives from friends/family and/or other records that support the events and incident(s) that led to the abuse(s)/harm(s) you experienced while attending the Day School(s). Examples may include:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Family narratives • Friend narratives | <ul style="list-style-type: none"> • Photographs • Diaries • Other |
|--|---|

List of narratives / records attached to this Claim Form:

Part 5E – Medical / Dental / Nursing / Therapy Records

Attach Medical, Dental, Nursing and / or Therapy Records	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
	Only if available		Required*	

*** If you do not have the required documents for Levels 4 or 5, complete Part 5F: Sworn Declaration ***

Please list below and attach to this form any copies of medical, dental, nursing and/or therapy records that support your claim. This may include current or past health records that document the injury you suffered and any lasting effect to this day.

List all records attached to this Claim Form:

Part 5: Claim for Levels 2, 3, 4, 5 only

Part 5F – Sworn Declaration (if applicable)

You must complete the following Sworn Declaration **only if** you are missing one or more of the **required** documents (see p. 8) for **Level 2, 3, 4 or 5**.

A Sworn Declaration is a statement signed by the claimant and any one of the following Guarantors:

- Notary Public or Commissioner of Oaths including Northern Villages' Secretary Treasurer
- Elected Official or Community leader (e.g. Chief, Councilor, Inuit Community Leader)
- Other Professional (e.g. Lawyer, Doctor/Physician, Accountant (CPA), Police Officer)

Sworn Declaration by Claimant:

I declare that the information I have provided is true to the best of my knowledge

Claimant Full Name - First, Last

Signature of Claimant

Date

MM____DD____YY____

Above declaration must be witnessed by a Guarantor.

The Guarantor only needs to see the Claimant sign this page. As Guarantor, you are not required to read the Form or verify the accuracy of the events described in this Form.

Guarantor Full Name - First, Last

Guarantor Title/Position

Organization

Guarantor Address: Street Name and Number; Unit Number (if applicable)

City/Town/Community

Province/Territory

Postal Code

Country

Telephone Number

Email Address (if available)

Signature of Guarantor

Date

MM____DD____YY____

Part 6: Are you applying as a Representative of a Claimant?
(if applicable)

A Personal Representative must be either:

a) Appointed by a Court to manage or make reasonable judgments or decisions in respect of the affairs of the person under disability

OR

b) The Estate Executor of a Claimant who is deceased on or after July 31, 2007

If you are applying as a Representative, on behalf of a Claimant, check this box:

Yes

If you selected Yes, Representative to provide details below

Representative Full Name - First, Last

Representative Address: Street Name and Number; Unit Number

City/Town/Community

Province/Territory

Postal Code

Country

Telephone Number

Email Address (if available)

Describe your relationship to the Claimant

Provide Documentation

If you are acting as a Personal Representative, you must attach documentation to verify your eligibility to act on the Claimant's behalf. Examples include:

a) an Executor, for a Claimant who is deceased, including a Death Certificate and a Will, Revenue Québec Estate Form or Court Order appointing you as the Estate Administrator for the deceased Claimant;

OR

b) for a Claimant who is under disability, this may include evidence that you have Power of Attorney over the Claimant's finances.

List the attached documentation you have submitted:

Retention of Claim Form and Documents

You can choose to have your Claim Form and supportive documents attached to the form:

- A) Securely Destroy;
- B) Returned to you;
- C) Delivered to the Legacy Fund*.

Please check one:

Destroy

Return

Legacy

* Under the Settlement Agreement, the McLean Day Schools Settlement Corporation will be established to promote Legacy Projects for commemoration, wellness/healing, and the restoration and preservation of Indigenous languages and culture. The Corporation will be managed by Directors (to be appointed by the Parties to the Agreement), with input from an Advisory Committee (representative of Indigenous survivors and their families). For more information, refer to the Agreement and visit [www.indiandayschools.com].

DRAFT

Submission Process – Claim Due By **Month Day, Year**

Before sending, please make sure your Claim Form package includes the following:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Claimant name and contact information in Part 1 |
| <input type="checkbox"/> | Names and details for School(s) attended by the Claimant in Part 2 |
| <input type="checkbox"/> | Signatures of Claimant and Witness in Part 3 |
| <input type="checkbox"/> | Selected ONE claim Level 1-5: |
| <input type="checkbox"/> | Level 1 – Verbal/Physical Abuse/Harm: <ul style="list-style-type: none">ticked the box on p. 6 in Part 4 |
| | OR |
| <input type="checkbox"/> | Levels 2, 3, 4, or 5 – Sexual/Physical Abuse/Harm: <ul style="list-style-type: none">ticked one box on p. 7 andcompleted Part 5 including written narrative (p.9), andattached documents or had a guarantor sign the claim form (p 11) |
| <input type="checkbox"/> | For Representatives , completed Part 6 <u>only if</u> you are a representative submitting this claim on behalf of Claimant |

PLEASE SEND YOUR CLAIM PACKAGE TO:

Day Schools Class Action Claims Administrator, c/o Deloitte

By Mail: [PO BOX #], Toronto, ON, Canada, [Postal Code]

By Fax: [FAX #]

By Email: [EMAIL]

Please make a copy of your Claim Form and any attached documents for your personal records. Original photographs or records are not required.

For questions or to report an address change, contact [Deloitte NUMBER].