**Northwestern Regional Centre Class Action**

**CLAIM FORM**

You must fill in this form to ask for money from the

**Northwestern Regional Centre** settlement. Before you fill in this form, you should read the booklet called **Notice for people who lived at Schedule 1 Institutions**. The booklet tells you where to get help with this form.

This claim form is only for **Northwestern Regional Centre**. You should only write about **Northwestern Regional Centre** in this form. You might have lived at more than one Institution in Ontario. The booklet has a list of the institutions that are part of the settlement. If you lived at other institutions on the list, and were harmed at the other institution, you need to fill in separate claim forms.  You should do this for each institution where you lived and were harmed.

The **Northwestern Regional Centre** put some people in other places. In this form, “Northwestern” means the **Northwestern Regional Centre**. It also means any places where the **Northwestern Regional Centre** put people, before they were discharged.

There is a claims office that decides if you get money. The name of that office is Schedule 1 Class Action Administrator. Send this form to that office. You must send it by **February 28, 2017**. After that, it will be too late.

Keep a copy of this form.

This form is confidential. Everything you write here will stay private. The claims office will read your form. The claims office may also call you to ask questions about your claim. If you do not want to talk to them, you can ask someone you trust to talk to them.

The claims office may need to show your form to lawyers and government workers. But those people cannot show it to anyone else.

Please read carefully. Ask for help if you do not understand. You can also call or email the claims office for help. If you are not sure which facility you lived at, the claims office can try to find out.

* Phone: 1-866-442-4465
* TTY: 1-877-627-7027
* Email: Schedule1Facilities@crawco.ca

**Your family member or support person can fill in this form. But the cheque will have your name on it.**

**Are you helping someone else with this form?**

Please use that person’s name to fill in the form. Write answers about the person you are helping. That person should sign at the end of Section A and Section B, if needed.

If that person cannot sign, then sign and print your own name there. You may also need to swear or affirm that you believe what you wrote is true.

**This form has four parts:**

1. Your information
2. Section A
3. Section B
4. If you filled in this form for someone else

**Read all of it. Then you will know what parts you must fill in.**

You do not need to send this form right away, as long as you send it before **February 28, 2017**. Take the time you need to remember and write what happened, and to get any papers for your claim.

**Your information**

**You must fill in this part so the claims office knows who is asking for money from the settlement.**

My first name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My middle name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Leave this blank if you do not have a middle name.

My last name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I used to have another name. My other name or names were \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Leave this blank if you did not have other names.

My birthday is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I was born in the month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I was born in the year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Leave these lines blank if you do not know. If you just know part, fill in that part.

On the lines below, write the address where the claims office should send any letters or cheques. You can also give the address for someone you trust.

Street and number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apartment number if you have one\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City or town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the claims office needs to call me, I want them to use this telephone **or** TTY number:

Phone **or** TTY number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you do not have a phone **or** TTY number, put the number of someone you trust.

My email address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leave this blank if you do not have an email address.

**Section A Claim**

**Please go to the next page.**

**If you were harmed or hurt when you lived at Northwestern Regional Centre or at a place where Northwestern Regional Centre put you, put a checkmark in the box below:**

You must sign below and make a solemn declaration when you sign. If you are helping someone fill in this form who cannot sign their name, you can sign and make the solemn declaration in their place.

When you make a solemn declaration, you are saying:

* You read everything in the form before you signed it. [OR] Someone helped you with the form. Before you signed, that person read you everything they wrote in the form.
* You believe everything you wrote in this form is true. You wrote what you know.
* If the claims office finds out that something you wrote is not true, they might not pay any money.

**"I solemnly declare that this information is true."**

Write today’s date here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B Claim**

**If you fill in this part, you might get more money.**

Below you can write about how you were harmed at

**Northwestern Regional Centre**. **Northwestern Regional Centre** may have put you in another place. If you were harmed at the other place, write about that, too.

If you know how you were hurt, when you were hurt, or who hurt you, you should write that down.

You can ask for your file to help you write down what happened at **Northwestern Regional Centre**. To ask for your file, call this phone number: **1-855-376-9886** or email: **AccessandPrivacyOffice.mcss@ontario.ca.**

Searches will be carried out for your file, if requested, and if available it will be provided.

You have to call to ask for your file by **September 27, 2016** so you can get it before **December 28, 2016.** You can still call to ask for your file if you are late, but there is no guarantee you will get your file before you have to submit this form.

You have to send this form by **February 28, 2017.** If you don't have your file by **February 28, 2017**, you still should send this form in.

**There are many kinds of harm or abuse.** Here are examples that might be abuse:

* Calling you names, insulting or yelling at you
* Hitting you with a hand or with anything else
* Kicking, pinching, choking, slapping
* Hurting you so you needed to go to the doctor, nurse, hospital, or infirmary
* Hurting you so you needed to rest for some days
* Giving you scars, bruises, broken bones, broken teeth, or any other injury to your body or to how you look
* Making you pass out or go unconscious
* Tying you up or locking you up
* Giving you too much, too little or the wrong medicine on purpose to hurt you
* Forcing you to eat or drink something you did not want
* Putting you in showers, baths, tubs or water that is too hot or too cold on purpose to hurt you
* Leaving you outside for too long, or when it was too hot or too cold
* Leaving you alone when you needed help or not letting you go to the doctor, dentist, hospital or infirmary
* Scaring you by saying they will hurt you, or hurt your friend, family or pets
* Taking away things you need, like your glasses, crutches or your wheelchair
* Making you do any of these things to other people

**Abuse can also be sexual.** Sexual abuse can be:

* Touching or making you touch someone else in a sexual way when you do not want to
* Kissing when you do not want to
* Making you touch yourself in a sexual way when you do not want to
* Making you watch, listen or talk about sexual things when you do not want to
* Making you show parts of your body like your breasts, penis, vagina and anus
* Making you stand or walk around naked
* Putting or trying to put something in your mouth, vagina or anus when you do not want them to
* Making you put something in your mouth, vagina or anus
* Trying to make you do anything on this list
* Making you do any of these things to other people

These are just some examples of abuse. **You might have been abused in other ways. There are many other things that are abuse.**

You might remember painful things when you write this. Take the time you need to write everything you want to say. Make sure you are in a safe place when you do this. It may help to ask someone you trust to stay with you.

You will not get in trouble for telling what happened. You did not do anything wrong.

**No one has the right to hurt or abuse you.**

**You can use these pages to write about how you were harmed. Give examples of what happened to you.**  Did it happen once? Did it happen many times? Do you know how old you were or what the years were? Do you know how it happened and who did it?

Add more pages if you need more space. Or you can type your answer and add it to this form. It is important to tell all the ways you were harmed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have letters, records, papers or photos that show how you were harmed?**

Send them with this form if you have any. Other people may know what happened to you at Northwestern. You can send papers from doctors, counsellors, family, friends, support people or anyone else who knows what happened to you. The letters, papers or photos can be from when you lived at Northwestern, or from after you left.

You must sign below if you wrote in Section B above. You must make a solemn declaration when you sign. If you are helping someone fill in this form who cannot sign their name, you can sign and make the solemn declaration, in their place. This means you are saying that:

**Please go to the next page.**

* You read everything in the form before you signed it. You also read any papers you are sending with it. **[OR]** Someone helped you with the form. Before you signed, that person read you everything they wrote in the form and any papers you are sending with it.
* You believe everything you wrote in this form is true. You wrote what you know.
* If the claims office finds out that something you wrote is not true, they might not pay any money.

**"I solemnly declare that this information is true."**

Write the date here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You might not be finished yet**.

Did anything on the list below happen to you? You might get more money if you write about it on this form. If you already wrote about it, **or** if you write about it now, then you must sign page 26 in front of a commissioner, Notary or lawyer.

* You were hurt so that you went or should have gone to the doctor, hospital or infirmary
* You had broken bones or an injury that lasted a long time
* You had an injury that changed how you look
* You passed out or went unconscious
* You were hurt so that you needed to rest for some days
* Someone put or tried to put something in your mouth, vagina or anus when you did not want them to
* Someone made you put or tried to make you put something in your mouth, vagina or anus
* Someone made you put or tried to make you put something in another person’s mouth, vagina or anus

There is space below. You can use it to write about things on the list above that happened to you. You may have already written about them. You do not need to write about them again, but you may want to add more.

**Remember** **to sign in front of a commissioner, Notary or lawyer.** Later in the form, there is information about how to find a **free** Commissioner, Notary or lawyer.

You can write what happened in this space. Give examples:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Now you need to take the form to a commissioner, Notary or lawyer.** You will sign in front of them, and swear an oath or affirmation.

When you swear an oath, you promise to tell the truth on the Bible. Maybe you do not believe in the Bible or you do not want to use the Bible. Then you can make an affirmation. You do not use the Bible to make an affirmation. But you still promise to tell the truth.

You will not get in trouble for writing the truth as you remember it. But it is against the law to swear or affirm something that is not true.

To find a free Commissioner, Notary or lawyer, call or email the claims office:

* Phone: 1-866-442-4465
* TTY: 1-877-627-7027
* Email: Schedule1Facilities@crawco.ca

**"I swear or affirm that I believe everything I wrote in this form is true."**

SWORN (OR AFFIRMED) BEFORE ME

At the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Province of

Ontario, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

The Commissioner for Taking Affidavits signs here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the claim is for someone who cannot swear an oath, the person who completed the form needs to swear the oath and sign below:

Sign here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print your name here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Go to **End of Form** if you filled in this form by yourself.

**If you helped someone fill in this form or filled it in for them**

**Please answer these questions.**

What is your name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your telephone **or** TTY number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your email address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Write an X in the box or boxes if you are:

 A family member

 A support person

 A support agency. What is the name of the agency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 A lawyer. What is the name of your law firm or legal clinic? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The Public Guardian and Trustee

 A legal guardian or power of attorney and there has been a legal finding that the person you are helping is not capable of making his or her own decisions about money

 The executor or trustee of someone who lived at Northwestern and he or she died **after** **June 16, 2012**. Please attach the will or papers that make you the executor or trustee.

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**End of Form**

Now you must send it in. Check that:

* you signed Section A
* you put everything you want in Section B, and then you signed Section B
* if needed, you swore an oath or made an affirmation in front of a commissioner, Notary or lawyer.

**Now read the last part.**

**There are some important things to know before you send the form.**

You must send it by **February 28, 2017**.

You must send it by email, fax or regular mail to:

Schedule 1 Class Action Administrator

3-505, 133 Weber St North

Waterloo, Ontario, N2J 3G9

Fax: 1 – 888 – 842 - 1332

Email: Schedule1Facilities@crawco.ca

**If you do not send your form to that address by February 28, 2017, you will not get any money.**

* Keep a copy of everything you send, and:
* For regular mail, write down the date you put the form in the mailbox. Keep that date with your copy.
* For fax, keep the paper that shows the date you sent the fax.
* For email, keep the email. It has the date on it.

Do **not** send the form to the Court.