

PARTICIPATION FORM

Canadian Armed Forces and Department of National Defence Sexual Misconduct Class Action

**ONLY USE THIS FORM IF YOU WANT TO REGISTER YOUR SUPPORT OR OBJECTION
TO THE PROPOSED SETTLEMENT**

TO: CAF DND Sexual Misconduct Class Action
c/o Deloitte
Bay Adelaide Centre, East Tower
8 Adelaide Street West
Toronto, ON M5H 0A9
cafdndmisconduct@deloitte.ca

My name is

I am a (please specify):

- I am a current or former member of the CAF who experienced sexual harassment, sexual assault, or discrimination on the grounds of sex, gender, gender identity or sexual orientation in connection with my military service.
- I am a current or former employee of the DND or the Staff of the Non-Public Funds (SNPF), Canadian Forces, who experienced sexual harassment, sexual assault, or discrimination on the grounds of sex, gender, gender identity or sexual orientation in connection with my employment for DND or the SNPF.

For the reasons stated below, I:

- | | |
|---|---|
| <input type="checkbox"/> SUPPORT the terms of settlement | <input type="checkbox"/> OBJECT TO the terms of settlement |
| <input type="checkbox"/> SUPPORT the legal fees | <input type="checkbox"/> OBJECT TO the legal fees |

I am supporting or objecting to the Proposed Settlement or legal fees for the following reasons (please attach extra pages if you require more space):

<input type="checkbox"/>	I have enclosed copies of documentation supporting my support or objection. (You do not have to attach any documents).
<input type="checkbox"/>	I have NOT enclosed documentation supporting my objections and I do not intend to provide any.
<input type="checkbox"/>	I do NOT intend to appear at the hearing of the motion to approve the proposed settlement, and I understand that my support or objection will be filed with the court prior to the hearing of the motion on September 19 and 20, 2019 in Ottawa, Ontario.
<input type="checkbox"/>	I intend to appear, in person or by counsel, and to make submissions at the hearing on September 19 and 20, 2019 in Ottawa, Ontario.

MY ADDRESS FOR SERVICE IS:

MY LAWYER'S ADDRESS FOR SERVICE IS (if applicable, but you do not need a lawyer to object):

Name:

Name:

Address:

Address:

Tel.:

Tel.:

Fax:

Fax:

Email:

Email:

Date:

Signature:
