

CLASS ACTION CLAIM FORM

In three separate class action lawsuits the Courts have found that the federal government violated the rights of inmates placed in administrative segregation while incarcerated in federal correctional institutions. Eligible claimants are entitled to an equal share of a lump sum of approximately \$28 million. Additional money can also be claimed.

Current and former inmates who meet Option A or B criteria below can claim money using this Claim Form. As part of this claims settlement process, your claim for money will be received and assessed by an independent Administrator and, in some cases, by mental health experts and the Courts. Your claim information will be reviewed and a decision will be made about whether you are eligible for money, and if so, how much.

WHO CAN MAKE A CLAIM?

This Claim Form is for current or former federal inmates. You must match Option A or B.

Claimant - Option A <ul style="list-style-type: none">✓ You stayed in Administrative Segregation in a federal correctional institution anywhere in Canada✓ for 16 consecutive days or more✓ AFTER March 3 2011.	OR	Claimant - Option B <ul style="list-style-type: none">✓ You stayed in Administrative Segregation in a federal correctional institution anywhere in Canada✓ For any length of time✓ AFTER July 20 2009✓ AND you were diagnosed by a medical doctor with a mental disorder or a borderline personality disorder prior or during your incarceration AND you suffer(ed) serious impairment as a result of your disorder and reported such to Correctional Service of Canada (CSC).¹
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NEED HELP WITH COMPLETING THIS CLAIM FORM?

If you are unable to complete this form and need help, you can contact the Administrator.

Call: **1-833-871-5354**

Email: **info@segregationclassactionfederal.ca**

Website: **www.SegregationClassActionFederal.ca**

NEED LEGAL ADVICE?

If you require legal advice as you complete this Claim Form, have any further questions which cannot be answered by the Administrator, Class Counsel are also available (at no cost) to help you. You can reach Class Counsel by calling the numbers below:

Quebec: 1-855-552-2723 or 1-438-384-7259

Rest of Canada: 1-866-777-6343 or 1-833-575-2356

You may also decide to consult another lawyer of your choosing.

¹ Some exceptions may apply. Please note that the complete class definitions for *Brazeau*, *Reddock* and *Gallone* are found in the class actions Protocol.

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HOW TO MAKE A CLAIM FOR MONEY?

<p style="text-align: center;">CLAIM ONLINE!!</p> <p>Or download and print the Claim Form by going to the website:</p> <p>Website: www.SegregationClassActionFederal.ca Email: info@SegregationClassActionFederal.ca</p>	<p>Mail your paper Claim Form to:</p> <p style="text-align: center;">Federal Segregation Claims Administrator P.O. Box 507 STN B Ottawa ON K1P 5P6 Fax: 1-866-262-0816 Toll Free: 1-833-871-5354</p>
<p>This completed Claim Form must be submitted to the Administrator NO LATER THAN SEPTEMBER 7, 2022.</p>	

COMPLETE THIS CLAIM FORM TO CLAIM MONEY

INSTRUCTIONS

Please ensure that you complete all sections of the Claim Form that apply to you.
When filling out the Claim Form, remember to:

- Read all questions and requests for information carefully before answering
- Write clearly and legibly
- Make sure you have read and signed the Consent to Disclosure and Release of Records and Declaration section of the Claim Form.

If you are no longer incarcerated, please include a photocopy or scanned copy of a government-issued piece of photo identification with your Claims Form.

If you need to make changes to any information in your Claim Form after you have sent it to the Administrator, please do so as soon as possible. Examples of important changes include a change of address and corrections to any information. If your Claim Form is incomplete or does not contain all of the required information, you will be asked to provide more details. This may delay the processing of your claim. The information you provide in your Claim Form is a very important part of what will be considered when deciding whether to pay you money and if so, how much money.

Money: you can apply for money through a Track 1 or Track 2 or Track 3 claim. You will be asked to select one (1) Track later using another form.

CLAIM FORM – START ON NEXT PAGE



CLASS ACTION CLAIM FORM

SECTION A: CLAIMANT INFORMATION

(*Indicates required fields)

First Name*	Middle Name	Last Name*
Name when incarcerated in the federal correctional institution (if different):		
Date of Birth (MM-DD-YYYY)*	Finger Print Section (FPS) Number (if known)*	

SECTION B: CLAIMANT CONTACT INFORMATION

Important Note: Unless provided otherwise in the Courts' Protocol, correspondence from the Administrator **will be sent to the address you provide here.**

Question #1: Are you still incarcerated in a federal correctional institution?

YES Please provide the name of your current institution below (and go to **Section C**)

Institution Name

NO Please provide your mailing address below

Mailing Address (Street, P.O. Box if applicable)	
City/Town	Province
Country	Postal Code
Daytime telephone number	Evening telephone number
Email address (if available)	

SECTION C: DESCRIPTION OF CLAIMANT SEGREGATION

I believe that I was placed in administrative segregation in **one (1) or both** of the following circumstances while incarcerated in a federal correctional institution anywhere in Canada:

Question #2(a): Option A:

Were you placed in administrative segregation for **at least 16 consecutive days after March 3, 2011?**

YES **NO**

Question #2(b): Option B:

Were you placed in administrative segregation **after July 20, 2009 AND diagnosed with a mental illness** prior to or during your stay in administrative segregation?

YES **NO**

IMPORTANT: You will need to meet the formal class definitions for *Brazeau* or *Gallone*, which are found in the Class Actions Protocol. Some preconditions may apply.

CLASS ACTION CLAIM FORM

SECTION D: LAWYER REPRESENTATION - CLAIMANT HAS OPTIONS

Class Counsel are the lawyers that have been representing all current and former inmates since 2015 and who won these class action cases are from three law firms. Your *Class Counsel* are **Koskie Minsky Lawyers, McCarthy Tetrault Lawyers and Trudel Johnson Lesperance Lawyers.**

Now that it is time to submit a claim, *Class Counsel* will continue to represent you on your claim, **unless** you choose to represent yourself or you want to use a different lawyer. You **DO NOT** need to get a new lawyer to represent you.

Class Counsel have already been paid for their work, so you will not be responsible for lawyers' fees unless you choose to claim under Track 2 or Track 3 (as defined in the Notice). If you choose to claim under Track 2 or Track 3, *Class Counsel* will only get paid additional fees if your claim is approved, and the Court will continue to monitor any legal fees that you may have to pay *Class Counsel*.

If you choose to be represented by a different lawyer, you will be responsible for paying that lawyer's fees.

Question #3: Select one (1) of the three (3) options below:

- Option 1:** I want to continue to be represented by *Class Counsel*.
- Option 2:** I do **not** want to be represented by *Class Counsel*. I want to represent myself. I understand that *Class Counsel* **will not** continue to act for me, and I will be responsible for taking any steps necessary to make my claim.
- Option 3:** I do **not** want to be represented by *Class Counsel*. I have retained a different lawyer. I understand that *Class Counsel* **will not** continue to act for me, and my new lawyer will be responsible for taking any steps necessary to make my claim, and that I will be responsible for paying my new lawyer's fees.

If you select Option 3, please provide the contact information of your new lawyer below:

Name of your Lawyer	
Mailing Address (Street, P.O. Box if applicable)	
City/Town	Province
Country	Postal Code
Daytime telephone number	
Email address	

If you do not check any of the boxes above, it will be assumed that you want to continue to be represented by *Class Counsel*.

CLASS ACTION CLAIM FORM

SECTION E: YOU ARE CLAIMING ON BEHALF OF SOMEONE WHO IS DECEASED, INCOMPETENT OR UNDER POWER OF ATTORNEY

Question #4: Are you making a claim on behalf of someone as their legally authorized representative?

YES NO

If you Selected "Yes", please attach any documents you may have that confirm your ability to act as the legal representative of the person. The Administrator may contact you to obtain more information.

Representative First Name	Representative Last Name
Representative Middle Name	Basis of Representation
Has the person on whose behalf you are submitting this claim died? YES <input type="checkbox"/> NO <input type="checkbox"/>	If the individual has died, please indicate their date of death: (MM-DD-YYYY)

SECTION F: DECLARATION AND CONSENT TO RELEASE CSC RECORDS

I acknowledge that the Administrator is authorized to contact me to obtain further information.

By completing and submitting this Claim Form, I acknowledge that CSC is authorized to provide relevant information in my (or the claimant on whose behalf I am submitting this form, as may be applicable) CSC file to the Administrator, Department of Justice lawyers, my lawyer, the expert assigned to my claim, and/or to the Court.

Under the Penalties of Perjury, I certify that all of the information provided by me on this form is true, correct, and complete, and that the documents submitted herewith are true and correct copies of what they purport to be.

Signature of Claimant

Print Full Name of Claimant

Date

Important: If you are a legally authorized representative, you MUST complete the following:

Signature of Representative Completing Form

Print Full Name of Representative Completing Form

Date

In the Event of a **Representative** completing this Claim Form:

Is Proof of Authority to File included in your submission? YES NO