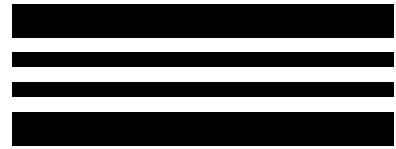


Claims Administrator
P.O. Box 3355
London, ON N6A 4K3



RGQ

Gallant v. the Roman Catholic Episcopal Corporation of Halifax, et al.

SUPREME COURT OF NOVA SCOTIA

Hfx No. 479060

**Must Be Postmarked
No Later Than
December 14, 2023**

Class Action Settlement Claim Form

CLAIMANT INFORMATION

First Name				M.I.	Last Name			
Primary Address								
Primary Address Continued								
City					Province	Postal Code		
Country Name/Abbreviation								

This **Claim Form** is **only** for individuals who allege that they were sexually assaulted by a priest or multiple priests of the Roman Catholic Episcopal Corporation of Halifax (“RCEC Halifax”) and/or the Roman Catholic Episcopal Corporation of Yarmouth (“RCEC Yarmouth”) between April 14, 1954 and March 31, 2020 (collectively “RCEC”). Individuals who have previously settled or otherwise released RCEC Halifax or RCEC Yarmouth cannot advance a class action claim for the same claim.

Carefully read the instructions included with this **Claim Form**. Before you fill in this form, you should read the “**Notice of Settlement**”.

This form can be filled in electronically at [PriestAbuseSettlement@ricepoint.ca](mailto: PriestAbuseSettlement@ricepoint.ca). If completing the Claim Form by hand, please print clearly and use blue or black ink. Please print answers and do not write in cursive writing. Send the **Original Claim Form** to Claims Administrator, P.O. Box 3355, London, ON N6A 4K3.

All claims will be reviewed and assessed by the Claims Administrator appointed by the Court. Send this form to the Claims Administrator. All Claim Forms must be postmarked by **December 14, 2023**. After that date, it will be too late for your claim to be considered.

Keep a copy of this Claim Form for your records.

This form is confidential and will only be used for the claims process. The Claims Administrator may contact you to gather more or other information in order to assess your claim.

Please read the Claim Form carefully. Ask for help if you do not understand. You can ask a trusted support person for help. You can contact Class Counsel for help with the Claim Form:

Koskie Minsky
900-20 Queen Street West
Toronto, ON M5H 3R3
Tel: 1-833-630-1785
Email: catholicabuseclassaction@kmlaw.ca

McKiggan Hebert
1959 Upper Water St #502
Halifax, NS B3J 3N2
Tel: (782) 400-0010



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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**You might experience upsetting thoughts or feelings when you write out your claim.
 Take the time you need to write everything you want to say.
 Make sure you are in a safe place when you work on your claim.
 It may help you to ask someone you trust to stay with you or for you
 to plan in advance whom you will talk to for support if you need it.**

The information that you provide in this Claim Form constitutes a legal statement called an Affidavit. You must swear or affirm that the contents, which you have included in the Claim Form, are true to the best of your knowledge and belief, before a lawyer or notary public who must also sign and commission the Affidavit. A signature page is included at page 15 of this Claim Form.

If you do not know a lawyer or notary public, you can contact the lawyers for the Class who can assist in having the Affidavit sworn. The appointment to swear your affidavit can be conducted virtually by video conference.

Section 1: Information Required for Compensation (payment) Claim

Do your best to completely fill out your Claim Form, where you are able and as it applies to you.

IF YOU DO NOT KNOW OR CANNOT REMEMBER ANSWERS TO ANY OF THE QUESTIONS, THAT IS OKAY. IF YOU DO NOT KNOW OR CANNOT REMEMBER AN ANSWER, PLEASE JUST INDICATE THAT FACT IN THE SPACE PROVIDED.

Please fill in the circles below next to the statements that are true.

- I was sexually assaulted by a priest or multiple priests whom I believe were employed by or otherwise under the control of RCEC Halifax or RCEC Yarmouth.
- The sexual assault(s) described above occurred, to the best of my recollection, between April 14, 1954 and March 31, 2020.

Section 2: Name and Contact Information

1. Please print your full legal name below, including your first name, middle initial and last name.

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First Name M.I. Last Name

2. Please print below the name that you prefer to be called by

--

3. Do you, or have you in the past gone by any other names such as: pre-married names, married names, nicknames or aliases? If so, please print those names below.

--

4. Please include your gender and preferred pronouns below by filling in the applicable circle and filling in the line provided

Male Female Non-Binary Two Spirit

Other Gender

he/him she/her they/them

other pronouns you go by

5. Please include your date of birth below stating the month, day and year

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

6. Please print the name of the place you were born below

--	--

Place name Province

--

Country



7. Please provide the name of your parents/guardians at the time of the abuse (the claim process is completely confidential. Your parents/guardians will **NOT** be contacted or advised that you have submitted a claim).

8. Please include your current mailing address in the space provided below

Unit Number

Street Name/Number

City/Town

Postal Code/ZIP Code

Country of residence

Please print the name of the institution where you reside if applicable, such as a senior's home, long-term care home, hospital or penitentiary.

9. Please include below a phone number where you can be reached

Country Code

Area Code

Phone Number

10. Please include below an email address where you can be reached

11. If you are currently incarcerated, please include your identification number

Section 3: Initial Information Concerning Assault(s)

Please complete this portion of the form to the best of your ability/recollection. If you do not remember or are unsure of any details, please just indicate that fact in the space provided.

12. Below please include the name(s) of the RCEC priest(s) who sexually assaulted you (if known).

13. During what date or date range did the sexual assault(s) occur?

or

14. What school did you attend and what grade or grades were you in when the assault(s) occurred?



15. In which season(s) did the assault(s) occur?

Two horizontal grid lines for text entry.

16. What age(s) were you when the sexual assault(s) occurred?

Two small grid boxes for age entry.

or

Two small grid boxes followed by the text "to" and another two small grid boxes for age range entry.

17. What was your residential address at the time the assault(s) took place?

One horizontal grid line for address entry.

Unit Number

One horizontal grid line for unit number entry.

Street Name/Number

One horizontal grid line for street name/number entry.

One horizontal grid line for postal code/zip code entry.

City/Town

Postal Code/ZIP Code

18. What is/were the name of the of church(es) where the priest(s) who assaulted you ministered and/or the address and/or community where the church was located?

Two horizontal grid lines for church name and location entry.

19. Describe your connection to the church at the time of the assault(s) and/or your family's connection to the church at that time.

Seven horizontal grid lines for describing connection to the church.

20. Did you attend church regularly as a child? If so, what churches did you attend?

Yes No

Two horizontal grid lines for church names if attending regularly.

21. Do you know if you were you baptised? If so, please print the church name where this occurred and year of the ceremony.

Yes No

Two horizontal grid lines for church name and year if baptized.



27. Describe the first sexual assault; what were the circumstances of the assault, where did the assault occur and what sexual acts did the priest(s) engage you in?

28. If there were additional sexual assaults, what were the circumstances of the assaults, where did it/they occur and what sexual acts did the priest(s) engage you in? Provide as much detail as possible.



29. Did you tell anyone about the assault(s) prior to completing this Claim Form? If so, please include the name(s) of those person(s) you told and describe your relationship with them.

30. When did you tell the person(s) listed above about the sexual assault(s)?

31. Include any other information that you think is relevant and supportive of your claim.



Section 4: Claimed Level of Assault

Please fill in the circle that describes the sexual assault(s) you experienced by a priest or multiple priests from RCEC Yarmouth, RCEC Halifax or both:

- Level 1:** Non-consensual fondling, kissing, sexual touching of breasts, genitals or buttocks, or exposure of genitals.
- Level 2:** Non-consensual simulated intercourse or masturbation.
- Level 3:** Non-consensual oral sex, digital penetration or attempted anal or vaginal penetration.
- Level 4:** Non-consensual vaginal or anal penetration.

All sexual acts between a priest and a minor (anyone under the age of 19 at the time of the sexual act) are considered non-consensual. If you were an adult at the time of the alleged sexual contact, you must establish that there was no consent.

Section 5: Optional Supporting Documentation

You may include **Optional Supporting Documentation** that may assist in the processing of your claim, by attaching it to your **Claim Form**. This documentation is optional/voluntary and is not required to make a claim for compensation under Levels 1 – 4 above.

Optional Supporting Documentation may include:

- Documentation that shows you or your family attended or were involved with a parish or church operated by RCEC Halifax or RCEC Yarmouth such as:
 - baptism records, Sunday-school records, communion records, confirmation records, parish giving/offering envelopes, photographs of you or your family with the priest who sexually assaulted you.
- You may also attach your family doctor or other treating physician's file, or a portion of it, which includes notes/discussion of the assault(s);
- You may also attach any counselling sessions with psychologists, therapists, social workers, psychiatrists or any other medical professional, which relate to or discuss the assault(s);
- Any other documentation or photographs that you think are relevant and may assist the Claims Administrator in evaluating your claim.

Section 6: Additional Harms and Effects Claims Process

If you are claiming that you experienced a Level 1 or Level 2 sexual assault under Section 4 of this Claim Form, go directly to page 15.

If you are claiming that you experienced a Level 3 or Level 4 sexual assault under Section 4 of this Claim Form, you may be eligible for additional compensation for harms and effects that you have experienced resulting from the sexual assault(s).

The **Harms and Effects** claims process is more like a formal court proceeding and has more intensive participation and documentary disclosure requirements. This process contemplates that you will:

- Produce supporting documentation;
- Undergo a formal interview or discovery where a lawyer for RCEC asks you questions (you are entitled to have a lawyer with you if you wish);
- Participate in a hearing where you provide information, while under oath or affirmation, and you can be questioned by an RCEC lawyer on the information you provide (you are entitled to have a lawyer with you if you wish); and

A decision-maker called an Adjudicator will determine what compensation you qualify for, if any.



To be eligible for a **Harms and Effects** claim, you **MUST** have experienced the **Harms and Effects** described below under **Category 1 or Category 2**.

Please fill in the circle(s) that apply to you **ONLY** if you are making a claim for additional compensation within the **Harms and Effects** claims process.

Category 1: As a result of the claimed sexual assault(s):

- (i) I have suffered or still suffer from a significant and lasting physical or psychological/mental injury including but not limited to a medically documented moderate mental disorder requiring medical treatment (whether or not received).
- (ii) I have struggled to remain employed and I have experienced a history of unemployability or underemployability cumulatively in excess of one year.
- (iii) I have experienced two or more of the following (fill in all that apply):
 - a. Suicide attempts
 - b. Chronic abuse of drugs or alcohol
 - c. Extended periods of homelessness
 - d. Incarceration/Imprisonment

Category 2: As a result of the claimed sexual assault(s):

- (i) I have suffered or still suffer from a significant and lasting physical or psychological harm, including but not limited to a medically documented severe mental disorder requiring hospitalization.
- (ii) I have struggled to remain employed and have experienced a history of unemployability or underemployability cumulatively in excess of three years.

If you choose not to make a Harms and Effects claim, even if you may be eligible, go directly to page 15.

Only answer the below questions that apply to you if making a Harms and Effects Claim.

Category 1 (i) Claims for Physical/Mental Harms and Effects Questions

32. Describe the significant and lasting physical or psychological harm that you have experienced as a result of the RCEC priest(s) sexual assault(s).



33. If you have had a formal diagnosis of the physical/mental issues described above from a healthcare professional, please describe your understanding of the diagnosis below.

34. Explain why you feel that the physical or psychological harm described above is a result of the sexual assault(s) you experienced.

35. Describe how long the physical or psychological harm that you have experienced as a result of the RCEC priest(s) sexual assault(s) has lasted.



Category 1(ii) Claims for Harms or Effects Related to Employment Issues Greater than One Year Questions

36. Describe how you have struggled to remain employed or remain employed in a position that you are qualified for. Please include information regarding all periods during which you struggled to maintain employment. For each period, how many days/weeks/months of employment did you miss? When did you miss work? How much work did you miss in total?

37. Explain why you believe the issues related to your employment as described above resulted from the sexual assault(s).

38. Did you suffer a loss of income and if so, what amount and what if any information can you provide to support that loss?



Category 1(iii) Harms/Effects Related to Specific Events Questions

39. Describe any suicide attempts, chronic abuse of drugs and/or alcohol, extended periods of homelessness or imprisonment that you have experienced.

40. Explain why you believe the events as described above resulted from the sexual assault(s).



Category 2(i) Claims for Physical/Mental Harms and Effects Questions

41. Describe the significant and long-term physical or psychological injury/issue that you have experienced as a result of the RCEC priest(s) sexual assault(s).

42. If you have ever had a formal diagnosis of the physical/mental issue described above from a healthcare professional, please describe your understanding of that diagnosis below.

43. Please explain why you feel that the physical or psychological injury/issue described above is a result of the sexual assault(s) you experienced.

44. Describe how long the physical or psychological injury/issue that you have experienced as a result of the sexual assault(s) has lasted.



Category 2(ii) Claims for Harms or Effects Related to Employment Issues Greater than Three Years Questions

Describe how you have struggled to remain employed or remain employed in a position that you are qualified for. Please include information regarding all periods during which you struggled to maintain employment. For each period, how many days/weeks/months of employment did you miss? When did you miss work? How much work did you miss in total?

45. Describe why you believe that your struggles with employment are a result of the sexual assault(s).

46. Did you suffer a loss of income and if so, what amount and what if any information can you provide to support that loss?

Section 7: Required Documentation Harms and Effects Claims Only

If you are making a **Harms and Effects** compensation claim, you **must** attach the following documentation to this **Claim Form**:

If claiming **Harms and Effects** related to a physical/mental injury or issue Category 1(i) or Category 2(i):

- Your medical documentation from any source (examples include your healthcare provider(s) like your family physician, psychologist, social worker or other healthcare professional), which references or discusses the significant and lasting physical or psychological harm that you have experienced as a result of the RCEC priest(s) sexual assault(s).

If claiming **Harms and Effects** related to employment Category 1(ii) or Category 2(ii):

- Your education and employment records including available school records and transcripts, Canada Pension Plan Statement, income tax returns, EI records and Social Assistance/Community Assistance records, if available.

If claiming **Harms and Effects** related to specific events Category 1(iii):

- Any available documentation from any source that references or discusses suicide attempts, drug or alcohol use, periods of homelessness or imprisonment (examples include medical or psychological records, your Community Service File or criminal or incarceration records).

If this documentation is not available, then you must make documented efforts to obtain the documentation listed above. If you are unable to obtain the required medical documentation listed above, you may then have to undergo an Independent Medical Examination (by a regulated healthcare professional selected by Class Counsel), at your own expense.



Affidavit Signature Page

You must have your signature below commissioned by a commissioner, paralegal, notary or lawyer:

SWORN/AFFIRMED BEFORE ME at)
 _____)
 Province of _____)
 this __ day of _____, 202__, before me:)
 _____)
 Commissioner of oaths/or barrister) _____)
) (Claimant)

Your Affidavit must be sworn or affirmed in front of a commissioner, paralegal, notary, or lawyer (either in person or by video). You will sign in front of that person and swear an oath or affirmation. They in turn, will sign after you.

When you swear an oath, you promise to tell the truth in accordance with your religious faith or by making a solemn affirmation. By doing so, you are saying that you are telling the truth.

It is against the law to swear or affirm something that is not true.

To find a free commissioner, paralegal, notary or lawyer, contact Class Counsel.



List of Attached Documents

Please include a description and number of pages for any documents that you submit with your Claim Form. Please refer to page 8 of the Claim Form which includes direction on what optional documentation you can include in support of your claim.

Please refer to page 2 of the Claim Form for direction on the required documentation that you must submit for Harms and Effects claims.

Document Description	Number of pages

