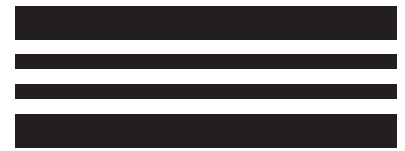


NWQ Claims Administrator  
P.O. Box 3355  
London, ON N6A 4K3

**NWQ**



VISIT THE SETTLEMENT WEBSITE BY  
SCANNING THE PROVIDED QR CODE

*Tidd v. Government of New Brunswick*

COURT OF KING'S BENCH  
OF NEW BRUNSWICK

File No. MC/76/2021

**Must Be Postmarked  
No Later Than  
October 26, 2024**

## RESTIGOUCHE HOSPITAL CENTRE (RHC) CLASS ACTION CLAIM FORM

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

Before you fill in this form, you should read the guide called **Notice of Settlement Approval in Restigouche Hospital Centre Class Action**. The guide tells you where to get help with this form.

There is a Claims Administrator that decides if you get money. The name of that office is NWQ Claims Administrator. Send this form to that office. You must send it by October 26, 2024. After that, it will be too late.

This form is confidential, and may only be used in processing your claim or as required by law.

Please read carefully. Ask for help if you do not understand. You can also call or email the Claims Administrator for help:

- Phone: **1-866-476-3107**
- Email: **info@RestigoucheHospitalCentreClassAction.ca**

**Your family member or support person can fill in this form. But the cheque will be made to you or your substitute decision maker.**

### 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 or Section B, if needed. If that person cannot sign, then sign and print your own name there.

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 the parts to know what you need to fill in.** You do not need to send this form right away, but you must send it before the deadline, i.e., **October 26, 2024**. Take the time you need to remember and write what happened, and to get any papers for your claim.



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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To make a claim, you may choose to make a **Section A claim (Common Experience Payment)** OR a **Section B claim (Compensation Based on Level of Harm)**.

The Compensation Amounts you may get under each Section is set out below:

**Section A Claims:**

<b>SECTION A CLAIMS* - COMMON EXPERIENCE PAYMENT</b>	
*Based on Claimant's cumulative length of stay at the RHC	
30 days or less	\$1,000
31 days up to 100 days	\$3,000
101 days or more	\$5,000

To make a claim under **Section A**, fill out **Section A** of this Claim Form.

**Section B Claims:**

<b>SECTION B CLAIMS<sup>1</sup></b>	
<b>Sexual Abuse</b>	
<u>Level 1 Sexual Assault</u> <ul style="list-style-type: none"> <li>A single incident of non-consensual sexual touching of a Claimant by staff, or other non-consensual sexual behaviour by staff towards a Claimant that is not a Serious Sexual Assault.</li> </ul>	\$15,000
<u>Level 2 Sexual Assault</u> <ul style="list-style-type: none"> <li>More than one incident of non-consensual sexual touching of a Claimant by staff/ other patient or other non-consensual sexual behaviour that is not a Serious Sexual Assault.</li> </ul>	\$20,000
<u>Level 3 Sexual Assault</u> <ul style="list-style-type: none"> <li>One or two incidents of Serious Sexual Assault.</li> </ul>	\$35,000
<u>Level 4 Sexual Assault</u> <ul style="list-style-type: none"> <li>(i) More than two incidents of Serious Sexual Assault; or</li> <li>(ii) Level 3 Sexual Assault resulting in a Major Psychological Injury. Requires medical evidence in addition to the affirmation to support allegation that a Serious Sexual Assault resulted in Major Psychological Injury.</li> </ul>	\$60,000 plus Medical Evidence Fees of up to a maximum of \$1,000 per Claimant
<b>Physical Abuse</b>	
<u>Level 1 Physical Harm</u> <ul style="list-style-type: none"> <li>One or more physical assaults not causing a Serious Physical Injury, but resulting in an observable injury such as a black eye, bruise or laceration; or</li> <li>Use of any one of the following form of restraints:                             <ul style="list-style-type: none"> <li>Use of physical or mechanical restraint for:                                     <ul style="list-style-type: none"> <li>12 consecutive hours or more up to 24 hours, on two occasions within a 30-day period; or</li> <li>24 consecutive hours or more;</li> </ul> </li> <li>Use of chemical restraints (i.e., by administration of psychotropic medication not prescribed as part of patients' ongoing care plan) on two occasions within a 30-day period; or</li> <li>Placement in a seclusion room for 36 consecative hours on one occasion within a 30-day period. This excludes placement in seclusion for up to 48 hours upon admission.</li> </ul> </li> </ul>	\$10,000

<sup>1</sup> Claimants are only eligible for one compensation level of each of the sexual assault or physical harm categories but can be awarded amounts in both the sexual assault and physical harm categories.



<p><u>Level 2 Physical Harm</u></p> <ul style="list-style-type: none"> <li>• One or more physical assaults causing a Serious Physical Injury; or</li> <li>• Use of the following form of restraints: <ul style="list-style-type: none"> <li>• Use of physical or mechanical restraint for 24 consecutive hours or more, on two or more occasions within a 30-day period;</li> <li>• Use of chemical restraints (i.e., by administration of psychotropic medication not prescribed as part of patients' ongoing care plan) on more than two occasions within a 30-day period; or</li> <li>• Placement in seclusion rooms for 36 consecutive hours or more, on more than one occasion within a 30-day period. This excludes placement in seclusion for up to 48 hours upon admission.</li> </ul> </li> </ul>	<p>\$25,000</p>
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**“Serious Physical Injury”** means physical injury that led or should have led to hospitalization or serious medical treatment by a physician; permanent or demonstrated long-term physical injury, impairment or disfigurement; loss of consciousness; broken bones; or a serious but temporary incapacitation such that bed rest or infirmary care of several days’ duration was required.

**“Serious Sexual Assault”** means non-consensual oral, vaginal or anal penetration or attempted non-consensual oral, vaginal or anal penetration.

**“Sexual Touching”** means non-consensual touching of another individual’s body, with a body part or an object, for sexual purposes.

**“Non-Consensual Sexual Behaviour”** means conduct involving sexual activity or behaviour that is performed without express and voluntary consent.

**“Major Psychological Injury”** means prolonged major psychological trauma symptoms resulting in a diagnosis by a psychiatrist or psychologist of a mental illness/disorder recognized by the Diagnostic and Statistical Manual of Mental Disorders. The diagnosis must occur after the alleged Level 3 Sexual Assault incident(s) in question as per the Compensation Grid. Where a pre-existing diagnosis exists, medical evidence is required to show exacerbation of the pre-existing diagnosis.



You can make a claim for compensation for both Sexual Abuse and Physical Abuse, but you may only claim for one compensation level under each category.

For example, you can make a claim for Level 1 Sexual Assault and Level 1 Physical Harm if you experienced the harms described under those levels.

However, you may not make a claim for Level 1 Sexual Assault and Level 2 Sexual Assault.

## (1) Your information

**You must fill in this part and Section A or Section B to ask for money from the settlement.**

My first name is:

Do not write your nickname.

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 or other names. My other name or names were:

Leave this blank if you did not have other names.

My birthday is:

I lived at RHC the following year(s):

If you still live at RHC, please fill in this circle

I want to use this address to get letters about my claim and any cheques from my claim:

Street and number:

Apartment number, if you have one:

City or Town:

Province:

Postal Code:

Country:

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

Area code: Phone **or** TTY number

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

My email address is:

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

If you have a substitute decision maker, write their name here:



## (2) Section A

I am filling in this circle because I lived at RHC for some time between May 24, 2004 to October 1, 2021.

I am filling in this circle because I am an Eligible Class Member.

(If applicable): I am submitting a Claim on Behalf of the Claimant and am authorized to make a Claim on behalf of the Claimant.

You may sign Section A. You must make an affirmation when you sign. This means 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 affirm that this information is true.”**

Signature: \_\_\_\_\_

Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

## (3) Section B

If you fill out this section, you may get more money. You cannot fill out Section A and Section B. You have to choose.

There are many kinds of harm. Here are some examples:

- Hitting you with a hand or with anything else;
- Kicking, pinching, choking, slapping;
- Hurting you so you needed to go to the doctor, 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;
- Making you pass out or go unconscious;
- Putting you in seclusion for more than 36 consecutive hours, within a 30-day period, excluding placement in seclusion for up to 48 hours upon admission;
- Giving you medication that was not part of your treatment to sedate you or make you lose your senses;

Harm can also be sexual. Sexual harm 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, when you did not want to;
- 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;
- Making you do any of these things to other people.

These are just some examples of harm. There are many other things that may be harm. Did anything on the list above happen to you while you were at the RHC?

Write down anything that harmed you. You may also want to write about how it made you feel and how you feel now.

You might remember painful things when you write this. You might become angry, sad, scared or upset. 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 you.**

**You can use these pages to write about how you were harmed. Give examples of what happened to you.** Did it happen more than once? Did it happen many times? Do you know how old you were or what the years were when it happened? Do you know where the harm happened? Do you know who the person was who hurt you? Did anyone else see you getting hurt? Did you suffer any injuries or get medical treatment as a result of the abuse? Did you tell anyone about getting hurt?

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, papers or photos that show how you were harmed?

You can send them with this form if you have any. You can send papers from doctors, counsellors, family, friends, support people or anyone else who knows what happened to you. And all these people can write a letter to say that you are still hurting from what happened. The letters, papers or photos can be from when you lived at RHC, or from after you left. In most cases, you do not need to send any additional documents other than the Claim Form. The cases in which you do need additional documents are:

### Medical Evidence Required for Certain Sexual Assault Claims

If you are seeking money for a sexual assault that caused a Major Psychological Injury, you may get more money if you provide medical evidence. For more information on whether medical evidence is necessary in your specific case, please review the Compensation Grid attached to the guide called **Notice of Settlement Approval in Restigouche Hospital Centre Class Action**. If you have any questions about whether you should include medical evidence with your claim, please contact the claims office.

### Documentary evidence required if making a claim on behalf of a deceased person

If you are submitting a Section B claim on behalf of someone who lived at RHC and died **after** May 24, 2017, you must submit medical or other documents or audio-video evidence that shows that the deceased RHC resident disclosed the abuse or harm described in this form to someone while they were alive in support of the claim of sexual or physical assault, along with a commissioned affidavit.

You must also fill either one of these two circles if you filled in Section B:

I am filling in this circle because I lived at RHC for some time between May 24, 2004 and October 1, 2021.

I am filling in this circle because I lived at RHC for some time between January 1, 1954 and October 1, 2021 and I was sexually assaulted when I lived at RHC.

You must sign below if you filled in Section B. You must make a solemn affirmation when you sign. This means you are saying that:

- 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 and any papers you are sending with it.
- You believe everything in this form is true.
- If the claims office finds out that something you wrote is not true, they might not pay any money.

**“I solemnly affirm that this information is true.”**

Signature: \_\_\_\_\_

Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

**NOTE: Section B Claims may be subject to an audit by a Claims Supervisor, who may contact Section B Claimants to confirm that the information they have provided is accurate and true.**

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



#### (4) If you filled in this form for someone else

Please answer these questions.

Note: If you are a Substitute Decision Maker or power of attorney for a claimant or are the executor or trustee of the estate of a claimant, you must submit documents establishing your authority to act on their behalf.

What is your name?

What is your address?

Street and number:

Apartment number if you have one:

City or Town:

Province:

Postal Code:

Country:

What is your telephone or TTY number?

Area code:      Phone **or** TTY number

 —  — 

What is your email address?

Fill in the circle or circles 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 Substitute Decision Maker 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.

If you are a Substitute Decision Maker, you must include the following documents with this Claim Form:

1. The Notice of Decision Letter and Appointment Document; and
2. Renewal of Substitute Decision Maker, if applicable.

- The executor or trustee of someone who lived at RHC and he or she died **after** May 24, 2017.



If you are a representative of an estate, you must include the following documents with this Claim Form:

1. Letters of Administration;
2. Letters of Administration with Will Annexed; or
3. Grant of Probate.

If you do not have the above-mentioned documents, you must submit the following documents:

If a will is available

1. A copy of the will appointing you as the Estate Executor;
2. An attestation or declaration signed by you and one other person who knew the deceased Claimant confirming that the will is valid, that to your knowledge the will has not been revoked and there is no later will, and no executor, administrator, trustee or liquidator has been appointed by a court;

If there is no will:

1. An attestation or declaration signed by you, together with one other person who knew the deceased Claimant personally, confirming that they do not know such deceased Claimant to have had a will and that no executor, administrator, trustee or liquidator has been appointed by a court;
2. Proof of your relationship to the deceased claimant;
3. An attestation or declaration signed by you, together with one other person who knew the deceased Claimant personally confirming that you do not know of any equal or higher priority heir of the deceased Claimants.
  - a. If there are heirs of equal priority to you, you must provide their consent for you to act as the Estate Claimant for the deceased Claimant.

The priority level of heirs from highest to lowest are as follows:

- (i) Surviving spouse or common-law partner;
- (ii) Children;
- (iii) Grandchildren;
- (iv) Parents;
- (v) Siblings; and
- (vi) Children of siblings



## End of Form

Now you must send it in. Check that:

- You filled in the first part with your personal information;
- If you are submitting a claim for Section A compensation, that you signed Section A;
- If you are submitting a claim for Section B compensation, that you put everything you want in Section B, and then you signed Section B.

**Now read the last part.**

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

You must send it postmarked by **October 26, 2024**.

You must send it by email or regular mail to:

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

**Email: [info@RestigoucheHospitalCentreClassAction.ca](mailto:info@RestigoucheHospitalCentreClassAction.ca)**

**If you do not send your form to that address by October 26, 2024, 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 email, keep the email. It has the date on it.

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

If you need help or have any questions, you can call or email the claims office for help:

- Phone: **1-866-476-3107**
- Email: **[info@RestigoucheHospitalCentreClassAction.ca](mailto:info@RestigoucheHospitalCentreClassAction.ca)**

