

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



RCQ

*Alvin McKay v. Ralph Rowe,
The Synod of the Diocese of Keewatin and
Scouts Canada, and The General Synod of the
Anglican Church of Canada and the Missionary
Society of the Anglican Church of Canada*
ONTARIO SUPERIOR COURT OF JUSTICE
Court File No. CV-17-0239-00CP

**Must Be Postmarked
No Later Than
February 27, 2025**

Class Action Settlement Claim Form

This **Claim Form** is **only** for individuals who allege that they were sexually abused by Ralph Rowe within the geographic boundaries of the Anglican Diocese of Keewatin between 1975 and 1987¹. Individuals who have previously settled or otherwise released the Diocese of Keewatin and Scouts Canada cannot advance a new claim as part of this settlement.

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

This **Claim Form** can be filled electronically by sending it to the Claims Administrator at info@RalphRoweClassAction.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. If completing the Claim Form by hand, please send the **Original** to: RCQ 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 received by the Claims Administrator by **February 27, 2025**. 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 the lawyers for the Class Members for help with the Claim Form:

Koskie Minsky
900-20 Queen Street West
Toronto, ON M5H 3R3
Tel: 1-888-353-6661
Email: ralphroweclassaction@kmlaw.ca

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 who you will talk to for support if you need it.**

Supports may be available from the following programs:

- Residential School Survivors and Family Hotline: 1-866-925-4419
- Crisis Services Canada: 1-833-456-4566 or text 45645
- First Nations and Inuit Hope for Wellness Help Line: 1-855-242-3310

For assistance accessing additional support or resources, you may contact the Nishnawbe Aski-Nation at: healing@nan.ca or by phone at 807-624-2012

Additionally, if you require private counselling services, you may be eligible for reimbursement of up to \$1,500. Contact Class Counsel if you would like more details about this option.

¹ If you were abused by Ralph Rowe and do not know whether it was within the geographic boundaries of the Anglican Diocese of Keewatin, please contact Class Counsel.



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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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 abused by Ralph Rowe
- The sexual abuse occurred between 1975 and 1987
- The sexual abuse occurred within the geographic boundaries of the Diocese of Keewatin²

Section 2: Name and Contact Information

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name

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

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 day, month and year

 / /

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

<input type="text"/>	<input type="text"/>
Place name	Province/State

Country

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

Unit Number

Street Name/Number

<input type="text"/>	<input type="text"/>
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City/Town

Postal Code/ZIP Code

Country of residence

² If you were abused by Ralph Rowe and do not know whether it was within the geographic boundaries of the Anglican Diocese of Keewatin, please contact Class Counsel.



19. If there were additional sexual assaults, what were the circumstances of the assaults, where did it/they occur and what sexual acts did Ralph Rowe do to you, or have you do to him? Provide as much detail as possible. If you need more space, you may include additional pages.

20. 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.

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

22. Include any other information that you think is relevant to your claim.



Section 4: Level of Assault

Please fill in the circle that describes the sexual assault(s) you experienced by Ralph Rowe:

- Level 1:** Fondling, kissing, or Ralph Rowe exposing himself.
- Level 2:** Simulated intercourse, masturbation, or repeated fondling under clothing.
- Level 3:** Oral sex, digital penetration, attempted penetration, or repeated masturbation.
- Level 4:** One or more incidents of non-consensual anal penetration, or repeated incidents of oral sex.

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 operated by the Diocese or were involved with Scouts, such as:
 - baptism records, Sunday-school records, communion records, confirmation records, parish giving/offering envelopes, Scouts enrollment records, scouting badges, photographs of you or your family with Ralph Rowe.
- 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 making a claim for Level 1 or Level 2 sexual assault under section 4 of this Claim Form go directly to page 13.

If you are making a claim for 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 examination for discovery where a lawyer for the Diocese and/or Scouts 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 a lawyer for the Diocese and/or Scouts 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 **Level A or Level B**.

If you choose not to make a **Harms and Effects** claim, even if you may be eligible, go directly to page 13.



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.

Level A: As a result of the claimed sexual assault(s):

- (1) 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)
- (2) I have struggled to remain employed and I have experienced a history of unemployability or under employability cumulatively in excess of one year
- (3) I have experienced two or more of the following (select all that apply):
 - a. Suicide attempts
 - b. Chronic abuse of drugs or alcohol
 - c. Extended periods of homelessness
 - d. Incarceration/Imprisonment

Level B: As a result of the claimed sexual assault(s):

- (1) 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
- (2) I have struggled to remain employed and have experienced a history of unemployability or underemployability cumulatively in excess of three years

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

Level A (1) Claims for Physical/Mental Harms and Effects Questions

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

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



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

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



Level A (2) Claims for Harms and Effects Related to Employment Issues Greater than One Year Questions

27. 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?

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

29. Did you suffer a loss of income? If so, how much income have you lost? What if any information can you provide to support that loss?



Level A (3) Harms and Effects Related to Specific Events Questions

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

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



Level B (1) Claims for Physical/Mental Harms and Effects Questions

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

33. 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.

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

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



Level B (2) 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?

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

37. 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 for 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 Level A(1) or Level B(1):

- 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 sexual assault(s) by Ralph Rowe;

If claiming **Harms and Effects** related to employment Level A(2) or Level B(2):

- 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 Level A(3):

- 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. If you have difficulty obtaining any of the documentation listed above, you should contact Class Counsel for assistance.



Signature Page

You must have your signature below witnessed by a commissioner, paralegal, notary, lawyer, member of band council, elected or hereditary chief, Elder, regulated healthcare professional or clergy:

_____)	
Witness Name)	
_____)	
Witness Position)	_____
_____)	Claimant Signature
Date (dd/mm/yyyy))	_____
)	Claimant Name

One or both of your parents may make an additional claim for up to \$5,000. You do not need to tell your parents that you are making a claim. But if you do not tell them, they cannot make a claim. If you tell your parents about your claim, and one or both of them want to make a claim, they must fill out the following sections.

Name of Parent(s)	
Contact information for parent(s):	

Unit Number	

Street Name/Number	
_____	_____
City/Town	Postal Code/ZIP Code

Country of residence	
Please include below a phone number where you can be reached	
_____	_____
Country Code	Area Code
Phone Number	
Please include below an email address (if you have one) where you can be reached	

<input type="radio"/> Fill this circle to confirm that you were the claimant's parent at the time they were abused by Ralph Rowe	

Signature Page

You must have your signature below witnessed by a commissioner, paralegal, notary, lawyer, member of band council, elected or hereditary chief, Elder, regulated healthcare professional or clergy:

_____)	
Witness Name)	
_____)	
Witness Position)	_____
_____)	Parent(s) Signature(s)
Date (dd/mm/yyyy))	_____
)	Parent(s) Name(s)



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 12 of the Claim Form which includes direction on what optional documentation you can include in support of your claim.

Please refer to page 12 of the Claim Form for direction on the required documentation that you must submit for Harms and Effects claims.

Document Description	Number of pages

