

Indian Boarding Homes Class Action

Category 2 - Compensation for Abuse Claim Form (Estates)

Canada created the **Indian Boarding Homes Program** in the 1950s which removed First Nations and Inuit children from their communities and placed them in private homes for the purpose of attending school.

The **Indian Boarding Homes Class Action provides compensation to people placed in these homes.** Primary Class Members of the Indian Boarding Homes Class Action are eligible claimants. **Primary Class Members are individuals who were placed in private homes, during the period of September 1, 1951 and June 30, 1992, for the purpose of attending school,** not including placements for post-secondary education. Individuals placed after June 30, 1992, are also included if Canada was responsible for their placement.

This form is for Primary Class Members who died on or after July 24, 2016. The form is to be completed by the person in charge of their estate, or their highest priority heir.

If the Primary Class Member is alive and you are the Personal Representative appointed to manage their affairs, this is the wrong form. Please complete the Personal Representative Forms.

Eligible claimants may apply for two categories of compensation:

1. **Category 1** - Compensation Claim for Placement in the Indian Boarding Homes Program
2. **Category 2** - Compensation Claim for Abuse

This is an application form for a Category 2 payment. Your first step is to complete a Category 1 Claim Form. You do not need to file both claims at the same time but you cannot file a Category 2 Claim first. **You can file a Category 2 Claim for Abuse at any time before the claims deadline of February 22, 2027, provided you have already filed a Category 1 Claim.**

You may hire a lawyer to help you submit your Category 2 claim. **It is not mandatory for a lawyer to help you submit your form.**

If you decide to hire a lawyer, Canada will pay your lawyer an additional amount equal to 5% (plus tax) of the Category 2 payment you receive. That payment will not come out of your compensation.

To learn more about eligibility, relevant dates, and the class action itself, visit:

<https://boardinghomesclassaction.com/>

IMPORTANT:

**The claim application process has a deadline.
Claims Deadline: February 22, 2027**

Trigger Warning / Caution:

Filling out the following sections of this claim form may be emotionally difficult and/or traumatic.

If counselling or emotional support is helpful, **Hope for Wellness** provides free 24/7 counselling and crisis intervention services at: **1-855-242-3310** or online at: www.hopeforwellness.ca.

You can also locate mental health support services on the Indian Boarding Homes class action website at:

<https://boardinghomesclassaction.com/resources/>

If you need support, there are three teams who can help you

Emotional / Mental Health Support

Filling out this form can impact your emotional and mental health. If you need support during this process, you can locate resources on the class action website here:

<https://boardinghomesclassaction.com/resources/>

You can also contact the **Hope for Wellness Team** for comfort and emotional assistance.

You can reach them toll-free at: **1-855-242-3310** or online at: www.hopeforwellness.ca

Claim Application and Payment Questions

The Claims Administrator handles claim applications and payments. They can help you with the claims process and show you how to complete the form.

You can reach the Administrator on their help line at: **1-888-499-1144**

Class Counsel and Available Legal Advice

If you need legal support or need help locating a lawyer to help you with the claim form, you can contact **Class Counsel** at: **1-604-874-7171** or **Quebec Class Counsel** at: **1-888-232-3778**.

You can also contact your provincial/territorial bar association to find legal assistance. We have provided a list of their contact information under **Schedule C**.

BEFORE YOU BEGIN:

1. Assemble any documents that you believe may assist you in completing this form. While not required, you may submit any documents you believe support your claim. Documents that are useful include:
 - Documents related to the deceased Class Member's time in the boarding home, such as photos, letters, diaries, etc.
 - Medical records
2. Please complete the form as best as you can. You can either print out the form and complete it on paper or type your responses into the provided boxes on your computer and then print the completed form.
3. Please make sure to complete all of the required questions. Questions marked with ***(Required)** need to be answered so your form is considered complete. Answers to all other questions are optional, and if you do not want to answer them, please leave the box blank.
4. When documents need to be included with your application, please send a clear photocopy. **Please do not send original photographs, IDs, or records** as documents included with your application will not be returned to you.
5. Please make sure to keep a copy of your Claim Form and any attached documents for your personal records.

IMPORTANT:

This form is to apply for a **Category 2 Payment** only. **You must complete a Category 1 form before completing this form.** If you have not already applied for a **Category 1 payment**, you can find the form here: <https://boardinghomesclassaction.com/claim-forms/> OR you can email us or call us to request that the form be mailed to you:

- **Email:** claims@boardinghomesclassaction.com
- **Phone Number:** 1-888-499-1144

REMINDER:

Submitting an application for **Category 2 for Abuse is optional**. Please feel free to submit at a later time – **but before the claims deadline** – when you are most comfortable and have the necessary support.

Reminder: The claims process is complex. It may take several months to process your claim after you submit your form(s). If you move, change your email address or phone number, please make sure to provide your new contact information.

If you need to **change any information, (for example, your mailing address, email, or phone number) please contact the Claims Administrator at:**

Email	Phone	Mail
claims@boardinghomesclassaction.com	1-888-499-1144	Attn: Indian Boarding Homes Class Action 18 York Street, Suite 2500, Toronto, Ontario, Canada M5J 0B2



Section A – Claimant Information

Are you applying for a Primary Class Member who is now deceased? **(Required)*

Note: The Class Member must have been alive on or after July 24, 2016, to be eligible.

- Yes, and I am the Executor of the estate** – Please continue with completing the form.
- Yes, but no Administrator / Executor / Trustee / Liquidator has been appointed** – Please continue with completing the form and fill out Section D.
- I am a lawyer completing the form on behalf of a Primary Class Member’s Estate Representative** – Please continue with completing the form and fill out Schedule B

I am **NOT** applying for a deceased Primary Class Member, and I am **NOT** a lawyer applying for a deceased Class Member or their representative(s) - **You are using the wrong form. Please do not complete this Form.** Please use the form that best represents your relationship to the class member:

- **You are the Class Member** (Forms A1 & A2)
- **You are the Personal Representative of a Primary Class Member who is appointed to manage their affairs** (Forms B1 & B2)

IMPORTANT: If you have the wrong form, you can locate the correct form on the **website:**

<https://boardinghomesclassaction.com/claim-forms/>

You can also email us or call us to request that the form be mailed to you:

Email: claims@boardinghomesclassaction.com

Phone Number: 1-888-499-1144

**Class Member
first name
(Required)*

**Class Member
last name
(Required)*

**Class Member
date of birth
DD/MM/YYYY
*(Required)**

**Class Member
date of death
DD/MM/YYYY
*(Required)**

**Contact method
*(Answer Required)**

Email address
(if you have one)

Phone number

If you are **submitting your Category 1 and Category 2 forms together** or have not received a Confirmation Notice from the Administrator, **please skip the box below.**

If you are submitting this form **after your Category 1 form was submitted**, and you received a **Claim Number**, please write your **Claim Number** in the box below. Your **Claim Number** will look like this example: **BH-12345678**.

**Claim Number
*(Required)**

**Section B – Abuse **(Required)***

1. In this section, you will review the chart that **describes the compensation category** the Class Member may be entitled to. It is **based on the harm the Class Member suffered** while placed in the Indian Boarding Homes Program. **Please select all of the harms that the Class Member experienced using the checkboxes provided. **(Required)***

Note that the Class Member’s Estate will only receive the highest amount they are eligible for. For example, if the Class Member experienced both Category 2A and Category 2C harms, their Estate will receive \$100,000.

Category 2A - \$10,000

- Sexual comments or sexualized provocation **OR**
- Unreasonable or disproportionate acts of discipline or punishment **OR**
- One or more incidents of mocking, denigration (such as belittling or abusive language), humiliation or shaming **OR**
- Threats of violence or intimidating statements or gestures **OR**
- One incident of abuse, such as:
 - Unreasonable confinement (e.g., being locked in a room) **or**
 - Being deprived of food, medical care, adequate clothing, heating or bedding **or**
 - Being forced to do unpaid labour (in excess of normal domestic tasks) **or**
 - Being forced to consume alcohol, narcotics or noxious substances **or**
 - Being prevented from attending school

Category 2B - \$50,000

- One or more incidents of:
 - Forced exposure to pornography **or**
 - Nude photographs taken **or**
 - Individuals exposing themselves **or**
 - Touching genitals or private parts (directly or through clothing), fondling or kissing **or**
 - Simulated intercourse **OR**

- One or more physical assaults causing:
 - Serious but temporary harm (such as a black eye, bruise, abrasion, laceration, or incapacitation that led to or should have led to bed rest) **or**
 - Minor impairment or disfigurement that was not permanent (such as loss of consciousness or broken bones, loss of or damage to teeth) **OR**

- Two or more incidents of abuse, such as:
 - Unreasonable confinement (e.g., being locked in a room) **or**
 - Being deprived of food, medical care, adequate clothing, heating or bedding **or**
 - Being forced to do unpaid labour (in excess of normal domestic tasks) **or**
 - Being forced to consume alcohol, narcotics or noxious substances **or**
 - Being prevented from attending school

Category 2C - \$100,000

- One incident of:
 - Masturbation **or**
 - Oral or attempted oral intercourse **or**
 - Attempted penetration (including vaginal or anal, digital penetration or penetration with an object) **OR**

- Recurring physical assaults causing:
 - Serious but temporary harm (such as a black eye, bruise, abrasion, laceration, or incapacitation that led to or should have led to bed rest) **or**
 - Minor impairment or disfigurement that was not permanent (such as loss of consciousness or broken bones, loss of or damage to teeth)

Category 2D - \$150,000

- One incident of penetration (including vaginal or anal, digital penetration or penetration with an object) **OR**

- Two or more incidents of:
 - Attempted oral intercourse **or**
 - Attempted penetration **OR**

- One or more physical assaults causing permanent or long-term mental or physical impairment, injury, or disfigurement

Category 2E - \$200,000

- Two or more incidents of:
 - Masturbation **or**
 - Oral intercourse **or**
 - Penetration (including vaginal or anal, digital penetration or penetration with an object)
OR
- Any pregnancy resulting from an incident of sexual assault (including pregnancy interrupted by miscarriage or therapeutic abortion) **OR**
- One or more physical assaults causing permanent mobility loss or brain injury

Important (Please read the instructions below carefully)

In this section, you will answer questions to describe the specific harm the Class Member experienced while placed in the Indian Boarding Homes Program.

This information is necessary for the Claims Administrator to assess the Class Member's eligibility to receive the compensation for the level(s) of harm you indicated above.

Instructions

1. Please fill out the below required questions to the best of your ability. Questions marked with ***(Required)** need to be answered so your form is considered complete.
2. There is a space below each question where you can write your answer. If you need more room, please continue on a separate piece of paper. Please write the number of the question alongside your answer if you need more room.
3. Please be as detailed as possible with your answers, and indicate the type of harm that occurred, where it occurred, and by whom.
4. When documents need to be included with your application, please send a clear photocopy. **Please do not send original photographs, IDs, or records** as documents included with your application will not be returned to you.
5. Please focus on harms and abuse experienced while in the Indian Boarding Homes Program.

2. In this section, there are **five boxes in which to describe the specific harm the Class Member experienced. You have space to describe three harms on this form.** You may describe as many harms as you need and can attach an additional page to describe additional events. Please provide complete answers to the best of your ability and if you need more space, please continue on a separate piece of paper.

Harm 1
1. Please provide a description of the harm the Class Member experienced while in the Boarding Homes Program. <i>*(Required)</i>
2. Where did the harm occur? If you are not sure, provide the best description you can of the location. <i>*(Required)</i>
3. Who was responsible for the harm? <i>*(Required)</i>
4. When did the harm occur (age, grade, or year)? <i>*(Required)</i>
5. Approximately how many times did the harm happen to the Class Member? <i>*(Required)</i>

Harm 2
1. Please provide a description of the harm the Class Member experienced while in the Boarding Homes Program. <i>*(Required)</i>
2. Where did the harm occur? If you are not sure, provide the best description you can of the location. <i>*(Required)</i>
3. Who was responsible for the harm? <i>*(Required)</i>
4. When did the harm occur (age, grade, or year)? <i>*(Required)</i>
5. Approximately how many times did the harm happen to the Class Member? <i>*(Required)</i>

Harm 3
1. Please provide a description of the harm the Class Member experienced while in the Boarding Homes Program. <i>*(Required)</i>
2. Where did the harm occur? If you are not sure, provide the best description you can of the location. <i>*(Required)</i>
3. Who was responsible for the harm? <i>*(Required)</i>
4. When did the harm occur (age, grade, or year)? <i>*(Required)</i>
5. Approximately how many times did the harm happen to the Class Member? <i>*(Required)</i>

3. Please describe the injuries and impact(s) that these events had on the Class Member.
For example, the short-term impacts of physical or sexual abuse could be black eyes, cuts, being knocked unconscious.

Examples of long-term impacts from physical or sexual abuse could be broken bones or teeth, scars, pregnancy, complications from pregnancy and/or childbirth, physical or mental health disabilities. ***(Required)**

-
4. Do you have any information about the harm the Class Member experienced in the Indian Boarding Homes Program that you would like to share, that was not included in your answers to questions 1 to 3? **(Optional)**



Section C – Applicant Information

Section C is only applicable to new applicants applying on behalf of a Primary Class Member who passed away.

Are you the **same applicant** that completed the Category 1 form on behalf of the deceased Class Member? ***(Required)**

- Yes** – Please proceed to **Section E**
- No** - Please **use the box below to explain why you are not the same applicant**, and complete the rest of **Section C and D (if applicable to you)**.

Please include proof of death of the Class Member. *(Required)

- Yes** – I have included a photocopy of the proof of death.
Note: Please **DO NOT** include the original documents.

What is considered “proof of death”?

- Statement of Death issued by a funeral home
- Death certificate issued by the province or territory where the death occurred
- Declaratory judgment of death issued by a court

Please complete the section below with your information as the Applicant for the deceased Class Member.

**Applicant
first name**
***(Required)**

**Applicant
last name**
***(Required)**

**Applicant
middle name(s)**
(if applicable)

Please provide your (the Applicant's) current mailing address OR
an address where you can receive mail.

Street name and
number or post
office box
***(Required)**

Apartment or unit
number
(if applicable)

City / town /
village / First
Nation or reserve
***(Required)**

Province /
territory
***(Required)**

Country
***(Required)**

Postal code
***(Required)**

Please provide your (the Applicant's) contact information.
If you do not have contact information, we will send messages to you using the mailing address
you provided above.

Home phone

Cell phone

Email address

Preferred communication method?

- Email (Please ensure that you have included your email address above)
- Mail
- A lawyer is completing this form for me, and I want to be contacted through the lawyer

Do you (the Applicant) have a valid government issued ID with a photo? **(Answer Required)*

- Yes** – If you have a valid government issued photo ID, please include a **photocopy of the front and back of the ID with your application. DO NOT include the original ID with your application.**
- No** – If you **do not** have a valid government issued photo ID, please complete the **statutory declaration found in Schedule A of this Form for yourself.**

What are “Valid Government Issued Photo IDs”?

- Passport
- Driver’s License
- Provincial and Territorial Photocards (for example, Ontario Photo Card)
- Certificate of Indian Status (Status Card)
- Inuit Beneficiary Card
- Health Card (Quebec Only)

Was an Estate Executor / Trustee / Liquidator / Administrator appointed to manage the Primary Class Member’s estate? **(Required)*

- Yes** – Please include a photocopy of your **proof of appointment as Estate Executor / Trustee / Liquidator / Administrator with your application. DO NOT include the original documents. You DO NOT have to complete Section D of this form.**
- No** – Please complete **Section D of this form.**

What is considered “proof of appointment as an Estate Executor”?

- Certificate of appointment as Executor / Estate Trustee / Liquidator
- Appointment of Administrator / Executor by Indigenous Services Canada

What is your preferred method of receiving payment?

- Cheque to the Estate of the deceased Class Member
- Direct deposit to the account of the Estate of the deceased Class Member
- Cheque to the Highest Priority Heir (**Note:** Please complete Section D)
- Direct deposit to the account of the Highest Priority Heir (**Note:** Please complete Section D)

IMPORTANT for those eligible:

Compensation payments by cheque will be mailed to the address provided in Section C. If you have not selected a payment method, a cheque will be sent to the mailing address provided in Section C.

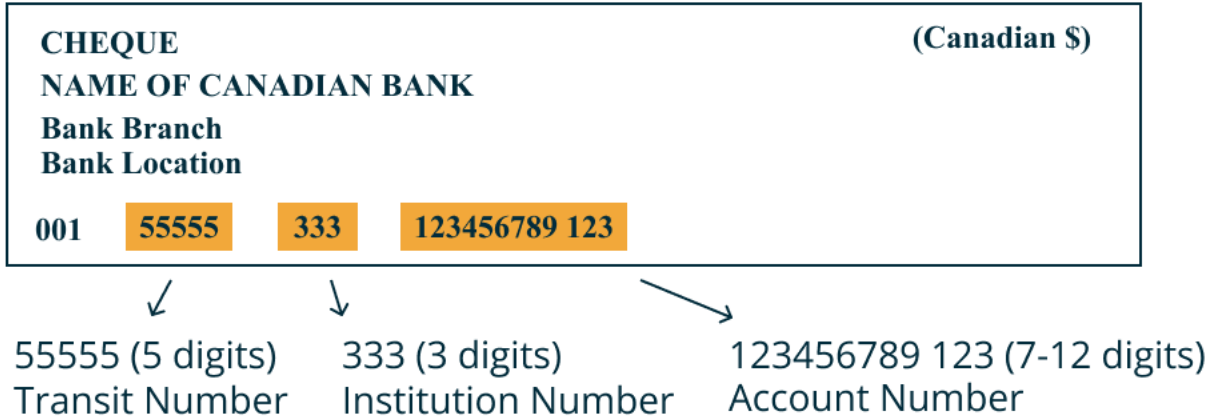
Please complete this section only if you chose **direct deposit** as your payment preference.

Bank Account Information

Transit number

Institution number

Account number



IMPORTANT for those eligible:

To receive your payment by direct deposit, **please include a copy of a void cheque or direct deposit form with your application.** You can request a direct deposit form by visiting a customer service representative at your bank, or through online banking.

The Estate of the deceased class member or the Highest Priority Heir if there is no Estate Executor must be named as **owner of the account** on the void cheque or direct deposit form.



Section D – Estate Representative Without an Executor

Only fill out this section if the Primary Class Member passed away and an Administrator / Executor / Trustee/ Liquidator was **not** appointed for this estate. This information is necessary so the claim on behalf of the Class Member can be assessed. If an Administrator/ Executor / Trustee / Liquidator was not appointed to handle the estate, only the highest priority living heir can apply. The priority of heirs is determined by identifying the living heir with the highest priority based on the list in question 2 below.

1. Did the Primary Class Member have a will OR is there a court order / Grant of Administration from a Court or Indigenous and Northern Affairs Canada (“INAC”) / Crown-Indigenous Relations and Northern Affairs Canada (“CIRNAC”) / Indigenous Services Canada (“ISC”) that names an Estate Administrator / Executor / Trustee / or Liquidator? **(Required)*

- Yes** - If yes, please disregard this section and proceed to Section E
- No** - By selecting No, you declare that to the best of your knowledge and belief, that the deceased Class Member named in this form did not have a will at the time of their death, and that no Executor / Trustee / Administrator / Liquidator had been appointed by a Provincial / Territorial Court, a Designation by the Heirs (in Quebec), or an appointment from INAC / CIRNAC / ISC for the estate of the deceased Class Member named in this Claim Form.

2. How are you related to the deceased Class Member? **(Required)* (In order of priority)

I am the Class Member’s:

1. Surviving spouse or common-law partner (husband / wife)
2. Child
3. Grandchild
4. Parent
5. Sibling (brother or sister)
6. Sibling’s child (niece or nephew)

3. Do you (the Applicant) have evidence of your relationship to the Class Member? *(Required)

- Yes** - If you have evidence of your relationship to the Class Member, please include a **photocopy of the document with your application. DO NOT include the original document with your application.**
- No** - If you **do not** have evidence of your relationship to the Class Member, please complete the **statutory declaration found in Schedule A of this Form for yourself.**

What are examples of “evidence of my relationship to the Class Member”?

Examples of evidence of your relationship include:

- **Marriage:** a Record of Solemnization or Marriage Certificate
- **Parent-Child Relationship:** Birth certificate of the child
- **Parent & Legally Adopted Child:** Adoption Order

Please **do not** submit documents such as family photographs, letters, or unofficial records.

4. Are you the highest priority living heir based on the list in Question 2? *(Required)

- Yes** - I declare, to the best of my knowledge and belief, and in accordance with the listed heir priority, there are no higher priority heirs
- No** - You are not eligible to make a claim on behalf of this Class Member’s estate. Only the highest priority living heir can make this claim.

5. Are there other heirs of equal priority to you? (Example: Did the Class Member have multiple children)? If so, please list them below. If you do not have enough space, please attach a separate piece of paper with your application including this information.

First and last name of other equal priority heir(s)	Relationship of heir (i.e. child of Class Member)

6. Do you have consent from the other equal priority heirs to submit this claim?

- Yes** - Complete the "Highest Priority Heir Confirmation" on the next page. **If there are more than four equal priority heirs, please provide a copy of the below confirmation from each individual.**
- No** - You are not eligible to make a claim on behalf of this Class Member's estate.

Highest Priority Heir Confirmation

I (the Highest Priority Heir) am solemnly affirming that I am highest priority heir, and am eligible to make a claim on behalf of this Class Member's estate.

I / We (the equal priority heir(s)) am / are solemnly affirming that I am / we are aware of this application for compensation on behalf of the deceased Class Member named in this claim form, and I / We consent to the submission of this application.

Highest Priority Heir (Printed)

Highest Priority Heir Signature

Equal Priority Heir 1 (Printed)

Equal Priority Heir 1 Signature

Equal Priority Heir 2 (Printed)

Equal Priority Heir 2 Signature

Equal Priority Heir 3 (Printed)

Equal Priority Heir 3 Signature

Equal Priority Heir 4 (Printed)

Equal Priority Heir 4 Signature



Section E – Agreement

In submitting your claim, you agree that:

- Information provided to the Administrator can be shared with the Government of Canada, Class Counsel, Quebec Subclass Counsel, Independent Reviewer, and the Exceptions Committee if required;
- Upon a final determination of the present Application made under and in accordance with the Claims Process, the Parties, Class Counsel, Quebec Subclass Counsel and Counsel for Canada, the Claims Administrator, Independent Reviewer, and the Exceptions Committee shall be released with respect to any claim that arise out of the application of the Claims Process, including but not limited to the sufficiency of the compensation received;
- Canada, the Claims Administrator, Class Counsel, Quebec Subclass Counsel, the Independent Reviewer and the Exceptions Committee and its members shall be held harmless from any and all claims, suits, actions, causes of action, or demands whatsoever by reason of or resulting from a payment to an Estate Executor or to a Highest Priority Heir(s);
- The information being provided is true to the best of your knowledge.

**Estate Representative or
Highest Priority Heir if no
Estate Representative
first name and
last name (Printed)
*(Required)**

**Signature
*(Required)**

**Signing date
DD / MM / YYYY
*(Required)**

Any personal information received will be kept confidential and will not be used for any purpose other than the Settlement process. If you have questions, please visit our website at

<https://boardinghomesclassaction.com> or call our support center at **1-888-499-1144**



Before you submit the form, use our checklist to confirm completion

Please ensure that you have completed the following before you submit your application:

<p>Section A</p>	<p>You have:</p> <ul style="list-style-type: none"> • Provided the Class Member’s first name, last name, date of birth, and date of death • Provided the Class Member’s Claim Number if you are submitting this form separately from your Category 1 form
<p>Section B</p>	<p>You have:</p> <ul style="list-style-type: none"> • Indicated the types of abuse the Class Member experienced while in the Indian Boarding Homes Program • Included additional information about their experiences and attached photocopies of relevant documentation as you consider appropriate
<p>Section C (New Estate Representatives Only)</p>	<p>You are an Estate Representative and are not the same representative that applied for Category 1.</p> <p>You have:</p> <ul style="list-style-type: none"> • Attached a photocopy of your valid government ID OR completed the Statutory Declaration in Schedule A • Attached a photocopy of the proof of death • Attached a photocopy of appointment as the Estate Executor
<p>Section D (New Estates without a designated Administrator / Executor)</p>	<p>You are making a claim on behalf of a deceased Class Member, who does not have a legal representative assigned for their estate. You are not the same representative that applied for Category 1.</p> <p>You have:</p> <ul style="list-style-type: none"> • Indicated whether the claimant left a will • Indicated how you are related to the Class Member • Attached a photocopy as evidence of your relationship to the Class Member OR a statutory declaration if you do not have this evidence
<p>Section E</p>	<p>You have:</p> <ul style="list-style-type: none"> • Signed and dated the Agreement page

**Please choose the submission method that is best for you.
Send the application form and associated documents to:**

Email	Fax	Mail
claims@boardinghomesclassaction.com	Subject: Indian Boarding Homes Class Action Fax Number: 1-833-912-5047	Attn: Indian Boarding Homes Class Action 18 York Street, Suite 2500, Toronto, Ontario, Canada M5J 0B2

Note: If you choose to send your form to the Administrator through the mail, it is recommended that you use registered mail and obtain a tracking number, so you can receive information on your mail's location.

This is the end of the Category 2 Application.

We understand that recalling these experiences may have been upsetting or emotionally draining.

If you need immediate mental health assistance or emotional support, please contact **Hope for Wellness** at **1-855-242-3310** or online at www.hopeforwellness.ca.

You can also locate mental health support services on the Indian Boarding Homes class action website at:

<https://boardinghomesclassaction.com/resources/>

What comes next?

1. A Confirmation Notice will be sent to you within four to eight weeks to let you know that the Administrator has received your form(s). If you do not receive a confirmation within eight weeks of submitting this application, please email or call the Claims Administrator to verify that your claim form(s) were received.
 - The Claims Administrator will then process your claim to determine whether you are eligible to receive compensation. Throughout this process, you will be able to request information on the status of your claim through the website, by phone, email, or mail, depending on your preference.
 - **Make sure to keep your Confirmation Notice.**
2. The processing of each claim form may take six to eight months, depending on the complexity of the claim and payment process. Applications made by family members on behalf of a deceased claimant without an Estate Executor will be processed after the close of the submission period on February 22, 2027. In addition, your Category 1 claim must be reviewed before your Category 2 claim can be processed. Thank you in advance for your patience and understanding throughout this process.
3. If the claim has been reviewed and the Class Member was found to be ineligible, or eligible to a lower level than was requested, the Class Member's Estate has the right to apply for reconsideration. The reconsideration form and process can be found on our website here: <https://boardinghomesclassaction.com/other-forms> OR you can email us or call us to request a copy of the form, be mailed to you:
 - **Email:** claims@boardinghomesclassaction.com
 - **Phone Number:** 1-888-499-1144
4. If your contact information changes (for example, your mailing address changes, your phone number changes), please email or call the Claims Administrator to inform them of your new information.

Schedule A - Statutory Declaration

This section is only to be completed if you cannot provide a photocopy of valid government ID OR if you do not have evidence of your relationship with the deceased Class Member.

DO NOT COMPLETE THIS STATUTORY DECLARATION IF YOU ARE PROVIDING A PHOTOCOPY OF A VALID GOVERNMENT ID WITH YOUR APPLICATION AND YOU HAVE PROOF OF YOUR RELATIONSHIP WITH THE DECEASED CLASS MEMBER.

I declare that the information I have provided in this form is true to the best of my knowledge.

**Estate Representative's First
name and last name
(Printed)
*(Required)**

**Estate Representative's
Signature
*(Required)**

**Signing Date
DD / MM / YYYY
*(Required)**

The above declaration must be witnessed by a Guarantor, who must complete the fields on pages 31 to 32.

The Guarantor only needs to see the Applicant sign this page. As Guarantor, you are not required to read the Form or verify the accuracy of the events described in this Form.

A Guarantor can hold one of the following positions:

- Border Service Officer
- Certified Aboriginal Financial Manager
- Certified / Registered Accountant
- Commissioner of Oaths
- Correctional Officer
- Chief / Hereditary Chief
- Clan Mother
- Midwife
- Federal or Provincial Court Judge or Justice of the Peace
- Government Councilor, including Chief or Band Councilor
- Indian Registration Administrator
- Indigenous / Aboriginal Liaison Officer
- Inuit Community Leader / First Nation
- Elder / Traditional Practitioner
- Lawyer
- Licensed Medical Doctor / Physician
- Northern Villages' Secretary Treasurer
- Notary Public
- Peace Officer
- Pharmacist
- Police Officer
- Psychologist / Psychiatrist
- Registered Clinical Counsellor
- Registered Occupational Therapist
- Registered Social Worker

Guarantor first name
***(Required)**

Guarantor last name
***(Required)**

Guarantor middle name(s)
(if applicable)

Guarantor phone number
***(Required)**

Guarantor email address

Guarantor position held
***(Required)**

Guarantor street name and number
***(Required)**

Office / unit number
(if applicable)

**City / town / village /
First Nation or
reserve**
***(Required)**

**Province /
territory**
***(Required)**

Country
***(Required)**

Postal code
***(Required)**

**Guarantor first name and
last name (Printed)**
***(Required)**

Guarantor Signature
***(Required)**

Signing date
DD / MM / YYYY
***(Required)**

Schedule B- Lawyer Information

If you are a lawyer filling out the form on behalf of a Class Member, please provide your information below.

IMPORTANT:

If a lawyer assists a Claimant with their Category 2 form, Canada will pay for their assistance. The legal fee will be equal to 5% of the Claimant's Category 2 award plus applicable taxes. Canada will pay for legal assistance in addition to the amount paid to the claimant.

These legal fees are on top of the payment given to Class Member. Using a lawyer will not reduce your payment by any percentage.

First name
***(Required)**

Last name
***(Required)**

Law firm

**Law society /
bar number**
***(Required)**

**Street name
and number**
***(Required)**

**Office / unit
number
(if applicable)**

**City / town /
village / First
Nation or
reserve**
***(Required)**

**Province /
territory**
***(Required)**

Country
***(Required)**

Postal code
***(Required)**

**Office
telephone
with
extension**

Cell phone

**Email
address**
***(Required)**

Estate Representative Confirmation

I (the Estate Representative) am solemnly affirming that the lawyer mentioned above has helped me to complete my claim, and I understand the contents.

I (the lawyer) am solemnly affirming that I helped the Estate Representative to complete their claim.

Lawyer name (Printed)
***(Required)**

Lawyer Signature
***(Required)**

Estate Representative name (Printed)
***(Required)**

Estate Representative Signature
***(Required)**

IMPORTANT: All communications between the Claims Administrator and Applicant counsel will occur through email. If you are unable to communicate through email, please contact the Administrator at **1-888-499-1144**

The 5% lawyer fee will be paid by **direct deposit**. To process this payment, please provide your information below.

Bank Account Information

Transit number
***(Required)**

Institution number
***(Required)**

Account number
***(Required)**

IMPORTANT:

To process your payment through direct deposit, **please include a copy of a void cheque or direct deposit form with your application**. You can request a direct deposit form by visiting a customer service representative at your bank, or through online banking.

Schedule C – Law Society Information

Please see below a list of provincial and territorial law societies and their contact information. Please contact the society associated with your location to identify a lawyer for legal support.

General Phone Numbers:

Alberta	1-800-661-9003
British Columbia	1-800-903-5300
Manitoba	1-855-942-5571
New Brunswick	506-458-8540
Newfoundland & Labrador	709-722-4740
Nova Scotia	902-422-1491
Ontario	1-800-668-7380
Prince Edward Island	902-566-1666
Quebec	1-844-954-3411
Saskatchewan	1-833-733-0133
Northwest Territories	1-867-873-3828
Nunavut	1-844-979-2330
Yukon	1-867-668-4231

Bar Association and “Find a Lawyer” Website Links:

	Bar Association Website	“Find a Lawyer” Website
Canada	https://www.cba.org/Home	https://www.cba.org/For-The-Public/Find-A-Lawyer#?wst=357e0dc13e6fe404a4c516dd67b91f82
Alberta	https://www.lawsociety.ab.ca/	https://lsa.memberpro.net/main/body.cfm
British Columbia	https://www.lawsociety.bc.ca/	https://www.lawsociety.bc.ca/for-the-public/finding-a-lawyer/
Manitoba	https://www.lawsociety.mb.ca/	https://lawsociety.mb.ca/for-the-public/finding-a-lawyer/lawyer-lookup/
New Brunswick	https://lawsociety-barreau.nb.ca/en	https://lsbnb.alinityapp.com/client/publicdirectory
Newfoundland & Labrador	https://lsnl.ca/	https://lsnl.ca/public/finding-a-lawyer/
Nova Scotia	https://nsbs.org/	https://members.nsbs.org/NSBSWEB/Lawyer_Search/Search_Page.aspx
Ontario	https://lso.ca/home	https://lso.ca/public-resources/finding-a-lawyer-or-paralegal/lawyer-and-paralegal-directory
Prince Edward Island	https://lawsocietypei.ca/	https://lawsocietypei.ca/find-a-lawyer
Quebec	https://www.barreau.qc.ca/en/	https://www.barreau.qc.ca/en/find-a-lawyer/

Saskatchewan	https://www.lawsociety.sk.ca/	https://lss.alinityapp.com/client/public-directory
Northwest Territories	https://lawsociety.nt.ca/	https://lsnt.ca.thentiacloud.net/webs/lsnt/register/#
Nunavut	https://www.lawsociety.nu.ca/	https://www.lawsociety.nu.ca/en/for-the-public/membership-directory
Yukon	https://lawsocietyyukon.com/	https://lawsocietyyukon.com/find-a-lawyer/