

Indian Boarding Homes Program  
**Reconsideration Request Form**

 **Reconsideration Request**

**Class Member's  
first name**  
**\*(Required)**

**Class Member's  
last name**  
**\*(Required)**

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

**Contact method**  
**\*(Answer Required)**

**Email address**  
(if you have one)

**Phone number**

**Claim number**  
**\*(Required)**

**What is the category claim you wish to have reconsidered? \*(Required)**

- Category 1** - Compensation for placement in the Indian Boarding Homes Program
- Category 2** - Compensation for abuse

**Why are you requesting reconsideration? \*(Required)**

**Category 1:**

- The decision letter stated that I was ineligible for compensation.
- The decision letter stated that my application was missing information. I am providing more information with this reconsideration request.

**Category 2:**

- The decision letter stated that I am entitled to a lower amount of compensation than the amount I applied for.
- The decision letter stated that I was ineligible, and I did not receive any compensation.
- The decision letter stated that my application was missing information. I am providing this information with this reconsideration request.

**Do you have NEW information in support of your Reconsideration Request? (Optional)**

- Yes**
- No**

**IMPORTANT:** If you are providing supporting documents or testimonies with your request, only include **photocopies and not originals** because the originals will not be returned to you.

Please provide details as to why the claim decision should be reconsidered. If you need more space, please continue on a separate piece of paper. **\*(Required)**

Did a lawyer help you with this Reconsideration Request, and is it for a Category 2 claim?  
**\*(Required)**

- Yes** – Please answer the question below
- No** – No further action is needed

**Did the lawyer who helped you with this Reconsideration request also help with your original claim? If No, please complete Schedule A.**

- Yes, I am being assisted by the same lawyer** - No further action is needed
- No, I am being assisted by a new lawyer or my lawyer only assisted me with my Reconsideration Request and not with my original Category 2 claim** – Please complete Schedule A

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

Email	Fax	Mail
<a href="mailto:claims@boardinghomesclassaction.com">claims@boardinghomesclassaction.com</a>	<p><b>Subject:</b> Indian Boarding Homes Class Action</p> <p><b>Fax Number:</b> 1-833-912-5047</p>	<p><b>Attn:</b> Indian Boarding Homes Class Action</p> <p>18 York Street, Suite 2500, Toronto, Ontario, Canada M5J 0B2</p>



## Schedule A - Lawyer Information

Lawyer First  
name  
**\*(Required)**

Lawyer 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)**

**Claimant Confirmation**

I (the Claimant) am solemnly affirming that the lawyer mentioned above has helped me to complete my reconsideration request, and I understand the contents.

I (the lawyer) am solemnly affirming that I helped the Claimant to complete their reconsideration request.

---

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

**Lawyer signature  
\*(Required)**

---

**Claimant name  
(Printed)  
\*(Required)**

**Claimant 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**

**Bank Account Information**

**Transit number  
\*(Required)**

**Institution number  
\*(Required)**

**Account number  
\*(Required)**