Indian Boarding Homes Program

Reconsideration Extension Request Form

Reconsideration Extension Request

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

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

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

Claim Number (if you have one)

Please provide your 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 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**

What claim category requires an extension? *(Required)

- ☐ **Category 1** - Compensation for Placement in the Indian Boarding Homes Program
- ☐ **Category 2** – Compensation for Abuse

How long of an extension do you require? Note: Your extension cannot be longer than 120 days / 4 months. *(Required)

Why are you requesting an extension? Please explain below. If you need more space, please use a separate piece of paper. ***(Required)**

Please choose the submission method that is best for you.
Send the 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