

EMDC Class Member Request Form

I hereby request to be added as a member of the class in the class action for damages arising from the treatment of inmates and remanded prisoners at the Elgin-Middlesex Detention Centre (EMDC) between January 1, 2010 and August 25, 2013 under Court File No. 2291/13.

Name (Please Print): _____

Date of Birth _____

Dates showing all periods I was incarcerated at EMDC: _____

Please check all that apply

During my incarceration:

- I was subjected to overcrowded conditions
- I was assaulted by inmate(s)
- I was assaulted by guard(s)
- I was injured and required hospital or medical treatment
- I was denied medications or medical attention
- I had medications taken from me by other inmates

Please provide any additional information in regard to the way you were treated while incarcerated on a separate page.

Best Address to Reach Me: If you have no current address or are in jail, please provide contact information for someone with whom you maintain regular contact (eg: mother, sibling, or spouse and indicate their name and your relationship to them on this form). By signing this form you will authorize your contact person to share information regarding your location to McKenzie Lake Lawyers LLP.

_____ **Telephone #:** _____

_____ **Email Address:** _____

SIGNATURE: _____

Date: _____