

**ELGIN-MIDDLESEX DETENTION CENTRE (“EMDC”) CLASS
ACTIONS: CLAIM FORM**

INSTRUCTIONS:

You must complete this Claim Form in order to make a Claim for compensation under the Settlement.

This Claim Form is only for those individuals who were incarcerated at the EMDC **between January 1, 2010 and November 10, 2021**, including those held at the EMDC pending trial or other court appearance and who allege that they were harmed during their incarceration(s).

All Claims will be reviewed and assessed by the Claims Administrator or Referee appointed by the Court. Once you have completed it, send this Claim Form and your supporting documentation to the Claims Administrator. All Claim Forms and supporting documentation must be received by the Claims Administrator by **October 16, 2024**. After that date, it will be too late for your Claim to be considered.

Keep a copy of your completed Claim Form for your records.

Your Claim Form is confidential and will only be used for the claims process.

Please read this Claim Form carefully and complete it in full. If you fail to fully complete this Claim Form and/or sign it, your Claim will be rejected. Ask for help if you do not understand this Claim Form. You can ask someone that you trust for help. You can also contact Class Counsel at:

McKenzie Lake Lawyers LLP
140 Fullarton Street, Suite 1800
London, ON N6A 5P2
Toll-Free Telephone: 1-855-772-3556
Email: emdc@mckenzielake.com

You can also call or email the Claims Administrator for help with this Claim Form at:

EMDC Class Actions Claims Administrator
c/o Epiq Class Action Services Canada Inc
PO Box 507 STN B
Ottawa, ON K1P 5P6
Toll-Free Telephone: 1-888-595-6828
Email: info@emdcclassaction.ca

This Claim Form has eleven (11) sections. **Read the entire Claim Form before you begin completing any sections to determine which sections, if any, apply to you.**

You must send your completed Claim Form and all required supporting documentation to the Claims Administrator by **October 16, 2024.**

Elgin-Middlesex Detention Centre (“EMDC”) Class Actions Settlement Claim Form

Make sure you give yourself enough time before the deadline to remember and write what happened and to collect any supporting documents that you need for your Claim.

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 that you are in a safe place when you work on completing this Claim Form.

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.

Are you completing and submitting this Claim Form on behalf of a Class Member who is deceased or for another reason?

Please use the name and information of the individual who was incarcerated at the EMDC to fill in this Claim Form.

On **page 4**, explain why you have the authority to submit this Claim Form on that individual’s behalf and attach a copy of any Certificate of Appointment of Estate Trustee, Continuing Power of Attorney for Property, or other document(s) establishing that authority.

Elgin-Middlesex Detention Centre (“EMDC”) Class Actions Settlement Claim Form

1. YOUR INFORMATION

Provide the following information about the person submitting this Claim, or, if applicable, on whose behalf you are submitting this Claim:

First Name:
Middle Name (if you have one):
Last Name:
Any Previous Name(s) (if any):
I was born in the year:
I was born in the month of:
I was born on this day:

2. YOUR CURRENT ADDRESS AND CONTACT INFORMATION

Provide the following information about the person submitting this Claim, or, if applicable, on whose behalf you are submitting this Claim:

Street and Number:
Apartment Number (if any):
City/Town:
Province/Territory:
Postal Code:
Phone Number:
Email Address (if you have one):

Elgin-Middlesex Detention Centre (“EMDC”) Class Actions Settlement Claim Form

4. LEGAL COUNSEL IDENTIFICATION (if applicable)

You only need to complete this section if you have a lawyer representing you or the person on whose behalf you are submitting this Claim. Please note that if you complete section 4 below, all correspondence will be sent to your lawyer, who must notify the Claims Administrator of any change in mailing address. If you change lawyers, you must notify the Claims Administrator in writing of the new information.

Law Firm Name:		
Lawyer’s Full Name:		
Street Address:		Suite Number (if any):
City:	Province/Territory:	Postal Code:
Phone Number:		Email Address:
Law Society Number:		

5. INFORMATION REGARDING YOUR INCARCERATION(S) AT THE EMDC

To the best of your recollection, in the space below, provide the dates, **between January 1, 2010 and November 10, 2021**, on which you were incarcerated at the EMDC, including those on which you were held at the EMDC pending trial or other court appearance (or, if applicable, the dates, between January 1, 2010 and November 10, 2021, on which the person on whose behalf you are submitting this Claim was incarcerated at the EMDC, including pending trial or other court appearance). You may request these dates from the EMDC Class Actions Claims Administrator at 1-888-595-6828 or info@emdccassaction.ca.

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Elgin-Middlesex Detention Centre (“EMDC”) Class Actions Settlement Claim Form

Did you (or, if applicable, the person on whose behalf you are submitting this Claim) commence an individual lawsuit against Ontario about harms sustained while incarcerated at the EMDC between January 1, 2010 and May 18, 2017, or between May 18, 2017 and November 10, 2021?

- Yes, I commenced an individual lawsuit.
- No, I did not commence an individual lawsuit.

6. YOUR CLAIM

The Parties to these lawsuits have entered into a Settlement Agreement. This claims process is part of that Settlement. You can make a Claim for only **one (1)** of the following three compensation levels.

	Description	Claim Award
Level 1 Claim	A Level 1 Claim may be brought by Class Members who were incarcerated at the EMDC <u>for at least 24 hours</u> and can establish that they suffered some detrimental impact from their incarceration at the EMDC, as evidenced by occasional short-term episodes of anxiety, depression, loss of sleep, nightmares and/or panic states.	\$1,500
Level 2 Claim	A Level 2 Claim may be brought by Class Members who can establish that they suffered modest or continued detrimental impacts from their incarceration at the EMDC, as evidenced by several episodes of anxiety or depression; serious physical injury requiring medical attention; diagnosed Post Traumatic Stress Disorder; anxiety or depression requiring medical intervention or medication; and/or significant resulting substance abuse.	Up to \$12,500
Level 3 Claim	A Level 3 Claim may be brought by Class Members or by their estates. The Class Member or estate must establish that they suffered an ongoing or fatal impact from their incarceration at the EMDC, resulting in a serious dysfunction, impairment, or death, as evidenced by severe anxiety and/or depression requiring ongoing mental health treatment, including medication, or serious physical injury requiring admission to a hospital and ongoing physical therapy and rehabilitation.	Up to \$35,000

You can claim only for one compensation level and cannot stack Claims (e.g., receive compensation for both a Level 1 Claim at \$1,500 and a Level 3 Claim at \$35,000).

Elgin-Middlesex Detention Centre (“EMDC”) Class Actions Settlement Claim Form

If you were incarcerated at the EMDC for less than 24 hours, you are not eligible to make a Level 1 Claim. You can make a Level 2 Claim or Level 3 Claim if you provide the required supporting documentation.

Category Claimed

Check **one** of the boxes below to indicate the compensation level you are claiming.

Level 1 Claim

Level 2 Claim

Level 3 Claim

Supporting Documentation Required

The supporting documentation that you need to include with this Claim Form depends on whether you are making a Level 1 Claim, a Level 2 Claim, or a Level 3 Claim.

If you are making a Level 1 Claim, you must:

- (1) describe your experience while incarcerated at the EMDC under the “The Details of Your Claim” section below (**pages 8 to 9**), setting out, to the best of your recollection, the nature of the incident(s) you allege you experienced while incarcerated at the EMDC, including details regarding the specific date of the incident(s), unit/location, individuals involved, reports made to staff, and any other pertinent information relating to the alleged incident(s); and, the nature and extent of the harm(s) caused to you by the incident(s); and,
- (2) make a solemn affirmation regarding the details you provide about this/these incident(s) in the space provided on pages 8 to 9. Your solemn affirmation does not need to be commissioned by a commissioner, paralegal, notary public, or lawyer. A space that can be used for you to make your solemn affirmation can be found at **page 11** of this Claim Form.

If you are making a Level 2 Claim or a Level 3 Claim, you must submit the following two (2) items to the Claims Administrator by the deadline:

- (1) a commissioned Affidavit in which you write out all of the information and details of the incident(s) you allege you experienced while incarcerated at the EMDC; and,

To prepare your Affidavit, please begin by describing your experience while incarcerated at the EMDC under the “The Details of Your Claim” section below (**pages 8-9**), setting out, to the best of your recollection, the nature of the incident(s) you allege you experienced while incarcerated at the EMDC, including details regarding the specific date of the incident(s), unit/location, individuals involved, reports made to staff, and any other pertinent information relating to the alleged incident(s); and, the nature and extent of the harm(s) caused to you by the

Elgin-Middlesex Detention Centre (“EMDC”) Class Actions Settlement Claim Form

incident(s). Your Affidavit must be commissioned by a commissioner, paralegal, notary public, or lawyer. You will swear or affirm that the contents of your Affidavit are true, and you will sign your Affidavit in front of the commissioner, paralegal, notary public, or lawyer. That person will sign after you. A space that can be used to swear or affirm your Affidavit is provided on **page 10** of this Claim Form.

- (2) supporting documentation from a doctor, psychologist, social worker, counsellor, or therapist, setting out that professional’s knowledge of (i) the incident(s) alleged by you; and, (ii) the nature of the harm caused to you by the incident(s). A letter from a doctor, psychologist, social worker, counsellor, or therapist is an example of the supporting documents that you could provide. If you cannot provide supporting documents, you will need to explain why it is not possible to provide supporting documents. A failure to provide supporting documents may impact the amount of your award.

The Details of Your Claim

In the space below, describe your experience while incarcerated at the EMDC **between January 1, 2010 and November 10, 2021** (or, if applicable, the experience of the person on whose behalf you are submitting this Claim) and provide to the best of your recollection all of the information you can relating to:

- (1) the nature of the incident(s) that you allege to have experienced while incarcerated at the EMDC, including details regarding the specific date of the incident(s), unit/location, individuals involved, reports made to staff, and any other pertinent information relating to the alleged incident(s); and,
- (2) the nature and extent of the harm(s) you suffered as a result of the alleged incident(s).

Elgin-Middlesex Detention Centre (“EMDC”) Class Actions Settlement Claim Form

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the claimant to provide details about their claim.

If you need more space, you may attach additional pages.

Elgin-Middlesex Detention Centre (“EMDC”) Class Actions Settlement Claim Form

Affidavit

If you are submitting a Level 2 Claim or Level 3 Claim, you must have your Affidavit commissioned by a commissioner, paralegal, notary public, or lawyer. You will sign in front of that person and swear or affirm an oath or affirmation. That person will sign after you.

SWORN/AFFIRMED BEFORE

ME at the City/Town of _____, in the Province of _____, this _____ day of _____, 202__.

Commissioner for taking affidavits
(or as may be)

Signature of Class Member (or Representative)

Printed Name of Class Member (or Representative)

When you swear or affirm an oath, you promise to tell the truth in accordance with your religious faith or by making a solemn affirmation. By doing so, you are saying that you are telling the truth about what happened while you were incarcerated at the EMDC. It is against the law to swear or affirm something that is not true.

To find a free commissioner, paralegal, notary public, or lawyer, call or email the Claims Administrator’s office at:

EMDC Class Actions Claims Administrator
c/o Epiq Class Action Services Canada Inc
PO Box 507 STN B
Ottawa, ON K1P 5P6
Toll-Free Telephone: 1-888-595-6828
Email: info@emdcclassaction.ca

Solemn Affirmation

If you are submitting a Level 1 Claim, you must solemnly affirm that the information that you have provided is true and that you have set out your recollection to the best of your ability.

“I solemnly affirm that the information set out above is true.”

Today’s Date

Signature of Class Member (or Representative)

Printed Name of Class Member (or Representative)

7. SUPPORTING DOCUMENTATION

Do you have letters, records, papers, or photos that relate to the Claim that you are making?

If you are making a Level 1 Claim, and you have letters, records, papers, or photos that relate to your Claim, attach a copy of these documents to this Claim Form.

If you are making a Level 2 Claim or Level 3 Claim, and you have letters, records, papers, or photos that relate to your Claim, attach copies of them to your Affidavit. If you have used the space in this Claim Form for your Affidavit, you can attach these documents to this Claim Form.

As stated above, if you are making a Level 2 Claim or a Level 3 Claim, it is strongly recommended that you provide supporting documentation from a doctor, psychologist, social worker, counsellor, or therapist, setting out that professional’s knowledge of (i) the incident(s) alleged by you; and, (ii) the nature of the harm caused to you by the incident(s). A letter from a doctor, psychologist, social worker, counsellor, or therapist is an example of the supporting documents that you could provide. If you cannot provide supporting documents, explain in the space provided below why it is not possible to provide supporting documents. **A failure to provide supporting documentation may impact the amount of your award.**

If you need more space, you may attach additional pages.

Elgin-Middlesex Detention Centre (“EMDC”) Class Actions Settlement Claim Form

Fees Charged by a Doctor, Psychologist, Social Worker, Counsellor, or Therapist for Supporting Documentation

You may apply to the Claims Administrator **in writing** to have the Claims Administrator pay any reasonable fee charged by a doctor, psychologist, social worker, counsellor, or therapist for providing you with your supporting documentation. Such fees shall not exceed \$500 total per Claimant.

There are two scenarios:

- (1) If you have already paid the doctor, psychologist, social worker, counsellor, or therapist for providing you with your supporting documentation, provide your receipt(s) issued by the doctor, psychologist, social worker, counsellor, or therapist to the Claims Administrator. The Claims Administrator will reimburse you for the reasonable fees, up to \$500.
- (2) If you have not yet paid the doctor, psychologist, social worker, counsellor, or therapist, the doctor, psychologist, social worker, counsellor, or therapist must provide a written confirmation to the Claims Administrator (i) that you have requested supporting documents; and, (ii) the amount required for payment. The Claims Administrator will pay the reasonable fees up to \$500 directly to the doctor, psychologist, social worker, counsellor, or therapist.

Requesting Your Inmate File

You do NOT need your Inmate File from the EMDC in order to make a Claim for any compensation level. Nevertheless, you can request a copy of the records from your placement(s) in the EMDC between October 10, 2011 and November 10, 2021 (specifically, a copy of the records from your institutional file and your health care file).

If you want to use a copy of your Inmate File to prepare your Claim, you must make a written request to the Claims Administrator by **January 16, 2024**.

If you request a copy of your Inmate File after January 16, 2024, you will get your Inmate File outside of this claims process and likely beyond the deadline for making a Claim. If you make a request for a copy of your Inmate File after January 16, 2024, you must still file your Claim by **October 16, 2024** regardless of whether and when you received a copy of your Inmate File.

8. PAYMENT AUTHORIZATION AND DIRECTION (for currently incarcerated Class Members)

I am currently incarcerated and as a result of my incarceration, I would face difficulties in trying to cash a compensation cheque.

Elgin-Middlesex Detention Centre (“EMDC”) Class Actions Settlement Claim Form

I hereby authorize and direct the EMDC Class Actions Claims Administrator c/o Epiq Class Action Services Canada Inc. to pay any compensation awarded to me under the Settlement Agreement to (select one):

the following individual designated by me, who will receive the compensation awarded to me, if any, on my behalf, in trust:

Name of Individual Designated:	
That Individual’s Address:	
That Individual’s Phone Number:	

OR

the following bank account designated by me (**Canadian financial institutions only**) (IMPORTANT: attach a blank cheque with “VOID” written on it):

Branch Number:	
Financial Institution Number:	
Account Number:	
Name of Account Holder(s):	

Date

Signature of Class Member (or Representative)

Printed Name of Class Member (or Representative)

9. PRIVACY STATEMENT

All personal information provided by or on behalf of the Class Member to the Claims Administrator, the Referee, or their agent(s) will be handled in accordance with applicable privacy laws. Such information will be collected, used, and retained solely for the purposes of administering the Settlement Agreement. The information provided will be treated as private and confidential and will not be disclosed without the express written consent of the Class Member or his/her/their counsel, except in accordance with the Settlement Agreement, Approval Order and/or other orders of the Ontario Superior Court of Justice.

Elgin-Middlesex Detention Centre (“EMDC”) Class Actions Settlement Claim Form

10. SIGNATURE & DATE

By submitting a Claim in this Settlement, I hereby acknowledge that:

- (a) I am a member of the Johnson/Hayne Class, the Sabourin Class, or both Classes;
- (b) I am bound by and subject to the terms of the Settlement Agreement and the Approval Order, including the releases set forth therein; and,
- (c) if I have issued and served on Ontario my own individual lawsuit, proceeding, action, or application against Ontario in respect of damages, loss, or harm I sustained while incarcerated at the EMDC during either (i) the Johnson/Hayne Class period of January 1, 2010 to May 18, 2017, or (ii) the Sabourin Class period of May 18, 2017 to November 10, 2021 (“Individual Claim”), and did not opt out of the Class covering the time period of my Individual Claim, my Individual Claim may be dismissed with prejudice and without costs as provided in the Settlement Agreement.

By signing below, I declare under penalty of perjury that I am a Class Member or a representative of a Class Member as disclosed in section 3 above, and that the information provided and submitted in this Claim Form is true and correct to the best of my knowledge. I understand that this Claim Form and the supporting documentation attached to it may be subject to audit, verification, and review by the Claims Administrator, Referee, the Defendant, and/or Class Counsel. I also understand that if the information contained in this Claim Form or in the supporting documentation attached to it is believed or found to be fraudulent, I will not receive any payment. I agree to participate in the Settlement.

Date

Signature of Class Member (or Representative)

Printed Name of Class Member (or Representative)

Date

Signature of Class Member’s Lawyer (if any)

Printed Name of Class Member’s Lawyer (if any)

Elgin-Middlesex Detention Centre (“EMDC”) Class Actions Settlement Claim Form

11. REMINDER CHECKLIST

- I have reviewed this Claim Form for completeness and correctness.
- I have signed and dated this Claim Form.
- I have completed the “The Details of Your Claim” section (**pages 8 to 9**) and sworn/affirmed the Affidavit on **page 10** or attached my commissioned Affidavit to this Claim Form (for Level 2 Claims and Level 3 Claims), or I have completed the “The Details of Your Claim” section (**pages 8 to 9**) and given the solemn affirmation on **page 11**.
- I have attached supporting documentation to make my Claim.
- I have made a copy and kept a copy of this Claim Form and all supporting documents for my records.

Deadline

You must submit this Claim Form and all required supporting documents to the Claims Administrator by the deadline, which is **October 16, 2024**. If you haven’t received a copy of your Inmate File (and you requested it) by January 16, 2024, you still must submit your Claim Form and all required supporting documents to the Claims Administrator by this deadline.

You can submit the Claim Form and all required supporting documents **to the Claims Administrator** online (<https://www.emdclassaction.ca>), by mail, or by email:

EMDC Class Actions Claims Administrator
c/o Epiq Class Action Services Canada Inc
P.O. Box 507 STN B
Ottawa, ON K1P 5P6
Email: info@emdclassaction.ca

If you fail to submit this Claim Form and/or all required supporting documents on or before **October 16, 2024** you will not get any compensation whatsoever (i.e., you will not get paid). Sending in a Claim Form late will be the same as doing nothing.

Keep a copy of everything that you submit.

- If you submit your Claim online, you will receive an email confirming that your Claim was submitted. Keep a copy of this email.
- If you submit your Claim by email, keep the email.
- If you submit your Claim by mail, write down the date you put the Claim Form and required supporting documents in the mailbox. Keep that date with your copy.

Johnson v His Majesty the King in right of Ontario, Court File No 2291/13 CP
Sabourin v His Majesty the King in right of Ontario, Court File No 1406/19 CP

Elgin-Middlesex Detention Centre (“EMDC”) Class Actions Settlement Claim Form

Do NOT send your Claim Form and supporting documents to the Court.

Please note that if your Claim is successful, the Claims Administrator will mail the individual compensation cheques within sixty (60) days of the completion of the Successful Claims Report. This process will take some time and your patience is appreciated. When the cheques have been mailed, an announcement will be posted on Class Counsel’s website (<https://www.mckenzielake.com/the-emdc-class-proceeding/>). Please check this website periodically for updates on the status of the Settlement.

If you have any questions about this Claim Form or the Settlement generally, please contact Class Counsel (McKenzie Lake Lawyers LLP) or the Claims Administrator:

McKenzie Lake Lawyers LLP

140 Fullarton Street, Suite 1800
London, ON N6A 5P2
Toll-Free Telephone: 1-855-772-3556
Email: emdc@mckenzielake.com
Website: <https://www.mckenzielake.com/the-emdc-class-proceeding/>

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