

Ontario Corrections Staffing-Related Lockdowns Class Actions Settlement

STATUTE-BARRED CLAIM FORM

Ontario Corrections
Staffing-Related Lockdowns
CLASS ACTIONS SETTLEMENT



Want to complete and submit your Claim online? Go to <https://Portal.OntJailStaffLockdowns.ca>.



Instructions

- Read all instructions, the Notice of Settlement Approval, and this entire Statute-Barred Claim Form carefully before you start, so you know what information you will need to provide.
- Fill out all of the required information.
- Make sure that you give yourself enough time before the deadline to gather the required supporting documents.
- Send your completed Statute-Barred Claim Form and all supporting documents to the Administrator by **December 1, 2026**. All of the information you provide will be kept confidential and will only be used for processing your Claim.
- If you have any questions or need help, contact the Administrator at 1-844-742-0825 or email Info@OntJailStaffLockdowns.ca.



Before Submitting This Statute-Barred Claim Form

- ☐ Go over the form to make sure it is complete and correct.
- ☐ Sign and date this form on page 10.
- ☐ Attach supporting documents that show you were not capable of starting a lawsuit.
- ☐ If you are submitting this Claim as someone's representative, attach documents showing you have legal authority to represent the Claimant.
- ☐ Keep a copy of this Statute-Barred Claim Form and all the supporting documents for your records.

Submit your Claim Form, this Statute-Barred Claim Form, and all attached documents by **December 1, 2026** in **one** of the following ways:

@ **By email:** Claims@OntJailStaffLockdowns.ca

✉ **By mail:** Send via Canada Post

Ontario Corrections Staffing-Related Lockdowns Class Actions Administrator
c/o Deloitte LLP
PO Box 7545 STN Adelaide
Toronto, ON M5C 0C4



What is a Statute-Barred Claim Form?

In Ontario, the law says that a person who suffers an injury typically has to start a lawsuit within two years, unless there is an exception to that rule, such as being legally incapable of starting a lawsuit. This two-year period is called the limitation period, and it applies to class actions as well as to individual lawsuits.

These class actions started on August 15, 2016 (for inmates) and August 11, 2016 (for immigration detainees). Under Ontario law, it may be too late for Class Members who only experienced staffing-related lockdowns before August 2014. This is why most of the compensation available from this Settlement is for people who experienced staffing-related lockdowns after August 15, 2014 (for inmates) or after August 11, 2014 (for immigration detainees). This reflects Ontario law on limitation periods.

This form is for you if you experienced staffing-related lockdowns between May 30, 2009, and August 2014, **and** you were legally incapable of starting a lawsuit during that time. If you can prove that you were legally incapable, it may not be too late for you. Time while you were legally incapable does not count towards the two-year limitation period.

Having a diagnosis with a mental health or other health condition is not enough, on its own, to show a lack of capacity. You must prove that a mental health or other health condition made it impossible to start a lawsuit.

Conditions that may meet the test for incapacity include advanced stages of dementia or Alzheimer's disease, being in a comatose state, or suffering from a severe traumatic brain injury.

Who should fill in this Statute-Barred Claim Form?

You should complete this form if you can answer YES to the following statements:

☐

I **filled in** an Ontario Corrections Staffing-Related Lockdowns Class Actions Settlement Claim Form.

☐

I was an **inmate** between **May 30, 2009, and August 14, 2014**, including while waiting for a trial or other court appearance.

OR

I was an **immigration detainee** held under the *Immigration and Refugee Protection Act* between **May 30, 2009, and August 10, 2014**.



Who should fill in this Statute-Barred Claim Form?

You should complete this form if you can answer YES to the following statements:

☐

I experienced **16 or more staffing-related lockdowns** while I was detained at an Ontario Correctional Institution (other than the Elgin-Middlesex Detention Centre, the Ontario Correctional Institute, or the St. Lawrence Valley Correctional and Treatment Centre).

☐

I can **prove** that I lacked capacity for a relevant period such that I could not have started a lawsuit before August 15, 2014 (for inmates) or before August 11, 2014 (for immigration detainees).



What if I did not lack capacity to start a lawsuit?

If you did **not** lack capacity before August 15, 2014 (for inmates) or before August 11, 2014 (for immigration detainees), you may still be eligible for compensation through the Exceptional Circumstances Protocol. See OntJailStaffLockdowns.ca for more information.



What happens after I submit a Claim?

- The Administrator may contact you if they need more information, or to clarify the information that you provided.
- The Administrator and the Adjudicator will review and assess your Statute-Barred Claim Form along with the supporting documents you provide.
- When all Claims have been processed, the Administrator will contact you to tell you the result of your Claim.
- If your contact details change, **tell the Administrator right away**. The Administrator's contact information is on page 1 of this Statute-Barred Claim Form.



What if I submit my Claim late?

- The only way to make sure your Claim is considered is to submit it before **December 1, 2026**. If you submit your Claim Form after **December 1, 2026**, but before **January 15, 2027**, you **must provide** your reasons for being late in writing. The Administrator will decide if your late Claim can be processed, based on the rules of the Settlement Agreement.
- If you submit your Claim after **January 15, 2027**, it will be too late for your Claim to be considered. See OntJailStaffLockdowns.ca for more details.



What if I am submitting the Statute-Barred Claim Form for someone else?

- If you are filling out this Statute-Barred Claim Form for someone else, please fill in Part 1 and Part 2 of this form with their name and details.
- On page 8 of the Ontario Corrections Staffing-Related Claim Form (not this Statute-Barred Claim Form), explain why you have the authority to submit a Claim for them, and attach proof like a copy of a *Continuing Power of Attorney for Property*, or other document(s) showing your authority.
- No Statute-Barred Claim may be made on behalf of a deceased Class Member.



What if I need help submitting my Claim?

If you do not understand this Statute-Barred Claim Form or are having trouble completing it, you can ask someone you trust for help, or contact the Administrator or the lawyers for the Class Members (Class Counsel):

Lapple Class (Inmates)

Koskie Minsky LLP

Email: OntarioPrison@KMLaw.ca

Toll-Free: 1-866-777-6339

McKenzie Lake Lawyers LLP

Email: Ont.Detention.Centres@MckenzieLake.com

Toll-Free: 1-855-772-3556

Champ & Associates

Email: LockdownClass@ChampLaw.ca

Toll-Free: 1-833-333-6608

Dadzie Class (Immigration Detainees)

Koskie Minsky LLP

Email: IDClassAction@KMLaw.ca

Toll-Free: 1-866-777-6309

Henein Hutchison Robitaille LLP

Email: IDClassAction@hhllp.ca

Toll-Free: 1-855-525-3403



IMPORTANT:

Completing this form might bring up difficult thoughts or feelings. Take the time you need to write down everything you want to share. Make sure that you are in a safe and comfortable place when you work on completing this form. It may help you to ask someone you trust to be with you, or plan ahead for who you can talk to for support if you need it.

PRIVACY STATEMENT

All personal information you or your representative provide will be collected, used, and stored in compliance with applicable privacy laws. This information will only be used for administering the Settlement Agreement and retained only as long as necessary for that purpose. Access to your information will be limited to the Defendants, Class Counsel, the Administrator, the Adjudicator, and their authorized agents or vendors, who are bound by confidentiality obligations. Appropriate technical and organizational safeguards will be implemented to protect your data. Your information will not be shared with anyone without your written consent, except as required by the Settlement Agreement, court orders, or applicable law. You have the right to access and correct your personal information, and to withdraw consent where applicable. For questions about data handling, contact the Administrator. For legal questions about your privacy rights, contact Class Counsel or seek independent legal advice.

PART 1 *** Class Member Information**
(*indicates required information)

***Full Name**

FIRST NAME	MIDDLE NAME	LAST NAME

Aliases or Previous Names (if any):

FIRST NAME	MIDDLE NAME	LAST NAME

***Date of Birth**

DAY		MONTH		YEAR			

Offender Tracking Information System (OTIS) Number (if known):

--

PART 2 ***Current Address and Contact Information**
(*indicates required information)

***Phone Number:**

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

Email Address:

--

***Mailing Address (please choose one)**

☐

I am currently incarcerated or detained at:

--

NAME OF INSTITUTION OR FACILITY

☐

I have provided my address on next page. (You cannot use the address of an institution or facility.)

PART 2

* Current Address and Contact Information

(continued)

*Mailing Address

STREET NUMBER	STREET NAME	APARTMENT NUMBER
PO BOX NUMBER	CITY/TOWN	POSTAL CODE
PROVINCE	COUNTRY	

Please let the Administrator know IMMEDIATELY if any of your contact information changes.

PART 3

* The Circumstances of Your Incapacity

In this space, explain why you (or, if applicable, the person you are submitting this Statute-Barred Claim Form for) were incapable of starting a lawsuit before August 15, 2014, if you are a Lapple Class Member (inmate), or before August 11, 2014, if you are a Dadzie Class Member (immigration detainee). Provide all of the information you can about:

1.

the physical, mental, or psychological condition that made you incapable of starting a lawsuit;
2.

when your incapacity started; and,
3.

how long your incapacity continued.

PART 3

* The Circumstances of Your Incapacity

(continued)

If you need more space, attach additional pages.

PART 4

* Required Supporting Documents

You must provide medical or psychological evidence demonstrating your incapacity (or, if applicable, the incapacity of the person on whose behalf you are submitting this Statute-Barred Claim Form). This could include a court order or other record of a determination on capacity by a court or authority of competent jurisdiction.

☐

I have attached supporting documents demonstrating the incapacity.

PART 5

* Consent, Releases, & Signature

For your Statute-Barred Claim Form to be considered, you must read these statements carefully and sign your name in the signature space provided.

By submitting this Statute-Barred Claim Form, I understand that:

1. the Administrator can contact me to get more information about my Claim (or, if applicable, about the Claim of the person I am submitting this Statute-Barred Claim Form for), including asking for identification (ID), if needed;
2. the Government of Ontario and the Government of Canada can give information about me (or about the person I am submitting this Statute-Barred Claim Form for) from their records and files to the Administrator, the Adjudicator, my lawyer (if I have one), Class Counsel, Ontario's lawyers, Canada's lawyers, and/or their agent(s) and/or vendors of record; and
3. the Administrator does not represent or work for the Government of Ontario and/or the Government of Canada, and is not anyone's lawyer. The Administrator cannot give legal advice, protect anyone's legal rights, or raise any problems or issues that are not raised by someone else first.

By signing my name in the signature space provided, I certify that:

1. under penalty of perjury, all of the information provided by me in this Statute-Barred Claim Form is true, correct, and complete to the best of my knowledge and ability, and that any documents I am sending in with this Statute-Barred Claim Form are true and correct copies of the original documents;
2. I understand that this Statute-Barred Claim Form and any documents I submit with it can be checked and reviewed by the Administrator, the Adjudicator, the Defendants, and/or Class Counsel to make sure everything I said and the information in the documents is true and accurate; and
3. I understand that if I lied in this Statute-Barred Claim Form or if the documents I submitted are found to be fraudulent (i.e., false), I will not receive any payment, and I could be charged with perjury.

***Signature of Class Member or Representative**

X

***Date**

DAY

MONTH

YEAR

***Printed Name of Class Member or Representative**

Signature of Class Member's Lawyer (if any)

X

Date

DAY

MONTH

YEAR

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



Checklist

- ☐ Have you **reviewed** this Statute-Barred Claim Form to make sure it is complete and correct?
- ☐ Did you **sign and date** this form?
- ☐ Have you **attached supporting documents** that show you were not capable of starting a lawsuit?
- ☐ If you are submitting this Claim as someone's representative, have you attached documents to their Claim Form showing you have **legal authority** to represent the Claimant?
- ☐ Have you **made a copy** of this Statute-Barred Claim Form and all the supporting documents for your records?

Once you have completed the checklist items that apply to you, you're ready to submit the Claim Form and any attached documents by **December 1, 2026**, in **one** of the following ways:

@ **By email:** Claims@OntJailStaffLockdowns.ca

✉ **By mail:** Send via Canada Post

**Ontario Corrections Staffing-Related Lockdowns
Class Actions Administrator
c/o Deloitte LLP
PO Box 7545 STN Adelaide
Toronto, ON M5C 0C4**