

INSTRUCTIONS TO COMPLETE CLAIM FORM

ELIGIBILITY CRITERIA

To submit a claim, you must meet one of the following criteria:

- You stayed in Administrative Segregation in a federal penitentiary anywhere in Canada for 16 consecutive days or more AFTER March 3, 2011 **(OPTION A)**.
- OR
- You stayed in Administrative Segregation in a federal penitentiary anywhere in Canada for any length of time AFTER July 20, 2009 AND were diagnosed by a medical doctor with a mental disorder or a borderline personality disorder prior or during their incarceration AND suffer(ed) serious impairment as a result of their disorder and reported such to Correctional Service of Canada (CSC)¹ **(OPTION B)**.

REQUESTED INFORMATION ON CLAIM FORM

The Claim Form is divided into six sections. The sections are:

- Section A: Claimant Information (your name, date of birth, FPS)
- Section B: Claimant Contact Information (name of your institution or your mailing address)
- Section C: Description of Claimant Segregation (To see if you meet the eligibility criteria, you will be asked to select option A and/or option B as described above.)
- Section D: Lawyer Representation (By default, you are represented by class counsel. If you want to be represented by another lawyer or to represent yourself, you can indicate so.)
- Section E: Submitting a claim on behalf of someone else (This only applies in situations where a person is deceased, incompetent or under power of attorney.)
- Section F: Declaration and Consent to Release CSC Records (To decide if you are eligible for this claim, the Claims Administrator and your lawyer (or you, if you want to represent yourself) will need to review some documents from your CSC file. By signing this section, you give permission to CSC to share those documents with them.

DEADLINE TO SUBMIT A CLAIM

You must submit your Claim Form by **September 7, 2022**.

If you submit your claim by mail, the postmark on the envelope will be considered as the day the Claim Form was submitted.

CLAIMS ADMINISTRATOR: CONTACT INFORMATION

Toll Free: 1-833-871-5354 (*Agents are available Monday to Friday from 9 a.m. to 9 p.m. Eastern Time*)

Website: www.SegregationClassActionFederal.ca

Email: info@segregationclassactionfederal.ca

Mailing Address: Federal Segregation Claims Administrator, P.O. Box 507 STN B, Ottawa ON K1P 5P6

¹ Some exceptions may apply. Please note that the complete class definitions for *Brazeau*, *Reddock* and *Gallone* are found in the class actions Protocol.

GETTING A CLAIM FORM

- If currently incarcerated in a federal penitentiary, you will get a Claim Form as well as a pre-paid postage return envelope. In addition, you can get a Claim Form with a pre-paid postage return envelope at any CSC site.
- If you are no longer incarcerated and have access to the internet, you can either get a Claim Form online or you can request that one be mailed to you. By visiting, www.SegregationClassActionFederal.ca, you can fill out a Claim Form online or you can download and print the Claim Form and mail it in. You can also call the Claims Administrator to request that a Claim Form be mailed to you.

FILLING OUT YOUR FORM

- Read all questions and requests for information carefully before answering.
- Complete all sections of the Claim Form that apply to you.
- Write clearly and legibly.
- Read and sign Section F of the Claim Form: *Declaration and Consent to Release CSC Records*.
- If you are no longer incarcerated, provide a photocopy or scanned copy of a document to support your identify. The document must be valid and be issued by a federal, provincial/territorial government authority. For example, a driver's permit, your CSC identification or other government issued identification will be accepted.
- If you are making a claim on behalf of someone else, provide the document(s) that confirm your ability to act as the legal representative of the person.
- Call the Claims Administrator if you have questions or need help to complete your Claim Form.
- Send your completed Claim Form to the Claims Administrator by mail, fax, email or online by **September 7, 2022**.

SENDING YOUR CLAIM

If you fill out your Claim Form in paper, you can send your completed form:

- By mail: Federal Segregation Claims Administrator, P.O. Box 507 STN B, Ottawa ON K1P 5P6
- By fax: 1-866-262-0816
- By email: info@segregationclassactionfederal.ca
- Online: www.SegregationClassActionFederal.ca

AFTER YOU SUBMIT YOUR CLAIM

The Claims Administrator will assess your claim to determine your eligibility to proceed with the claims process. If you are eligible, the Claims Administrator will contact you and you will need to choose a compensation track (Track 1, Track 2 or Track 3). This will impact the amount of money you may receive. Your lawyer will help you make that selection.

CHANGES IN YOUR INFORMATION

The information you provided on your Claim Form will be used to decide if you are eligible and impact the amount of money you may receive. If some of your information has changed after you have submitted your Claim Form (for example, your address), you need to call or email the Claims Administrator and provide them with the new information.

NEED HELP

If you need help completing the claim form, you can contact the Claims Administrator by calling 1-833-871-5354, emailing info@segregationclassactionfederal.ca, or visiting the website www.SegregationClassActionFederal.ca.

If you require legal advice as you complete this Claim Form or have any further questions which cannot be answered by the Claims Administrator, the Claims Administrator will direct you to Class Counsel who are available (at no cost) to help you.

SECTION-BY-SECTION INSTRUCTIONS FOR FILLING OUT THE FORM

SECTION A: CLAIMANT INFORMATION

Your name:

Write your First, Middle, and Last Name.

If your name when incarcerated was different than it is now, also write this name in the designated box.

Date of Birth:

Write your date of birth with numbers using this order: Month, Day, and Year. For example, if your date of birth is May 7, 1963, write 05-07-1963.

Finger Print Section (FPS):

Write your Fingerprint Section (FPS) Number if you know it.

SECTION B: CLAIMANT CONTACT INFORMATION

If you are still incarcerated, answer **YES** to question no. 1 and write the name of the institution where you are currently located in the appropriate box. If you change institution after you submitted your claim, call or email the Claims Administrator to inform them of the name of your new institution.

If you are **not** currently incarcerated, answer **NO** to question no. 1 and write your mailing address in the designated boxes. This is the address where the Claims Administrator will send you correspondence related to your claim. When providing the phone numbers, write the best phone number to reach you during the day and evening. If your mailing address changes after you submitted your claim, call or email the Claims Administrator to inform them of your new address.

SECTION C: DESCRIPTION OF CLAIMANT SEGREGATION

This section refers to the eligibility criteria for this class action. There are two questions. Answer question no. 2(a) and question no. 2(b) by choosing YES or NO.

If the two options apply to you, you answer YES to both.

Please answer the questions to the best of your knowledge or recollection. **You do not need to submit any proof or documentation to submit your claim.**

SECTION D: LAWYER REPRESENTATION

You will be asked to choose who will be your lawyer. There are three options. Each option has different implications in terms of legal representation and legal fees.

First, read the explanation provided on the Claim Form under this section.

Second, answer question no. 3 by choosing the option you want. If you choose Option 3, you need to provide the contact information of the lawyer you choose.

IMPORTANT: If you do NOT answer this question, the lawyers of the class action will represent you.

SECTION E: CLAIMING ON BEHALF OF SOMEONE ELSE

This section **only applies** to individuals who are making a **claim on behalf of someone else**. If this is not your situation, you do **not** need to complete this section. Go to the next section.

If you are submitting a claim on behalf of someone else, answer YES to question no. 4 and provide the requested information.

If you represent a person who is deceased, write the date of death with numbers using this order: Month, Day, and Year. For example, if the date of death is January 10, 2013, write 01-10-2013.

You will have to provide documentation to prove that you have that authority.

SECTION F: DECLARATION AND CONSENT TO RELEASE CSC RECORDS

You **must** sign your name, write your full name in print as clearly as possible, and indicate the date you signed the document. By signing the document you:

- Give permission to the Claims Administrator to contact you to obtain further information.
- Give permission to CSC to provide relevant documents from your CSC file to the Claims Administrator, your lawyer, Department of Justice lawyers, the expert assigned to your claim, and/or to the Court.
- Certify that all the information provided on this Claim Form is true, correct, and complete.
- Certify that all documents you submit with this Claim form are true and correct copies.

If you are submitting a claim on behalf of someone else, you **must** sign your name, print your full name, and record the date you signed the document. By signing, all of the above apply.