

## CLAIM FORM

### ANNEX 3

A Settlement Agreement has been concluded with the Clerics of Saint-Viator Canada in the class action bearing Court number 500-06-00520-120 instituted by the Plaintiff CCSMM, as the representative for the members of the Group described as follows:

"All persons who allege having been sexually abused by any religious member of the Congregation Clercs de Saint-Viateur du Canada (hereinafter "Congregation"), or any laic employee working at 7400 Saint-Laurent Blvd. in Montréal (hereinafter the "Center") while they were boarders and/or students at the Center between 1940 and 1982";

If you believe you are a member of the group and you would like to make a claim to be eligible to receive compensation pursuant to the Settlement Agreement, you must complete a Claim Form (duly completed, signed and accompanied by the required documents) and return the form either by registered mail (attesting to the date of shipment) or by fax (with a transmission slip) to the coordinates indicated at the end of this form by **NO LATER THAN SEPTEMBER 2, 2016**. Failure to submit your claim before this deadline will result in the refusal of your claim and forfeiture of your right to benefit from the Settlement Agreement.

**\*\*\*\*\*PLEASE NOTE THAT EVEN IF YOU HAVE ALREADY COMPLETED AN INFORMATION QUESTIONNAIRE, FOR THE ATTORNEYS REPRESENTING THE GROUP (KUGLER KANDESTIN), YOU MUST STILL FILE THIS FORM IN ORDER TO SUBMIT A VALID CLAIM\*\*\*\*\***

To obtain more information about the adjudication process and the processing of your claim, please refer to Annex 2 of the Settlement Agreement.

A copy of the Settlement Agreement can be obtained free of charge on the KUGLER KANDESTIN website at: [www.kklex.com](http://www.kklex.com).

#### 1. LIVING MEMBER

##### A. IDENTIFICATION OF THE CLAIMANT

(PLEASE PRINT)

FIRST NAME	INITIALS	LAST NAME
MUNICIPAL ADDRESS		APARTMENT N°: _____

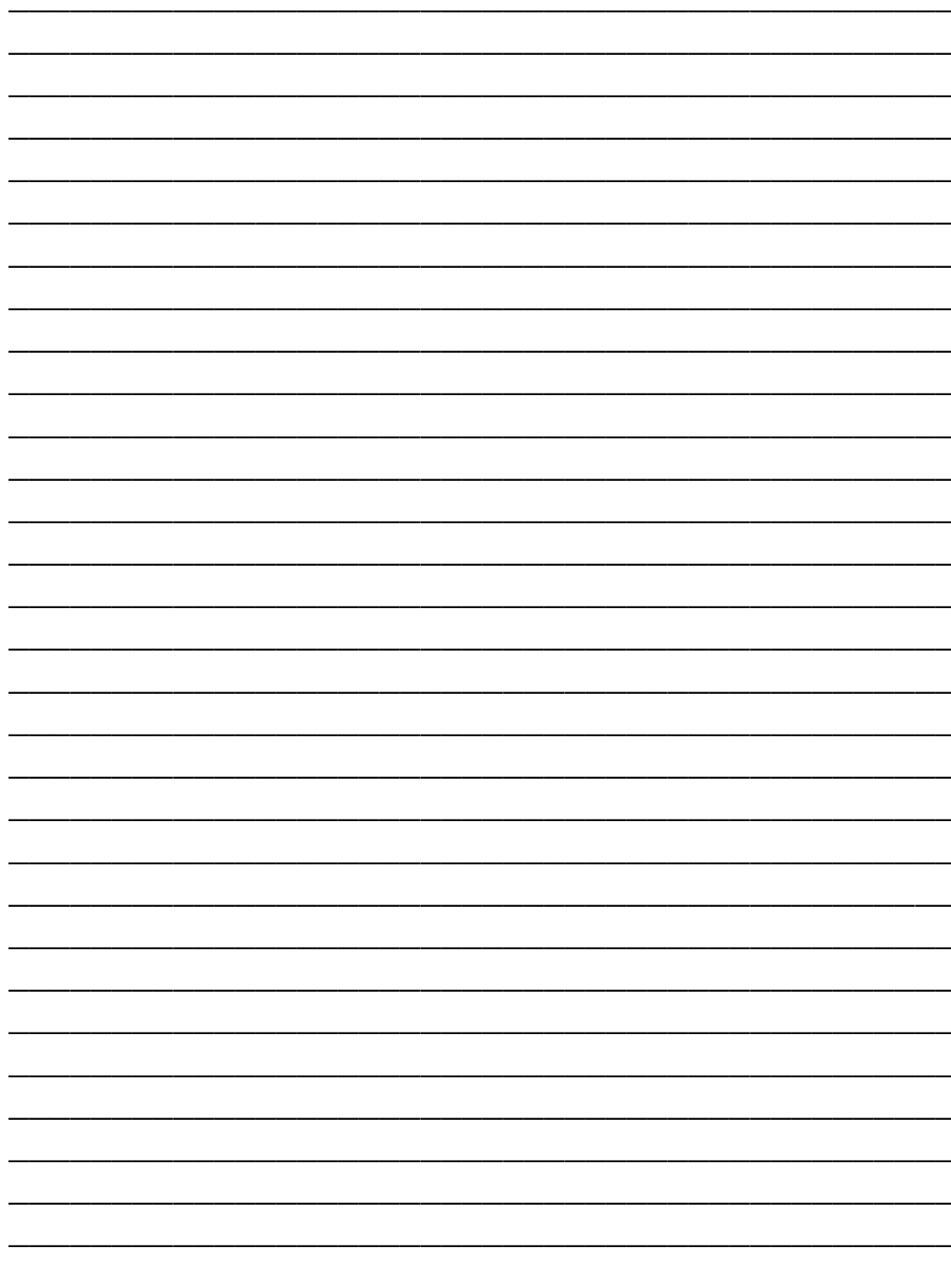
<b>CITY</b>	<b>PROVINCE/TERRITORY</b>	<b>POSTAL CODE</b>
<b>EMAIL ADDRESS</b> _____		
<b>HOME TEL. N°. OF THE CONTACT PERSON WE CAN COMMUNICATE WITH</b>	<b>CELL PHONE NO. OF THE CONTACT PERSON WE CAN COMMUNICATE WITH</b>	<b>WORK TEL. N°. OF THE CONTACT PERSON WE CAN COMMUNICATE WITH</b>
<b>CONTACT PERSON'S EMAIL ADDRESS:</b> _____		
<b>HOW WOULD YOU LIKE US TO CONTACT YOU?</b> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> CONTACT PERSON <input type="checkbox"/>		
<b>AGE:</b>	<b>DATE OF BIRTH:</b> DAY _____ /MONTH _____ /YEAR _____	
<b>TRADE, PROFESSION OR CURRENT OCCUPATION:</b>  		
<b>PERIOD OF ATTENDANCE AT THE MONTREAL INSTITUTE FOR THE DEAF located at 7400 Saint-Laurent Boulevard in Montreal (ATTACH DOCUMENTARY EVIDENCE THEREOF SUCH AS A REPORT CARD, YEARBOOK, LETTER OF ADMISSION, ETC.):</b>  		

**B. IDENTIFICATION OF THE NATURE OF THE SEXUAL ABUSE AND/OR ASSAULT SUFFERED**

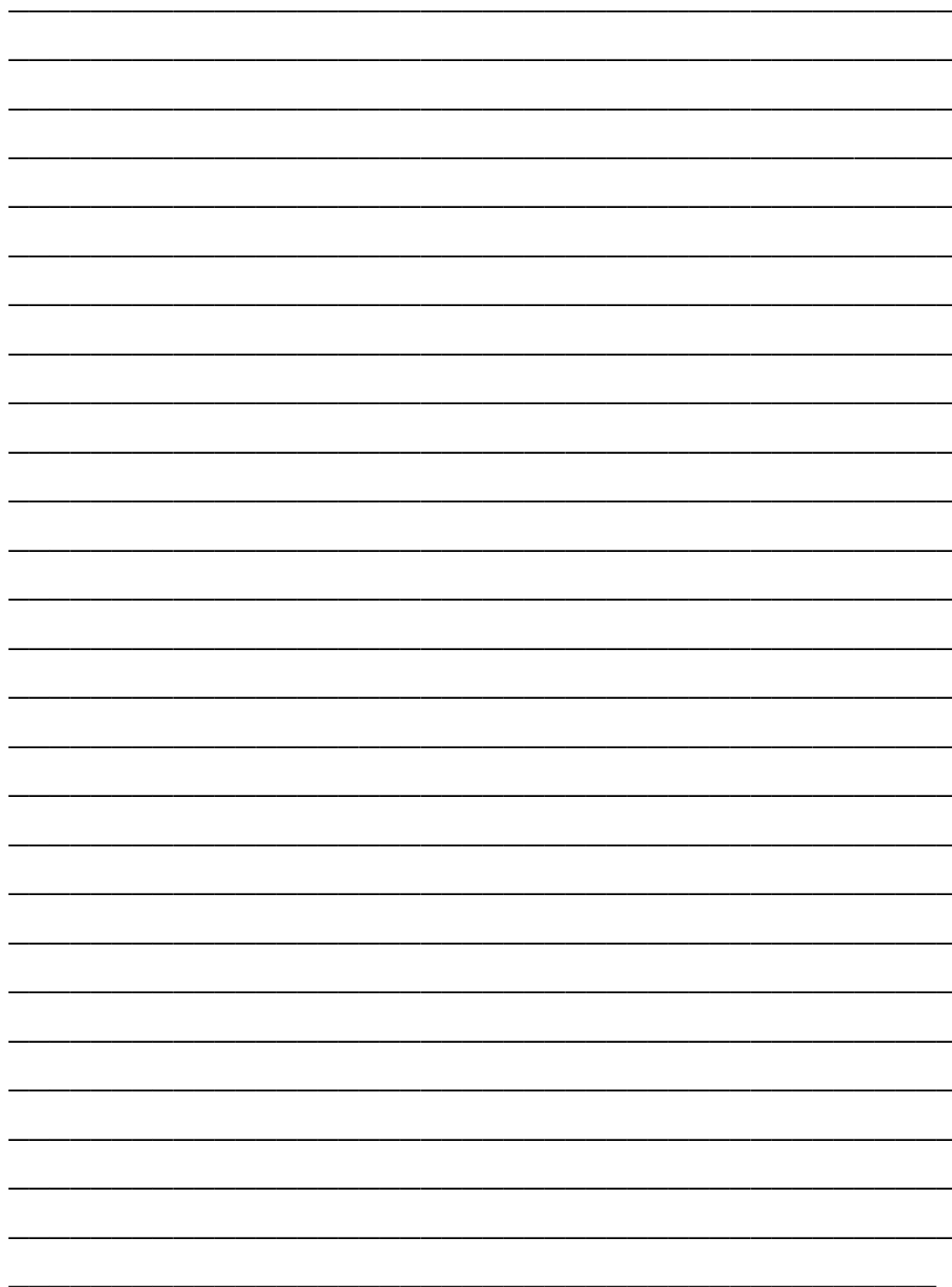
Please provide a description of the sexual abuse and/or assault suffered, and include the following:

- i. a description of the sexual abuse and/or assault;
- ii. where these acts took place;

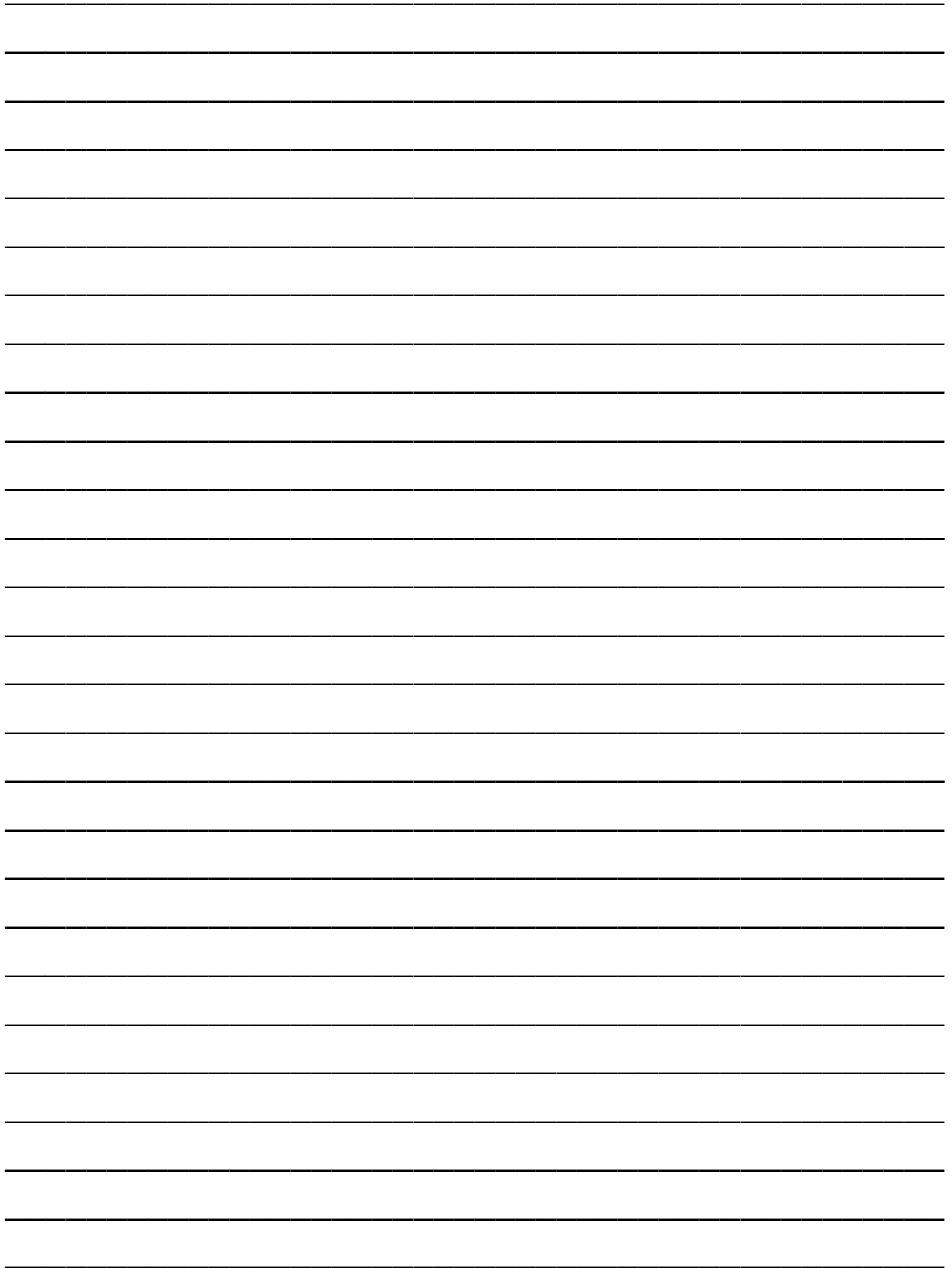














**F. TRANSMISSION OF CLAIM FORM / LIVING MEMBER**

This Claim Form must be submitted, by **NO LATER THAN SEPTEMBER 2, 2016, to the Adjudicator** either:

- a. by registered mail (attesting to the date of shipment) to the following address:

**Attention: The Honourable André Forget**  
55 Castonguay Street, Suite 400  
Saint-Jérôme, Québec  
J7Y 2H9;  
or

- b. by fax (with a fax transmission slip) to the following number: 450-436-9735.

An additional copy must also be sent to the Attorneys at Kugler Kandestin, to the attention of Me Pierre Boivin, either:

- a. by email: pboivin@kklex.com
- b. by fax (with a fax transmission) to the following number: 514-875-8424
- c. hand delivered

**G. LOCATIONS FOR MEETING WITH ADJUDICATOR**

The claimant must indicate where they would like to meet the Adjudicator by selecting one of the following options:

- Office of the CCSMM
- Office of the Adjudicator in Montreal
- For claimants who reside in remote areas or outside Quebec, by videoconference (Skype or other)

IN WITNESS WHEREOF, I HAVE SIGNED:

At \_\_\_\_\_ (city),  
this \_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

By (signature): \_\_\_\_\_

Print Name: \_\_\_\_\_