#### **CLAIM FORM**

# John Cormier v. City of Longueuil et al. 505-06-000024-203 and 505-17-013648-235

This Claim Form and all supporting documents must be sent <u>no later than June 17. 2025</u> either by e-mail, fax or registered mail to the following address, marked: "Class Action, Cormier v. City of Longueuil et al. Settlement"

By e-mail: info@kklex.com

By fax: 514-875-8424

By registered mail only:

Kugler Kandestin, s.e.n.c.r.l. c/o Emily Painter 1 Place Ville Marie, Suite 1170 Montréal (Québec) H3B 2A7

Please keep a complete copy of your Claim Form and proof of mailing. If you do not receive an acknowledgement of receipt (by e-mail), please contact us immediately at <u>514-360-3462</u>.

Failure to submit your claim within this period will result in its rejection.

If you were sexually assaulted\* by François Lamarre while he was a coach with the City of Greenfield Park's municipal hockey program on or before December 31, 2001, you may be entitled to compensation as a member of the Group (hereinafter, "**Member**"), subject to the terms<sup>1</sup> of the Settlement Agreement between the parties.

If you are the liquidator of the estate of a Member who died on or after September 1, 2017, you may also submit a claim (hereinafter, an "**Estate**") and receive compensation.

Your claim form is confidential.

<sup>&</sup>lt;sup>1</sup> The Claim Eligibility Criteria are set out in paragraph 31 of the Transaction.

#### Please check the box that applies to you:

#### I am filling out the Claim Form:

Personally, as a Member
In my capacity as liquidator of the Estate of a Member who died on or after September 1 <sup>er</sup> 2017.

\*N.B. The <u>Quebec government</u> considers, among other things, all forms of sexual touching (genitals, buttocks, thighs) to be sexual assault, including touching over clothing, sexual kissing, fellatio, penetration, masturbation and "rubbing".

Victims of sexual assault(s) are not expected to remember precisely the details of their assault(s). If you do not fully remember the details of your assault or that of the Member whose Estate you are liquidating, this will <u>NOT</u> prevent you from receiving compensation. Please answer the questions below to the best of your knowledge and/or recollection.

The Class counsels are here to answer your questions and help you. You can contact us confidentially and free of charge to help you fill out the claim form.

If you have any questions or require assistance, please contact:

- Me Emily Painter: <a href="mailto:epainter@kklex.com">epainter@kklex.com</a> or 514-360-3462
- Me Pierre Boivin: pboivin@kklex.com or 514-360-8881

# PLEASE COMPLETE ALL APPLICABLE SECTIONS

Section	on A: Member infor	mation
First name	Nickname	Last name
Date of birth (mm/dd/yyyy)		
Address		
City	Province/Territory	Postal code
Daytime telephone number	Cellular telephone	number
E-mail	_	
If, for confidentiality reasons coordinates, please indicate I complete confidentiality:	•	_

## **UNOFFICIAL TRANSLATION**

Unless	otherwise	ındıcated,	ıt your	claım	is de	emed	eligible,	the	settlem	ent
cheque	will be sen	t to the abo	ve addı	ess. If	you wis	sh the	settleme	nt ch	eque to	be
sent to	another ad	dress, plea	se spec	ify belo	W:				•	
				-						

Please attach proof of identity to the Claim Form, such as a copy of the Member's photo ID with both sides (health insurance card, driver's license, or passport).

You may proceed directly to Section C.

# Section B: Information in my capacity as liquidator of the Estate of a Member who died on or after September 1, 2017 (to be completed by the liquidator only, if applicable)

Name of deceased Member :		
Date of birth :		
Date of death :		
Personal information about th	e <b>liquidator</b> of the Esta	ate of a deceased Member
First name	Nickname	Last name
Date of birth (mm/dd/yyyy)		
Address		
City	Province/Territory	Postal code
Daytime telephone number	Cell phone nun	nber
E-mail		

The li	quida	tor must attach the following documents to the Claim Form:					
	A co	A copy of the deceased Member's death certificate;					
	A co	py of the will search request filed with the Quebec Bar;					
		ppy of the will search request filed with the <i>Chambre des notaires du bec</i> ;					
	Proc	of that he is the liquidator, i.e.:					
	i.	In the case of a notarial will: a copy of the notarial will naming the person as liquidator;					
	ii.	In the case of a holograph will or a will made before witnesses: a copy of the will, the court's probate judgment and the registration of the liquidator's appointment in the Register of Personal and Movable Real Rights;					
	iii.	Where applicable, in the case of an intestate succession: registration of the liquidator's appointment in the Register of Personal and Movable Real Rights;					
		ppy of the liquidator's photo ID (health insurance card, driver's license or sport).					

The liquidator of the Estate of a deceased Member must also complete sections  ${\bf C},\,{\bf D},\,{\bf E},\,{\bf F}$  and  ${\bf G}.$ 

# Section C: Information on sexual assault(s) and consequences

To ensure legibility of the answers to the questions below, please attach a typed and/or clearly hand-written text if possible. You may attach as many pages as necessary.

The Claim Eligibility Criteria are set out in paragraph 31 of the Transaction.

### Information on sexual assaults

1.	Were you (or the Member) sexually assaulted by François Lamarre before December 31, 2001?
2.	In which year(s) were you (or the Member) sexually assaulted by François Lamarre?
3.	How old were you (or the Member) when the sexual assault(s) first took place and when they stopped?

4.	Please describe the sexual assault(s) committed by François Lamarre (e.g., touching, masturbation, fellatio, sodomy). If more than one act of a sexual nature was committed, please describe each act.
5.	Please describe the circumstances* of the sexual assault and the location(s) where it took place?
*(B)	way of example only, and without limitation: in Greenfield Park, at the arena,

\*(By way of example only, and without limitation: in Greenfield Park, at the arena, in the locker room, as a spectator at a hockey game or practice, on the way to a hockey game or practice outside Greenfield Park, etc.).

		the	approximate	frequency	and	duration	of	the	sexual
									<del> </del>
									<del></del>
		whetl	her any indivi	dual(s) witr	esse	d the action	ons	of F	rançois
									· · · · · · · · · · · · · · · · · · ·
									· · · · · · · · · · · · · · · · · · ·
, way of a	vamnle o	nlv	and without l	imitation: a	n indi	vidual wh	O 144	orks	for the
	Please Lamarre	Please indicate v	Please indicate wheth Lamarre*.	Please indicate whether any individual Lamarre*.	Please indicate whether any individual(s) witr Lamarre*.	Please indicate whether any individual(s) witnessed Lamarre*.	Please indicate whether any individual(s) witnessed the action Lamarre*.	Please indicate whether any individual(s) witnessed the actions Lamarre*.	Please indicate whether any individual(s) witnessed the actions of F

\*(By way of example only, and without limitation: an individual who works for the City of Greenfield Park at the arena).

N.B. The fact that François Lamarre's actions were not witnessed in no way affects your credibility, nor does it mean that your claim will not be deemed admissible.

#### Information on damages

8.	Please describe your perception of the damages, suffering and impact that sexual assault has had on you (or the Member)*.

\*By way of example only, and without limitation: anxiety, depression, shame, guilt, anger, low self-esteem, sleep difficulties, nightmares, post-traumatic stress, flashbacks, interpersonal difficulties, difficulty trusting others, isolation, sexual difficulties, alcohol or drug abuse, addictions, detox or AA counseling, dark thoughts/suicidal ideation, suicide attempts, eating disorders, fear or intolerance of authority, loss of faith, abandonment of dreams (personal, professional, etc.), inability to complete studies, difficulties at work, inability to work or maintain a stable job, expenses for therapy, use of medication, etc.

It is recommended that you personalize the text as much as possible.

### **Section D: Additional documentation**

You are under no obligation to provide any further documentation.

If you would like the Adjudicator to consider additional documentation relating to the eligibility of your claim or the assessment of the damages you (or the Member) have suffered, you may attach it. This may include: photos, therapy receipts, medical documentation, etc.

Additional documentation attached:			
□ Yes □ No			
If yes, I enclosed:			

# **Section E: Meeting with the Adjudicator**

The meeting with the Adjudicator must take place by videoconference. If, however, a Member or the liquidator of the Estate of a deceased Member prefers to meet in person, a face-to-face meeting may be arranged with the Adjudicator.

The meeting will be held by:

- □ Videoconferencing
- ☐ In person

# **Section F: Transmitting the Claim Form**

The Claim Form and supporting documentation should be sent to Kugler Kandestin c/o Me Emily Painter at the contact details shown on the first page of this form.

The Claim Form must be submitted no later than <u>June 17, 2025</u>, otherwise your claim will be rejected.

Section G: I	Declaration
Isolemnl	y declare the following:
I declare that the information contained in declaration has the same legal force as if I h	,
	<u> </u>
Claimant's signature	Date

Please retain a complete copy of your Claim Form and proof of mailing.