

## 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 **no later than June 17, 2025** 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](mailto: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 **514-360-3462**.

**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.

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<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 [Quebec government](#) 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 NOT 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: [epainter@kklex.com](mailto:epainter@kklex.com) or 514-360-3462
- Me Pierre Boivin: [pboivin@kklex.com](mailto:pboivin@kklex.com) or 514-360-8881



UNOFFICIAL TRANSLATION

Unless otherwise indicated, if your claim is deemed eligible, the settlement cheque will be sent to the above address. If you wish the settlement cheque to be sent to another address, please specify below:

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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.**

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**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)**

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Name of deceased Member : .....

Date of birth : .....

Date of death : .....

Personal information about the **liquidator** of the Estate of a deceased Member:

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First name

Nickname

Last name

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Date of birth (mm/dd/yyyy)

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Address

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City

Province/Territory

Postal code

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Daytime telephone number

Cell phone number

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E-mail

The liquidator must attach the following documents to the Claim Form:

- A copy of the deceased Member's death certificate;
- A copy of the will search request filed with the Quebec Bar;
- A copy of the will search request filed with the *Chambre des notaires du Québec*;
- Proof 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;
- A copy of the liquidator's photo ID (health insurance card, driver's license or passport).

**The liquidator of the Estate of a deceased Member must also complete sections C, D, E, F and G.**

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

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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?

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2. In which year(s) were you (or the Member) sexually assaulted by François Lamarre?

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3. How old were you (or the Member) when the sexual assault(s) first took place and when they stopped?

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## Section D: Additional documentation

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**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: \_\_\_\_\_

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

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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

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## Section F: Transmitting the Claim Form

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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 **June 17, 2025**, otherwise your claim will be rejected.

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**Section G: Declaration**

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I \_\_\_\_\_ solemnly declare the following:

I declare that the information contained in my claim is true and knowing that this declaration has the same legal force as if I had taken an oath before a court of law.

\_\_\_\_\_  
Claimant's signature

\_\_\_\_\_  
Date

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