

SCHEDULE 2

CLAIM FORM

B. v. Les Frères Maristes et al., C.S. 200-06-000264-252

The Claim Form and all supporting documents must be submitted **no later than December 17, 2026**, by email, fax, or registered mail (with proof of date of mailing) to the following contact information, with reference to the file:

Registered Mail:

Kugler Kandestin

Reference: Marist Brothers Settlement

1 Place Ville Marie, Suite 1170, Montréal, Québec, H3B 2A7

By Fax:

Reference: Marist Brothers Settlement at 514-875-8424

By Email: reclamationfm@kklex.com

If you were sexually assaulted* by a religious member of the Marist Brothers congregation anywhere in Québec, you may submit a claim under the Settlement Agreement (hereinafter, a “**Member**”).

If you are the liquidator of the estate of a Member who died on or after June 2, 2019, you may submit a claim (hereinafter, an “**Estate**”).

*N.B. The [Government of Québec](#) considers, among other things, the following to constitute sexual assault: all forms of sexual touching (genitals, buttocks, thighs, mouth), including touching over clothing, sexual kissing, fellatio, penetration, acts of masturbation, exhibitionism, and “frotteurism.”

It is not expected that victims of sexual assault(s) remember the precise details of their assault(s). If you do not perfectly recall the details of your assault or that of the Member whose Estate you are the liquidator of, this will **NOT** prevent you from receiving compensation. Please answer the questions below to the best of your knowledge and/or recollection.

I am completing this Claim Form:

- Personally, in my capacity as Member
- In my capacity as liquidator of the Estate of a Member who died on or after June 2, 2019

PLEASE ENSURE YOU COMPLETE ALL SECTIONS

Section A: Member Information

First Name

Middle Name

Last Name

Date of Birth (mm/dd/yyyy)

Address

City

Province/Territory

Postal Code

Telephone Number (daytime)

Cell Phone Number

Email

If, for reasons of confidentiality, it is preferable not to communicate with you at the above contact information, please provide below contact information where you may be reached confidentially:

Unless otherwise indicated, if your claim is accepted, the settlement cheque will be sent to the address listed above. If you wish the settlement cheque to be sent to a different address, please specify below:

Member's Personal Information:

Marital Status: _____

Education Level: _____

Occupation: _____

Please attach proof of identity with the Claim Form:

- A copy of a government-issued identification of the Member (health insurance card, driver's licence, or passport) is attached.

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

- A copy of the death certificate of the Deceased Member;
- A copy of the testamentary search from the *Barreau du Québec*;
- A copy of the testamentary search from the *Chambre des notaires du Québec*;
- Proof that they are the liquidator, namely:
 - i. In the case of a notarial will: a copy of the notarial will naming them as liquidator;
 - ii. In the case of a holographic will or a will made before witnesses: a copy of the will, the court verification judgment, and the registration of the designation of the liquidator in the Register of Personal and Movable Real Rights;
 - iii. Where applicable, in the case of an estate without will: the registration of the designation of the liquidator in the Register of Personal and Movable Real Rights;
- A copy of a government-issued identification of the testamentary liquidator (health insurance card, driver's licence, or passport).

The liquidator of the Estate of a Deceased Member must also complete Sections C, D, E, F, G, and H

Section C: Proof of Attendance of the Member

1. Was the Member sexually assaulted by a religious member of the Marist Brothers in the province of Québec?

Yes No

2. To the best of your knowledge, please indicate the name(s) of the Marist Brothers who sexually assaulted the Member. If you do not know their names, please specify their functions or roles:

3. To the best of your knowledge, please indicate the year(s) and time period(s) of the sexual assaults suffered by the Member for each of the Marist Brothers:

4. To the best of your knowledge, please indicate the institution or location where the Member was sexually assaulted:

5. If the sexual assault occurred at an educational institution, please attach, if available, proof of attendance of the Member at that institution.

Confirm, where applicable, that you have attached proof of attendance with this Claim Form by checking one of the applicable boxes:

- A school report card;
- An excerpt from a yearbook or a dated letter from the institution;
- Other: _____;

If the sexual assault occurred at an educational institution and it is impossible to provide proof of attendance, please indicate the reasons:

If you have questions or need assistance, please contact:

- **Me Alexandre Paquette-Dénommé at 514-878-2861, ext. 109 or adenomme@kklex.com**

or

- **Me Pierre Boivin at 514-878-2861, ext. 103 or pboivin@kklex.com**

or

- **Me Robert Kugler at 878-2861, ext. 116 or rkugler@kklex.com**

Section D: Description of Sexual Acts Suffered by the Member and Consequences

To ensure legibility of responses to the questions below, please, if possible, attach a typed text and/or a text written clearly by hand. You may also attach a typed or handwritten text if space is insufficient (it is important to write legibly). You may attach as many pages as necessary.

The criteria for evaluating the admissibility of a claim are set out in paragraphs 16 and 17 of **Schedule 1** of the Settlement Agreement.

Information on the Sexual Assaults

1. Were you (or the Member) sexually assaulted by a religious member of the Marist Brothers congregation in the Province of Québec, and if so, the name, if known, of the Marist Brothers who committed these sexual assaults and their functions.

2. In what year(s) were you (or the Member) sexually assaulted by one or more religious member(s) of the Marist Brothers congregation?

3. How old were you (or the Member) when the sexual assaults first occurred and when they ceased?

4. Please provide a description of the sexual assaults committed by the religious member(s) of the Marist Brothers congregation (for example: touching, masturbation, fellatio, sodomy). If more than one sexual act was committed, please describe each act.

Section E: Additional Documentation

If you wish the Adjudicator to consider documentation regarding the damages suffered by the Member, you may attach it. **You are not, however, obligated to attach such documentation.**

Additional documentation attached:

Yes No

If Yes, I am attaching: _____

Section F: Meeting

The meeting with the Adjudicator must take place by videoconference. If, however, a Member or the liquidator of the Estate of a Deceased Member does not have internet access and it is impossible to attend the meeting by videoconference, an in-person meeting may be arranged with the Adjudicator.

The meeting will take place by:

Videoconference

In person

If in person :

Montréal or

Québec

Section G: Submission

The Claim Form and supporting documentation must be submitted to the Adjudicator at the contact information indicated on the first page.

The claim must be submitted **no later than December 17, 2026**.

Section H: Declaration

I solemnly declare that the information contained in this claim is true to the best of my knowledge, and acknowledge that this declaration has the same legal force as if it were made under oath before a Court of Justice.

Signature of the Claimant

Date

We ask that you keep a photocopy of your complete claim for your records.