TRACK 2 CLAIM FORM

Complete, Sign and Submit by the Claims Bar Deadline of October 9, 2023.

2017 01G 2568 CP
IN THE SUPREME COURT OF NEWFOUNDLAND AND LABRADOR - GENERAL DIVISION

BETWEEN:

JANE DOE (#7), ~~JOHN DOE (#9)~~, (Discontinued)
JOHN DOE (#10) AND JOHN DOE (#11)

PLAINTIFFS

AND:

HER MAJESTY IN RIGHT OF NEWFOUNDLAND AND LABRADOR

DEFENDANT

Brought under the Class Actions Act, S.N.L. 2001, c. C-18.1

Institutional Class Action - Whitbourne, Pleasantville Training Schools &
St. John's Youth Centre Sexual Abuse Class Action Settlement

STATUTORY DECLARATION

I _____, of the [City/Town] of _____, in the Province of _____
[Abuse Claimant]

DO SOLEMNLY DECLARE THAT THE ANSWERS AND INFORMATION THAT I HAVE GIVEN BELOW ARE TRUE:

PART I: BACKGROUND INFORMATION

1. What is your full name?

_____

2. What is your date of birth?

_____

3. Where were you born? (Please provide city, province and country)

_____

4. What is your current residential address? (Please provide street address, city, province, country and postal code/zip code)

_____

_____

_____

5. Please list the mailing address you want us to use, if it is different than the address listed in question 4 above. (Please provide street address, city, province, country and postal code/zip code)

_____

_____

_____

6. What is your highest educational achievement?

_____

_____

7. At which Institution(s) did you reside?

_____

_____

_____

8. Please list the years that you resided at the Institution(s)?

_____

_____

_____

9. What is your current employer or Vocation? (if applicable)

_____

_____

_____

10. What is your current employer's address (if any)?

_____

_____

_____

11. What is your yearly income? $ .00

12. Have you reported the income above to CRA? YES or NO (please circle one)

PART II: PARTICULARS OF THE ABUSE

13. State the names and positions, if able, of the people who committed acts of sexual misconduct against you:

_____

_____

_____

_____

_____

_____

14. Describe what sexual abuse occurred and approximately when; including the number of times or, if unable to say what number of times, with what frequency: (please use a separate sheet of paper if you need more space)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

15. Do you wish to say anything else about the sexual abuse?

16. Have you disclosed the sexual abuse to anyone else? If so, who and when?

17. How has the abuse effected you (if any)?

a. Educationally: _____

_____

_____

_____

b. Vocationally: _____

_____

_____

_____

c. Personal Relationships: _____

_____

_____

_____

d. Mental Health: _____

_____

_____

_____

e. Overall well-being: _____

_____

_____

_____

18. Have you received treatment for the above impact?

_____

_____

_____

19. If you have received treatment, from whom:

_____

_____

_____

I MAKE THIS SOLEMN DECLARATION believing it to be true and knowing that it is of the same force and effect as if made under oath. I understand that the information given may affect my rights as against the Defendant and am prepared to be bound by these answers in any proceeding involving my claims for compensation from the Defendant.

DECLARED BEFORE ME at the City of _____, in the Province of _____, this

_____day of _____, 2023.

_____ _____

WITNESS (Please sign, print name & phone) **ABUSE CLAIMANT (Attestor)**

Abuse Claimant shall attest, under penalty of perjury, he/she/other was subjected to Sexual Abuse.

Abuse Claimant (Full Legal Name): _____

Address: _____

Phone Number: _____

Email Address: _____

Witness (Full Legal Name): _____

Address: _____

Phone Number: _____

Email Address: _____

Complete, Sign and Submit both Track 1 and Track 2 Claim Forms by the Claims Bar Deadline of October 9, 2023. 11:59 PM EST

Track 1 and Track 2 Claim Forms may be submitted by one of the following methods:

i. Email at: Claims@Trilogyclassactions.ca;
ii. Fax at: 416-342-1761
iii. Purolator Courier (Prepaid):
iv. Mail: (not the most secure nor confidential – please take advantage of the prepaid Purolator courier)

Trilogy Class Action Services
117 Queen St, P.O. Box 1000,
Niagara-on-the-Lake, ON,
L0S 1J0

More information and Court Documentation and is available in your preferred language at the following website: http://www.NFLDsexabuseclassaction.ca