

BRITISH COLUMBIA SEPARATE CONFINEMENT CLASS ACTION**CLAIM FORM**

| SECTION A: CLAIMANT INFORMATION | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| First Name* | Middle Name | Last Name* |
| Previously Used Names: | | |
| Date of Birth (MM-DD-YYYY)* | | Correctional Services Number (if known): |
| SECTION B: CONTACT INFORMATION OF CLAIMANT OR REPRESENTATIVE | | |
| If the Claimant is currently incarcerated, please provide the name of the institution here: | | |
| Mailing Address | (Number, Street, P.O. Box) | |
| | City/Town | Province |
| | Country | Postal Code |
| Telephone Number | | Alternative Telephone Number |
| Email Address(es): | | |
| SECTION C: INCARCERATION IN BC CORRECTIONAL CENTRES | | |
| Please list each of the BC Correctional Centres where you have been incarcerated since 2016, to the best of your knowledge. | | |
| Correctional Centre | Dates | |
| SECTION D: SEPARATE CONFINEMENT CLAIM | | |
| Please read carefully and tick each statement that applies to you. Selecting a statement does not entitle you to compensation but it will affect how Class Counsel and the Administrator assess your eligibility for compensation. | | |
| A | <input type="checkbox"/> I was segregated/separately confined between November 26, 2016 and October 22 nd , 2025. | |
| B | <input type="checkbox"/> During that time, I was segregated/separately confined for 15 or more consecutive days. | |

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| C | <input type="checkbox"/> During that time, I was segregated/separately confined while suffering from a diagnosed Mental Illness. |
| D | I suffered specific and recorded harms from placement(s) in segregation and/or separate confinement during that time: <input type="checkbox"/> I was diagnosed with a new Mental Illness during or within 90 days after a segregation/separate confinement placement. <input type="checkbox"/> I attempted suicide during or within 60 days after a segregation/separate confinement placement. <input type="checkbox"/> I self-harmed during or within 60 days after a segregation/separate confinement placement. <input type="checkbox"/> I was transferred to a Designated Mental Health Facility during or within 60 days after a segregation/separate confinement placement, and the transfer was not court-ordered, a term of probation or sentence, or related to addiction recovery, rehabilitation or detox. |

SECTION E: CLAIMANT WITH A MENTAL ILLNESS OR SPECIFIC AND RECORDED HARM

Complete this section only if you ticked "C" or a statement in "D".

I have been diagnosed with the following Mental Illnesses:

The specific and recorded harms that I suffered are as follows:

By signing this form, I or my representative, as set out below, consent to the disclosure by the Provincial Health Services Authority of my Correctional Health Services Records relating to my time incarcerated at any BC Correctional Centre to Class Counsel, the Administrator and Adjudicator of the Claims Process, the Province of British Columbia and the Court.

SECTION F: STATUTE-BARRED CLAIM

Complete this section only if making a claim under the Statute-Barred Claims Process.

I wish to make a claim in the Statute-Barred Claims Process for placements prior to November 26, 2016 or between December 23, 2020 and July 30, 2022.

SECTION G: CLAIM BY A LEGALLY AUTHORIZED REPRESENTATIVE

Complete only if you are making a claim as someone's legally authorized representative, i.e. substitute decision maker, guardian, or the estate of a deceased person.

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| Representative First Name | Representative Last Name |
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| Reason for Appointment of Representative: | Date of death of claimant (if deceased): |
| <input type="checkbox"/> I have provided my contact information in Section B. <input type="checkbox"/> I have attached documents confirming that I am the Claimant's legally authorized representative. | |
| SECTION H: PRIOR CLAIMS AGAINST THE PROVINCE | |
| Have you previously made a legal claim or claims against the Province of British Columbia in relation to your incarceration, whether successful or otherwise? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| SECTION I: DECLARATION AND CONSENT | |
| EVERY Claimant or Representative must complete this section. Please read the following statements carefully, and ensure they are accurate, before signing this form. | |
| I acknowledge that Class Counsel and the Administrator are authorized to contact me to obtain further information. | |
| I or my representative authorize the Government of British Columbia to provide my Correctional Services records (or the records belonging to the claimant on whose behalf I am authorized to claim) to the Administrator, Class Counsel, the Adjudicator, and/or to the Court. | |
| I declare that the information provided on this form is true and accurate, and that the documents submitted herewith are true and correct copies of what they purport to be. | |
| Signature of Claimant or Representative: | Date: |
| Print Name of Claimant or Representative: | |