

To: **Proactio**  
Class action – BC Segregation  
600 de la Gauchetière West, suite 2000  
Montreal (QC) H3B 4L8

Admin email: [bcsegregation@proactio.ca](mailto:bcsegregation@proactio.ca)

This is **NOT** a claim form. If you complete this **OPT OUT FORM** you will not be eligible to make a claim for compensation from the Settlement of the class proceeding named below:

NO. S1812656  
VANCOUVER REGISTRY

IN THE SUPREME COURT OF BRITISH COLUMBIA

BETWEEN

Naveah North (formerly known as Cody Cragg)

Plaintiff

AND

His Majesty the King in the right of  
the Province of British Columbia

Defendant

Brought under the *Class Proceedings Act*, R.S.B.C. 1996, c. 50

**IMPORTANT: You can only opt out in relation to a placement in Separate Confinement and/or Segregation that occurred between July 19 and October 22, 2025.**

**I understand that by opting out of this class proceeding I am confirming that I do NOT wish to participate in this class proceeding or make a claim under the Settlement. I do NOT wish to receive any benefit that may be obtained from the lawsuit or make a claim under the Settlement.**

I understand that I must email or mail this Opt-Out Form to the address indicated above before **February 24, 2026**, or else it will *not* be valid.

I understand that any individual claim I may have must be commenced within a specified limitation period or else it will be legally barred. I understand that the filing of this class proceeding suspended the running of the limitation period from the time the class proceeding was filed. The limitation period will **resume running against me** if I opt out of this class proceeding.

I understand that by opting out, I take full responsibility for the resumption of the running of any relevant limitation period and for taking all necessary legal steps to protect any claim I may have.

Name of Class Member  
Telephone: \_\_\_\_\_

Signature of Class Member Opting Out  
or of Guardian of Property (if applicable)  
Date: \_\_\_\_\_

Name of Witness  
Telephone: \_\_\_\_\_

Signature of Witness  
Date: \_\_\_\_\_