MANITOBA SEGREGATION CLASS ACTION

CLAIM FORM

SECTION A: CLAIMANT INFORMATION		
First Name	Middle Name	Last Name
Previously Used Names:		
Date of Birth (MM-DD-YYYY):		Inmate ID 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 MANITOBA PROVINCIAL CUSTODIAL FACILITIES	
Please list each of the Manitoba Provincial Custodial Facilities where you have been incarcerated <u>as a Youth</u> (under 18) since 2006, to the best of your knowledge.	
Provincial Custodial Facility	Dates
Provincial Custodial Facility	Dates
Provincial Custodial Facility	Dates
Please list each of the Manitoba Provincial Custodial Facilities where you have been incarcerated <u>as an Adult</u> (over 18) since 2012, to the best of your knowledge.	
Provincial Custodial Facility	Dates
Provincial Custodial Facility	Dates
Provincial Custodial Facility	Dates
Provincial Custodial Facility	Dates
Provincial Custodial Facility	Dates

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SECTION D: SEGREGATION CLAIM	
Please read carefully and tick <u>each statement that applies to you</u>. 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	☐ I was segregated in a Provincial Custodial Facility as a **Youth** between September 12, 2006 and June 4, 2026.
B	☐ I was segregated in a Provincial Custodial Facility as an **Adult** while **suffering from a diagnosed Mental Illness** between September 12, 2012 and June 4, 2026.
C	☐ I was segregated in a Provincial Custodial Facility as an **Adult** for **15 or more consecutive days** between September 12, 2016 and June 4, 2026.
D	I suffered specific and recorded harms from placement(s) in segregation and/or separate confinement during that time: ☐ I was diagnosed with a new Mental Illness during or within 120 days after a segregation placement. ☐ I was transferred to a Psychiatric or Mental Health Facility during or within 90 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. ☐ I self-harmed during or within 90 days after a segregation placement. ☐ I attempted suicide during or within 90 days after a segregation placement.

SECTION E: CLAIMANT WITH A MENTAL ILLNESS OR SPECIFIC AND RECORDED HARM
Complete this section <u>only</u> if you ticked "B" or a statement in "D".
I have been diagnosed with the following Mental Illnesses:
Please use this box to provide details of the specific and recorded harms you are claiming for. The specific and recorded harms that I suffered are as follows:

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To make a claim as an individual suffering from a diagnosed Mental Illness, or for a specific and recorded harm, you must authorize the release of your correctional healthcare file. Please read the following statement carefully, and ensure it is accurate, before signing below:

I, or my representative, authorize the Government of Manitoba to provide my (or the claimant's in the case of a representative) correctional healthcare file to the Administrator, Counsel for Manitoba, Class Counsel, the Adjudicator, and/or to the Court.

Signature of Claimant or Representative:	Date:

Print name of Claimant or Representative:

SECTION F: STATUTE-BARRED CLAIM

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

Please tick one or both of the following boxes if you wish to make a claim in the Statute-Barred Claims Process. The Administrator will then provide you with the Statute-Barred Claim Form:

<u>Youth Segregation</u>

☐ I was segregated as a Youth between September 12, 2006 and September 12, 2012, <u>and</u> I turned 18 years of age on or before September 12, 2012.

If you turned 18 years of age after September 12, 2012, you do not need to complete a Statute-Barred Claim: all of your placements after September 12, 2006 will be considered.

<u>Adult Segregation</u>

☐ I was segregated as an Adult between September 12, 2012 and September 12, 2016.

If you selected Statement "B", above, and the Administrator finds that you were segregated while suffering from a diagnosed Mental Illness, all of your placements after September 12, 2012 will be considered. However, you may still wish to make a Statute-Barred Claim, by ticking the statement above, in case you are found not to have been suffering from a diagnosed Mental Illness.

SECTION G: CLAIM BY A LEGALLY AUTHORIZED REPRESENTATIVE

Complete <u>only</u> 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. An estate claim can only be made on behalf of a deceased individual that was alive as of September 12, 2016.

Representative First Name	Representative Last Name
Reason for Appointment of Representative:	Date of death of claimant (if deceased):

☐ I have provided my contact information in Section B.

☐ I have attached the following documents confirming that I am the Claimant's legally authorized representative_____
_____.

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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 Manitoba to provide my (or the claimant's, in the case of a representative) correctional file to the Administrator, Counsel for Manitoba, Class Counsel, the Adjudicator, and/or to the Court.

I declare that the information provided on this form is true and accurate, and that any documents submitted herewith are true and correct copies of what they purport to be.

No payment will be issued in another person's name. If you wish to receive your payment by direct deposit you **MUST provide a void cheque** clearly identifying your full name. If you do not provide a void cheque, you will receive the payment of compensation by cheque, issued in your name and sent to the address provided above.

You are responsible for ensuring that your contact and banking information remain current and accurate and must promptly notify Proactio of any changes. Proactio is not liable for any delay, non-delivery, mis delivery, or inability to process a payment resulting from incomplete, inaccurate, outdated, or illegible information provided by you.

In accordance with paragraph 31 of the Settlement Agreement, no payment of compensation shall be issued to inmate trust accounts maintained within provincial custodial facilities**.**

Preferred method of payment (tick one only):

☐ Cheque

☐ Electronic Funds Transfer/Direct Debit (please fill out the information below, and attach a void cheque):

Account Holder Name:

Institution Number:

Transit Number:

Account Number:

Type of Account (Chequing or Savings):

Signature of Claimant or Representative:	Date:
Print Name of Claimant or Representative:	