

ONTARIO JAIL ADMINISTRATIVE SEGREGATION REVISED CLAIM FORM

We revised this Claim Form on January 31, 2025 to improve clarity, but you don't need to resubmit if you've already filed one.

INSTRUCTIONS:

You must complete this Claim Form in order to make a claim for money for the time you spent in Administrative Segregation in an Ontario correctional institution during specific time periods.

Completing this Claim Form is only the first step in the claims process. All Claim Forms will be reviewed by the Administrator appointed by the Court. Depending on the information contained in your Claim Form and in your records from your time in an Ontario correctional institution, you might be eligible for a share of money (called Aggregate Damages). You might also be eligible to make a claim for more money later in the claims process.

Once you have completed this Claim Form, you must send it (along with any additional pages, if needed and as indicated in Section H) to the Administrator by June 1, 2025. After that date, it will be too late for your Claim Form to be considered.

IMPORTANT! Make sure you give yourself enough time before the deadline to remember and write down what happened, and to collect any other information you might need to answer the questions in this Claim Form.

Keep a copy of your completed Claim Form for your records.

Please read this Claim Form carefully and complete it in full. The sections that you must complete have been marked with an asterisk (*). If you fail to fully complete this Claim Form and/or to sign it, your Claim may be rejected.

IMPORTANT! You can ask for help if you do not understand this Claim Form.

You do not need a lawyer to fill out this Claim Form. If you need help completing this Claim Form or have further questions that the Administrator cannot answer, Koskie Minsky LLP are available (at no cost) to help you.

You can contact Koskie Minsky LLP at ontarioadminsegclassaction@kmlaw.ca or by phone 1-844-819-8527 (toll free).

You can also call or email the Administrator for help with this Claim Form at:

Epiq Class Action Services Canada Inc
PO Box 507 STN B
Ottawa, ON K1P 5P6
Toll-Free Telephone: 1-888-290-4730
Email: info@ontarioadministrativesegregation.ca

Read the entire Claim Form before you begin completing it to determine which sections, if any, apply to you.

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WHO CAN SUBMIT A CLAIM FORM?

You can claim if one of the following situations applies to you:

- | |
|---|
| <p>1) You stayed in Administrative Segregation in an Ontario Jail¹ for 15 or more consecutive days BETWEEN April 20, 2015 and August 18, 2021</p> |
| <p>OR</p> |
| <p>2) You stayed in Administrative Segregation in an Ontario Jail for any length of time BETWEEN April 20, 2015 and August 18, 2021 and</p> |
| <p>3) You were diagnosed by a medical doctor with an eligible mental health disorder and reported that diagnosis to Ontario's agents before or during your segregation placement. A full list of eligible disorders is available at www.ontarioadministrativesegregation.ca
 <small>Note: substance abuse disorders and personality disorders (except Borderline Personality Disorder) are <i>not</i> eligible disorders.</small></p> |

The Court decided that anyone placed in Administrative Segregation between January 1, 2009 and April 19, 2015 is barred from pursuing a Claim from this time period, unless you can prove that you could not start a lawsuit before April 20, 2015.

COMPLETE THIS CLAIM FORM BY JUNE 1, 2025 TO CLAIM MONEY

HOW DO I SUBMIT MY CLAIM FORM?

CLAIM ONLINE	CLAIM VIA EMAIL	CLAIM BY MAIL
<p>Complete the Online Claim Form at:</p> <p>Online Claim Form: https://app.ontarioadministrativesegregation.ca/en/welcome</p>	<p>Email this Claim Form to the Administrator:</p> <p>Email: info@ontarioadministrativesegregation.ca</p> <p>You can download another copy of the Claim Form on the website:</p> <p>Website: https://www.ontarioadministrativesegregation.ca/claim-form.html</p>	<p>Mail this Claim Form to the Administrator:</p> <p>Mailing Address: Ontario Administrative Segregation Class Action Administrator P.O. Box 507 STN B Ottawa ON K1P 5P6 Fax: 1-866-262-0816 Toll Free: 1-833-290-4730</p> <p>You can download another copy of the Claim Form from the website:</p> <p>Website: https://www.ontarioadministrativesegregation.ca/claim-form.html</p>

¹ In these lawsuits, an "Ontario Jail" is a correctional institution operated by the Government of Ontario, and does not include the St. Lawrence Valley Correctional and Treatment Centre.

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(*Indicates required fields)

SECTION A: CLAIMANT INFORMATION*

First Name*	Middle Name	Last Name*
Aliases or Previously Used Names		
Name when incarcerated in Ontario Jail (if different):		
Date of Birth (MM-DD-YYYY)*	Offender Tracking Information System (OTIS) Number (if known):	

SECTION B: CONTACT INFORMATION*

Mailing Address (Street, P.O. Box if applicable)	
City/Town	Province
Country	Postal Code
Daytime telephone number	Evening telephone number
Email address (if you have one)	

Are you currently incarcerated in an Ontario correctional institution?

NO

YES Please provide the name of your current institution below

Institution Name:

Please notify the Administrator **IMMEDIATELY** if you have any changes to your contact information, including any changes to your phone number, email address or mailing address.

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SECTION C: DESCRIPTION OF CLAIMANT SEGREGATION PLACEMENT(S)*

Medical and Health Care File

<input type="checkbox"/>	Check this box if you (or the person you are claiming for) would like to request a copy of your Medical and Health Care File(s) from the correctional institutions(s) where you were incarcerated during the relevant time(s).
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Please provide information concerning your mental health diagnoses, if any:

<input type="checkbox"/>	I was diagnosed by a medical doctor with an eligible mental health disorder and reported that diagnosis to Ontario's agents before or during my segregation placement. ² Diagnoses: _____ Dates Diagnosed: _____ Name of Doctor(s) who provided Diagnoses: _____ _____
<input type="checkbox"/>	I have NOT been diagnosed by a medical doctor with an eligible mental health disorder or have not reported a diagnosis to Ontario's agents before or during my segregation placement.

² You will need to meet the formal class definitions described in the Long Form Notice. Some other preconditions also apply. Eligible disorders may include Schizophrenia, Post Traumatic Stress Disorder, Obsessive Compulsive Disorder, Major Depressive Disorders, Bipolar Disorder, and others. However, substance abuse disorders and personality disorders (except for Borderline Personality Disorder) are *not* eligible disorders.

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You do not need to answer the following questions regarding your mental health diagnoses right now. However, your answer may impact your eligibility to receive any compensation. More information is available in the Long Form Notice. A copy of the Long Form Notice can be found at <https://www.ontarioadministrativesegregation.ca>.

<input type="checkbox"/>	I was diagnosed by a medical professional (a doctor) with post traumatic stress disorder: Date(s) diagnosed: _____
Check the boxes below and fill in the dates if you experienced any of the following conditions one year before, during, or after your placement(s) in segregation:	
<input type="checkbox"/>	Severe Clinical Depression Date(s) experienced: _____
<input type="checkbox"/>	Self injurious behaviour: Date(s) experienced: _____
<input type="checkbox"/>	Substantial degradation in Axis I Disorders (excluding substance use disorders) Date(s) experienced: _____
<input type="checkbox"/>	Substantial degradation of Borderline Personality Disorder (BPD) Date(s) experienced: _____

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Please answer the following questions about your Administrative Segregation placement(s).

Placement Dates in Administrative Segregation (please check all that apply):

<input type="checkbox"/>	Check this box if you (or the person you are claiming for) were placed in Administrative Segregation in an Ontario Jail BETWEEN January 1, 2009 and April 19, 2015. If you want to make a claim for a placement during this period, contact the Claims Administrator. You should not include information for any placement during this time period in this Claim Form.
<input type="checkbox"/>	Check this box if you (or the person you are claiming for) were placed in Administrative Segregation in an Ontario Jail for less than 15 days BETWEEN April 20, 2015 and August 18, 2021.
<input type="checkbox"/>	Check this box if you (or the person you are claiming for) were placed in Administrative Segregation in an Ontario Jail for 15 or more consecutive days (15 or more days in a row) BETWEEN April 20, 2015 and August 18, 2021.

On the following pages, please provide information about your placement(s) in Administrative Segregation between April 20, 2015 and August 18, 2021.

It is important that you explain each placement you remember as accurately as you can in the paragraphs that follow. You need to describe each placement in Administrative Segregation and the date(s) and location(s) of your placements to the best of your ability, as you will not be able to add more descriptions of the dates and locations of your placements if it is necessary for a Referee to determine whether you are eligible to receive a share of Aggregate Damages. You can attach more pages to this Claim Form if necessary.

However, if you leave pages 7-8 blank, the Administrator will complete this section based on Ontario's records. To find out whether Ontario has records of your placement(s) in Administrative Segregation, you can contact the Administrator (info@ontarioadministrativesegregation.ca or by phone 1-888-290-4730 (toll free)). You can also get assistance with this part of the Claims Form by contacting the lawyers at Koskie Minsky LLP (ontarioadminsegclassaction@kmlaw.ca or by phone 1-844-819-8527 (toll free)).

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4. I was placed in Administrative Segregation in:

_____ on around _____
(Ontario jail name) (date)

and I was kept there for approximately _____.
(number of days)

Please describe your placement during this time at this location:

If you had more than 4 placements, or need more space to describe your placement, you can attach more pages to this Claim Form.

SECTION D: PAYMENT INFORMATION

If your claim is successful and you are awarded money, the Administrator will need to know how it should pay you the money. Please complete this section as much as possible now, though if necessary, you may revise your payment information later.

Please keep this information up to date until you receive your final payment.

If you are in an Ontario correctional institution when you are completing this Claim Form and cannot provide the information below, OR if you think you will be in an Ontario correctional institution when your final payment will be made and would like another payment option, please contact the Administrator.

If you are incarcerated when your final payment will be made, and cannot use one of the methods of payment outlined below, the Administrator can set up a Trust Account for you and have your payment made to that Trust Account.

Please choose an option below:

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<input type="checkbox"/>	<p>I would like the Administrator to <u>mail me a cheque (in my name)</u> to the following address:</p> <p>_____</p> <p>_____</p> <p><u>(my mailing address)</u></p> <p>It is very important that you update your mailing address, phone number and/or email address with the Administrator IMMEDIATELY if you have any changes.</p>
<i>OR</i>	
<input type="checkbox"/>	<p>I would like the payment to be made directly to my bank account, and I want the Administrator to send me a Direct Deposit Form to complete.</p> <p>After submitting your Direct Deposit Form to the Administrator, it is very important that you update your direct deposit information with the Administrator IMMEDIATELY if you have any changes.</p>
<i>OR</i>	
<input type="checkbox"/>	<p>I am the Estate Executor of the Deceased Claimant's Estate and the cheque is to be made payable to the Estate and mailed to the following address:</p> <p>_____</p> <p>_____</p> <p>OR</p> <p>I am the Personal Representative of the Claimant, who is a Person Under Disability and the cheque is to be mailed to the following address:</p> <p>_____</p> <p>_____</p> <p>Note: You must complete Section F if selecting this payment option.</p>

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SECTION E: LAWYER REPRESENTATION *

The Court has appointed the law firm Koskie Minsky LLP to represent you and other Class Members as “**Class Counsel.**” If you want to be represented by a different lawyer, you may hire one at your own expense. You can contact Koskie Minsky LLP at ontarioadminsegclassaction@kmlaw.ca or by phone 1-844-819-8527 (toll free).

Select one (1) of the three (3) options below:³

- Option 1:** I want to continue to be represented by Class Counsel.
- Option 2:** I do **not** want to be represented by Class Counsel. I want to **represent myself**. I understand that Class Counsel **will not** continue to act for me, and I will be responsible for taking any steps necessary to make my claim.
- Option 3:** I do **not** want to be represented by Class Counsel. I have retained a **different lawyer**. I understand that Class Counsel **will not** continue to act for me, that my new lawyer will be responsible for taking any steps necessary to make my claim, and that I will be responsible for paying my new lawyer's fees.

If you select Option 3, please provide the contact information for your new lawyer below:

Name of your Lawyer	
Mailing Address (Street, P.O. Box if applicable)	
City/Town	Province
Country	Postal Code
Daytime telephone number	
Email address	

³ If you do not check any of the boxes below, it will be assumed that you want to continue to be represented by Class Counsel.

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SECTION F: IF YOU ARE CLAIMING ON BEHALF OF SOMEONE WHO IS DECEASED OR INCAPACITATED

(if you are not claiming on behalf a person who has died or who is incapacitated or under a legal disability, you do not need complete this section)

A. Deceased Class Members

Are you making a claim for a Class Member who has died on behalf of their estate?

YES NO

If you answered "Yes", you must attach one of the following documents that gives you authority to act as the representative of the deceased class member.

a) In Ontario:

i) copy of the Small Estates Certificate, with a copy of the Will attached (if the Class Member died with a will); or

ii) a copy of the Certificate of Appointment of Estate Trustee, with a copy of the Will attached (if the Class Member died with a will).

b) If the Estate is subject to the *Indian Act*, R.S.C., 1985, c. I-5:

i) any authorization required or granted pursuant to that legislation and a copy of the Will;

c) Outside of Ontario (other than an Estate subject to the *Indian Act*, R.S.C., 1985, c. I-5):

i) proof of authorisation from a Court of that jurisdiction, with a copy of the Will attached (if the Class Member died with a will).

The Administrator may contact you to obtain more information.

Representative First Name	Representative Last Name
Representative Middle Name	Basis of Representation
Has the person on whose behalf you are submitting this claim died? YES <input type="checkbox"/> NO <input type="checkbox"/>	If the individual has died, please indicate their date of death: (MM-DD-YYYY)
Did the person on whose behalf you are submitting this claim have a will? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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B. Class Members under a Legal Disability or otherwise Incapacitated

Are you making a claim for a Class Member who is incapable or under a legal disability?

YES NO

A person who is incapable or under a legal disability is someone who is unable to manage or make reasonable judgments or decisions in respect of their affairs by reason of mental incapacity and for whom a Personal Representative has been appointed by law to make decisions.

If you answered "YES" to this section, you must attach a copy of the document(s) that give you legal authority to act for the person who is incapable or under a legal disability.

I have attached a Continuing Power of Attorney for Property or other document giving me legal authority to act for the Claimant:

YES NO

Representative First Name	Representative Last Name
Representative Middle Name	Basis of Representation

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SECTION G: DECLARATION AND CONSENT TO RELEASE ONTARIO'S RECORDS*

I acknowledge that the Administrator is authorized to contact me to obtain further information regarding my claim.

By completing and submitting this Claim Form, I acknowledge that the Government of Ontario is authorized to provide relevant information contained in Ontario's correctional institution(s) records and files (information about me or about the claimant on whose behalf I am authorized to claim) to the Administrator, Class Counsel, my lawyer, Ontario's lawyers, the Referee assigned to my claim, and/or to the Court.

Under the penalties of perjury, I certify that all of the information provide by me on this form is true, correct, and complete, and that the documents submitted herewith are true and correct copies of what they purport to be.

Signature of Claimant

Print Full Name of Claimant

Date

Important: If you are a legally authorized representative, you MUST complete the following:

Signature of Legally Authorized Representative Completing Form

Print Full Name of Legally Authorized Representative Completing Form

Date

In the Event of a **Legally Authorized Personal Representative** completing this Claim Form:

Is Proof of Authority to File listed
in Section F above included in
your submission?

YES

NO

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SECTION H: ADDITIONAL DOCUMENT CHECK LIST

Here is a checklist of additional documents that you may submit. However, only some Claimants will need to provide additional documents.

Section C – Placement Dates in Administrative Segregation: You may attach additional pages to this Claim Form to describe your placement(s) in Administrative Segregation (additional pages not required)

Section F – Claiming on Behalf of Someone Who is Deceased: If you are making a claim on behalf of the estate of a Class Member who has died, you will need to also submit:

- Copy of Small Estates Certificate + copy of the Will,
- Copy of the Certificate of Appointment of Estate Trustee,
- Any authorization required or granted pursuant to the *Indian Act* + copy of the Will, OR
- Proof of authorization from a Court outside of Ontario + copy of the Will.

Section F – Claiming on Behalf of a Class Member under a Legal Disability or otherwise Incapacitated: If you are making a claim for a Class Member who is incapable or under a legal disability, you will need to also submit:

- Continuing Power of Attorney for Property, OR
- Another document giving me legal authority to act for the Claimant.