

**CALL 1-855-823-0656 (TTY: 1-877-627-7027) OR VISIT  
WWW.SCHOOLSFORTHEDEAFCLASSACTION.CA**

*Ontario Schools for the Deaf Class Action Settlement*

**COMPENSATION CLAIM FORM**

This settlement is for those who attended:

- Ernest C. Drury School for the Deaf between September 1, 1963 and August 23, 2016 and who have not otherwise released their claims;
- Sir James Whitney School for the Deaf between September 1, 1938 and August 23, 2016 and who have not otherwise released their claims;
- Roberts School for the Deaf between September 1, 1973 and August 23, 2016 and who have not otherwise released their claims.

**The deadline to submit a claim is October 24, 2018.**

If you need help completing this Claim Form, or have any questions, contact the Claims Administrator at 1-855-823-0656 (TTY: 1-877-627-7027) or by email at [Schoolabuseclassaction@crawco.ca](mailto:Schoolabuseclassaction@crawco.ca)

<b>PART 1</b>	<b>STUDENT NAME AND CONTACT INFORMATION</b>
Full Name:	
Name when attending the school (if different):	
Any other names used:	
Date of birth:	

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If you are making a claim on behalf of a someone as their parent, litigation guardian or the Public Guardian and Trustee, check this box			<input type="checkbox"/>
Representative Name:		Basis of Representation	
If the former student is deceased check this box	<input type="checkbox"/>	When did they pass away?	__/__/____ (mm/dd/yyyy)
<b>Note:</b> Please attach any documents you may have that confirm your ability to legal represent the former student			

**CONTACT INFORMATION**

**Note:** any correspondence from the claims administrator and any cheque for compensation will be sent to this address. All cheques will be made out in the name of the former student.

Mailing Address:			
City/Town:		Province:	
Country:		Postal Code:	
Daytime telephone number:		Evening telephone number:	
E-mail address (if available):			

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<b>PART 3</b>	<b>DESCRIPTION OF ABUSE AT THE SCHOOL</b>
<b>To be eligible for compensation for specific abuse you must describe <u>ALL</u> incidents of abuse that you suffered at the Schools in the next pages.</b>	
<p>Completing this section may trigger painful memories. Because of this we suggest you proceed slowly and that you be in a safe place when you complete this section. We recommend you complete this section with a support person nearby such as a family member, counselor, case worker or someone else you trust.</p>	
<p><u>You can write out your experiences in the space provided below or in a separate document and attach it to this Claim Form.</u></p>	
<p>You should provide as many details as you can to describe the harm and abuse suffered, which may include:</p> <ul style="list-style-type: none"><li>• What happened;</li><li>• When it happened;</li><li>• How often it happened;</li><li>• How were you hurt; and</li><li>• Who did this to you</li></ul> <p>The Claims Administrator will assess your claim and award compensation in accordance with the chart below.</p>	

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CATEGORY OF ABUSE	DESCRIPTION OF ABUSE
Level 3 sexual assault	One or more incidents of Serious Sexual Assault.
Level 2 sexual assault	Repeated non-consensual sexual touching or other non-consensual sexual behavior that is not a Serious Sexual Assault.
Level 1 sexual assault	Any non-consensual sexual touching or other non-consensual behavior that is not a Serious Sexual Assault.
Level 3 physical assault	One or more physical assaults causing a Serious Physical Injury.
Level 2 physical assault	One or more physical assaults not causing a Serious Physical Injury, but resulting in an observable injury such as a black eye, bruise, or laceration.
Level 1 physical assault or other wrongful acts	One or more physical assaults not causing a Serious Physical Injury and not resulting in an observable injury. Repeated, persistent, and excessive wrongful acts constituting demeaning behaviour, humiliation, or excessive physical punishment.

If you provide a description of harm for more than one level within a category, the claims administrator will select the most serious level for which you are qualified.

A “Serious Sexual Assault” is non-consensual oral, vaginal, or anal penetration or attempted non-consensual oral, vaginal or anal penetration.

A “Serious Physical Injury” means physical injury that led to or should have led to hospitalization or serious medical treatment by a physician; permanent or demonstrated long term physical injury, impairment or disfigurement; loss of consciousness; broken bones; or a serious but temporary incapacitation such that bed rest or infirmary care of several days duration was required.



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**ATTACH ADDITIONAL PAGES IF NECESSARY**

If you are claiming for a Serious Sexual Assault or Serious Physical Injury (as defined above) you must submit any supporting documents that you have.

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**PART 4**

**SWEAR UNDER OATH**

By completing this Claim Form and signing below I swear under oath that all information I have provided in this form is true to the best of my knowledge and belief.

**You must swear or affirm under oath before a commissioner for taking oaths or a notary.**

**Remember, it is a serious offence to make a false statement.**

**Please contact the Claims Administrator if you need help in finding a commissioner for taking oaths or a notary.**

SWORN (OR AFFIRMED) BEFORE  
ME at the city/town of \_\_\_\_\_  
\_\_\_\_\_ in the  
Province/Territory of \_\_\_\_\_,  
on \_\_\_\_\_, 2018.

\_\_\_\_\_  
Commissioner/notary

\_\_\_\_\_  
Signature of Claimant

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<b>PART 5</b>	<b>SUBMIT YOUR CLAIM</b>
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**All claims must be sent to the address below by no later than October 24, 2018:**

You may email, fax or mail your form to the Claims Administrator (Crawford & Company (Canada) Inc.) as per the following:

Schools for the Deaf Settlement  
3-505, 133 Weber Street North  
Waterloo, Ontario, N2J 3G9  
E-mail: Schoolabuseclassaction@crowco.ca  
Phone: 1-855-823-0656 (TTY: 1-877-627-7027)

**If you fail to submit a claims form to the Claims Administrator by October 24, 2018, you will not receive any compensation from this settlement.**

Do not send the claims form to the court.