



THE HONOURABLE MICHEL BASTARACHE, C.C., Q.C.
INDEPENDENT ASSESSOR

REQUEST FOR DEADLINE EXTENSION

NOTE TO CLAIMANTS

This *Request for Deadline Extension* Form is part of the out-of-court settlement.

The RCMP and Merlo/Davidson Class Action Parties agreed that potential claimants may be able to ask for an extension of time of up to 100 days after the Claim Deadline expires. The Claim Deadline is on XXXX (180 days after the first publication of the Notice of Settlement Approval).

You have only until DATE to ask for a deadline extension.

Potential claimants seeking extensions must be able to provide three things:

1. Exceptional reasons justifying an extension;
2. A completed Claim Form; and
3. Supporting documentation, which must be provided at the same time as this Request for Deadline Extension Form.

There will be no right to appeal or seek judicial review of the Independent Assessor's extension.

If you have any questions regarding this Claim Form or the Independent Claims Process, please call 1 844-348-0776 or email your questions to info@merlodavidson.ca.

AFTER FILLING THE EXTENSION FORM, ALSO REMEMBER TO:

- Review all of your answers to make sure they are as complete as possible.
- Make a copy of your Claim Form for your records.

If you need to make changes to any information in your Request for Deadline Extension Form after you have sent it to the Independent Assessor, please immediately advise the Office of the Independent Assessor in writing of these changes. Examples of important changes include a change of address and new information about your claim.

This form must be completed and sent to the Independent Assessor, along with any additional sheets of paper, as well as a photocopy of a government issued piece of identification. If convenient, this form can be completed online on the secure server managed by the Independent Assessor. If you choose to complete it by hand, please send it back by mail and **NOT** by email. If the form was sent to you by mail, please use the prepaid self-addressed envelope that was provided with it. If you do not have a prepaid self-addressed envelope, please place the form along with the rest of the required material in an envelope addressed to:

Confidential Letter
Office of the Independent Assessor
130, Albert Street, Suite 1103
Ottawa (Ontario) K1P 5G4

ALL CLAIMS ARE CONFIDENTIAL.



REQUEST FOR DEADLINE EXTENSION

SECTION A – PERSONAL INFORMATION

You may check all relevant boxes that apply to you:

- ☐ RCMP member
- ☐ Civilian member
- ☐ Auxiliary constable
- ☐ Special constable member

- ☐ Reserve member
- ☐ Cadet
- ☐ Public service employee
- ☐ Temporary civilian employee

1 NAME

First Name(s)

Last Name

Other names you are known by (for example, maiden name, nicknames)

Name while employed by the RCMP

Rank / Classification

Regimental Number/ Personal Record Identifier (PRI)

2 MAILING ADDRESS

Street name and number

Apartment number, P.O. Box or RR#

City/Village

Province/Territory

Postal Code



3 CONTACT INFORMATION

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Home Phone Number

Can we leave a message at this number?

☐ Yes☐ No

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Cellular Phone Number

Can we leave a message at this number?

☐ Yes☐ No

Email address

Can we send you a message at this email address?

☐ Yes☐ No**What is the best way to contact you?**☐ Home Phone☐ Cell Phone☐ Mail☐ Email

4 DO YOU HAVE A PERSONAL REPRESENTATIVE OR A GUARDIAN?

☐ Yes☐ No

If you have a personal representative or a guardian, please provide the following information:

Name of personal representative or guardian

Street name and number

Apartment number, P.O. Box RR#

City/Village

Province/Territory

Postal Code

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Phone Number

Email

5 ARE YOU REPRESENTED BY A LAWYER?

☐ Yes☐ No

If you have a lawyer, please provide the following information:

Name of lawyer

Street name and number

Office Number

City/Village

Province/Territory

Postal Code

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Phone Number

Fax Number

Email

Using the space provided below, please provide as much detail as possible to tell the Independent Assessor why you require an extension to participate in the claims process:

DRAFT - DO NOT USE

130, Albert Street, Suite 1103, Ottawa (Ontario) K1P 5G4 | 1 844-348-0776 | info@merlodavidson.ca | www.merlodavidson.ca



DECLARATION

I, _____, from the City of _____, in the province of _____,

SOLEMNLY DECLARE:

I understand that the Assessor can verify the truthfulness of my statements and allegations by seeking information necessary to properly determine my request for a deadline extension from third parties, including the RCMP. The Assessor shall put to the claimant any information that may be unfavourable to the claimant's allegations and give her the opportunity to respond.

I confirm that all of the information provided in this Request for Deadline Extension Form is true, whether made by me or on my behalf. Where someone has helped me with this Request for Deadline Extension Form, that person has read to me everything they wrote and included with this Request for Deadline Extension Form, if necessary to allow me to understand the content of this completed Request for Deadline Extension Form and any attachments to it, and I confirm that this information is true.

I ACCEPT THAT SIGNING THIS REQUEST FOR DEADLINE EXTENSION FORM HAS THE SAME EFFECT AS IF I HAD STATED THE INFORMATION CONTAINED IN THE REQUEST FOR DEADLINE EXTENSION FORM AND ACCOMPANYING CLAIM FORM UNDER OATH (OR AFFIRMATION) IN COURT.

Witness Signature

(The witness must be a Commissioner for taking affidavits or someone you personally know. The witness must see you sign the form but is not required to read the form.)

Claimant (or guardian) Signature

Print name of the witness

Date (day/month/year)

Date (day/month/year)