

WOODLANDS CLASS ACTION SETTLEMENT CLAIM FORM

The Settlement:

The British Columbia Supreme Court has approved a settlement of a class action for people who lived at Woodlands, which was a residential facility in New Westminster, British Columbia for children and adults with mental disabilities. The settlement provides compensation to former residents who establish that they were subjected to sexual, physical, or psychological misconduct or injury while living at Woodlands on or after August 1, 1974. The full Settlement Agreement is at Section 3 of this Claim Form.

Deadline:

To be eligible for compensation, your claim must be delivered or post-marked to the Woodlands Class Action Claims Registry, #300 – 1275 West 6th Avenue, Vancouver, BC, V6H 1A6 by no later than **September 19, 2011**.

Getting Help:

For help in making a claim, contact Class Counsel:

**Klein Lyons
Barristers & Solicitors**

**Suite 1100
1333 W. Broadway
Vancouver, BC V6H 4C1**

**Telephone: (604) 874-7171
E-mail: info@kleinlyons.com**

SECTION 1 - CLASS MEMBER INFORMATION

1 Name of Class Member: Mr. Mrs. Miss Ms.

_____ (first name)

_____ (middle name)

_____ (current last name)

2 Other names Class Member has been known by (including maiden names and nicknames):

3 Current mailing address for Class Member:

Street address: _____

Apartment, PO Box or RR number: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: () _____

Can we leave a message at this number: Yes No

Other Telephone: () _____

Can we leave a message at this number: Yes No

Email Address: _____

Can we leave a message at this address: Yes No

4 Class Member's Date of Birth: _____
(day) (month) (year)

5 Class Member's Gender: Male Female

REPRESENTATIVE & LAWYER INFORMATION

REPRESENTATIVE

If the Class Member's personal representative is completing the form, please provide the following contact information and attach documentation establishing legal representation. All further communication will be to the legal representative, unless a lawyer is retained.

Power of Attorney Representation Agreement Committee Litigation Guardian

6 Legal Representative's Name: _____

Street address: _____

Apartment, PO Box or RR number: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: () _____

Can we leave a message at this number: Yes No

Other Telephone: () _____

Can we leave a message at this number: Yes No

Email Address: _____

Can we leave a message at this address: Yes No

LAWYER

If the Class Member or Class Member's representative has retained a lawyer to assist with this claim, what is his/her name and contact information? All further communication will be with the lawyer.

7 Lawyer's Name: _____

Law Firm Name: _____

Street address: _____

City: _____ Province: _____ Postal Code: _____

Office Telephone: () _____

Email Address: _____

SECTION 2 - INFORMATION ABOUT THE CLAIM

Eligibility for compensation will be determined in accordance with the terms of the Settlement Agreement (see Section 3 of this Claim Form). If there is a difference in the language of this Claim Form and the language of the Settlement Agreement, the language of the Settlement Agreement will govern.

Provide answers to the following questions on attached sheets by question numbers:

1. Provide information regarding each injury for which compensation is being claimed including, the number and duration of incidents, the nature of the incident(s), the identity or description of the abuser(s), the date(s) and location(s) of the incident(s). Attach any relevant documents.
2. Provide any information as to the presence of aggravating factors as defined in paragraph 16 of the Settlement Agreement. Attach any relevant documents.
3. Provide information in support of any allegations of negligence in the operations or management of Woodlands. Attach any relevant documents.

Note: It is not necessary to answer this question if the Class Member was the subject of misconduct of a sexual, physical or psychological nature by a Woodlands employee or volunteer.

4. With respect to sexual misconduct by another resident, provide the information and attach the documentation to establish that the Class Member was not legally capable of giving consent or did not consent. Attach any relevant documents.
5. Provide details of any counseling required to address the harm including the cost of that counseling. Attach any relevant documents.
6. For each of the incidents of injury described above, tell how the injury affected the Class Member and describe any treatment received. Attach any relevant documents.
7. Please detail any out-of-pocket expenses associated with making the claim (but not legal fees). Attach Receipts.

8. Please provide your assessment of the category and amount payable for the claim. Ensure that you answer this question by reference to paragraphs 14 and 15 of the Settlement Agreement.
9. The assessment of claims shall be based on the materials provided pursuant to paragraphs 4 and 5 of the Settlement Agreement without a hearing, unless the Class Member elects to make a presentation under paragraph 18 of the Settlement Agreement. If there is a presentation pursuant to paragraph 18, the Judge may also rely on the presentation and any answers given to questions asked by the Judge. If you wish to make an in person presentation to the Judge deciding the claim (this is optional), please indicate so in the attached sheets.
10. List the documents you have attached to this Claim Form in support of the Class Member's claim.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Please attach as many sheets as necessary to fully answer the question.

DECLARATION

I confirm that all of the information in this Claim Form (including materials accompanying to the Claim Form) is true. Where someone has helped me with this Claim Form that person has read to me everything they wrote and included with this Claim Form, if necessary to allow me to understand the content of this completed Claim Form and any attachment to it, and I confirm that information is true.

I know that signing this Claim Form has the same effect as if I had stated the information contained in the Claim Form and accompanying the Claim Form under oath (or affirmation) in court.

Witness

(Witness must know person signing the Claim Form and watch the person sign. Witness does not need to read the Claim Form)

Signature of Class Member (or, personal representative named in section 1.6)

Print Name of Witness

Date (Day/Month/year)

What Happens Next:

The Province will be provided with a copy of the Claim and will have 45 days after it receives the Claim to provide a written Response. The Judge may request further material from either party, to be delivered within 45 days of such request being provided to the party.

A Class Member may elect to make an oral presentation to the Judge but this is optional. The oral presentation will be in a private setting for a maximum of one hour. As psychologist will be present for these oral presentations to provide a supportive environment for the Class Member and will be available to the Class Member for one hour before and one hour after the presentation.

Full details of the claim process are set out in the Settlement Agreement (see Section 3 of this Claim Form).