

TRACK 2 CLAIM FORM

Complete, Sign and Submit by the Claims Bar Deadline of February 9, 2024.

2017 01G 2568 CP

IN THE SUPREME COURT OF NEWFOUNDLAND AND LABRADOR - GENERAL DIVISION

BETWEEN:

JANE DOE (#7), ~~JOHN DOE (#9)~~, (Discontinued)
JOHN DOE (#10) AND JOHN DOE (#11)

PLAINTIFFS

AND:

HER MAJESTY IN RIGHT OF NEWFOUNDLAND AND LABRADOR

DEFENDANT

Brought under the Class Actions Act, S.N.L. 2001, c. C-18.1

**Institutional Class Action - Whitbourne, Pleasantville Training Schools &
St. John's Youth Centre Sexual Abuse Class Action Settlement**

STATUTORY DECLARATION

I _____, of the [City/Town] of _____, in the Province of _____
[Abuse Claimant]

DO SOLEMNLY DECLARE THAT THE ANSWERS AND INFORMATION THAT I HAVE GIVEN BELOW ARE TRUE:

PART I: BACKGROUND INFORMATION

1. What is your full name?

2. What is your date of birth?

3. Where were you born? (Please provide city, province and country)

4. What is your current residential address? (Please provide street address, city, province, country and postal code/zip code)

5. Please list the mailing address you want us to use, if it is different than the address listed in question 4 above.
(Please provide street address, city, province, country and postal code/zip code)

6. What is your highest educational achievement?

7. At which Institution(s) did you reside?

8. Please list the years that you resided at the Institution(s)?

9. What is your current employer or Vocation? (if applicable)

10. What is your current employer's address (if any)?

11. What is your yearly income? \$.00

12. Have you reported the income above to CRA? YES or NO (please circle one)

17. How has the abuse effected you (if any)?

a. Educationally: _____

b. Vocationally: _____

c. Personal Relationships: _____

d. Mental Health: _____

e. Overall well-being: _____

18. Have you received treatment for the above impact?

19. If you have received treatment, from whom:

I MAKE THIS SOLEMN DECLARATION believing it to be true and knowing that it is of the same force and effect as if made under oath. I understand that the information given may affect my rights as against the Defendant and am prepared to be bound by these answers in any proceeding involving my claims for compensation from the Defendant.

DECLARED BEFORE ME at the City of _____, in the Province of _____,
this _____ day of _____, 202__.

WITNESS (Please sign, print name & phone)

ABUSE CLAIMANT (Attestor)

Abuse Claimant shall attest, under penalty of perjury, he/she/other was subjected to Sexual Abuse.

Abuse Claimant (Full Legal Name): _____

Address: _____

Phone Number: _____

Email Address: _____

Witness (Full Legal Name): _____

Address: _____

Phone Number: _____

Email Address: _____

**Complete, Sign and Submit your Track 1, Track 1 A, or Track 2 Claim Form by the Claims Bar
Deadline of February 9, 2024. 11:59 PM EST**

Claim Forms may be submitted by one of the following methods:

- i. Email at: Claims@Trilogyclassactions.ca;
- ii. Fax at: 416-342-1761
- iii. Purolator /Canada Post Courier (Prepaid):
- iv. Mail: (not the most secure nor confidential – please take advantage of the prepaid courier)

**Trilogy Class Action Services
117 Queen St, P.O. Box 1000,
Niagara-on-the-Lake, ON,
L0S 1J0**

More information and Court Documentation and is available in your preferred language at the following website: <http://www.NFLDsexabuseclassaction.ca>