

ONTARIO JAIL ADMINISTRATIVE SEGREGATION CLAIM FORM

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 an 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) to the Administrator by March 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.

ONTARIO JAIL ADMINISTRATIVE SEGREGATION CLAIM FORM

WHO CAN SUBMIT A CLAIM FORM?

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

1) You stayed in Administrative Segregation in an Ontario Jail¹ for **15 or more consecutive days** AFTER April 20, 2015 and BEFORE August 18, 2021

OR

2) You stayed in Administrative Segregation in an Ontario Jail for **any length of time** AFTER April 20, 2015 and BEFORE August 18, 2021 and

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
Note: substance abuse disorders and personality disorders (except Borderline Personality Disorder) are *not* eligible disorders.

If you were placed in administrative segregation ONLY before April 20, 2015, but after January 1, 2009, you should contact the Administrator to provide the details of your placement(s), because you may still be entitled to money if you can prove that you could not start a lawsuit before April 20, 2015.

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

HOW DO I SUBMIT MY CLAIM FORM?

CLAIM ONLINE

Or download and print the Claim Form by going to the website:

Website:

<https://www.ontarioadministrativesegregation.ca>

Email: info@ontarioadministrativesegregation.ca

OR BY MAIL

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

(*Indicates required fields)

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

ONTARIO JAIL ADMINISTRATIVE SEGREGATION CLAIM FORM

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: CLAIMANT 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

ONTARIO JAIL ADMINISTRATIVE SEGREGATION CLAIM FORM

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).
--------------------------	--

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.

You do not need to answer this question right now. However, the 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: _____

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.

ONTARIO JAIL ADMINISTRATIVE SEGREGATION CLAIM FORM

You do not need to answer these questions right now, but answering them now might help your claim to be resolved faster.

Placement Dates in Administrative Segregation

<input type="checkbox"/>	Check this box if you (or the person you are claiming for) was placed in administrative segregation in an Ontario correctional institution for 15 or more consecutive days (15 or more days in a row) AFTER April 20, 2015 and BEFORE August 18, 2021.
--------------------------	--

Please provide information concerning your placement(s) in administrative segregation between April 20, 2009 and April 20, 2015.

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.

<p>1. * I was placed in administrative segregation in: _____ on around _____ <small>(Ontario jail name)</small> <small>(date)</small> and I was kept there for approximately _____. <small>(number of days)</small> Please describe your placement during this time at this location: _____ _____ _____ _____ _____ _____ _____ _____ _____</p>

ONTARIO JAIL ADMINISTRATIVE SEGREGATION CLAIM FORM

2. 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:

3. 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:

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.

ONTARIO JAIL ADMINISTRATIVE SEGREGATION CLAIM FORM

SECTION D: PAYMENT INFORMATION*

If your claim is successful and you are awarded money, the Administrator needs to know where it should pay that money.

If you are NOT incarcerated in an Ontario jail at the time that an award becomes payable to you:

I authorize and direct the Administrator to pay my damages award(s) (if any) to:

<input type="checkbox"/>	<p>The following bank account:</p> <p>_____</p> <p style="text-align: center;">Branch Number Institution Number Account Number</p> <p>Account type: <input type="checkbox"/> Chequing <input type="checkbox"/> Savings <input type="checkbox"/> Other</p> <p>Name of Account Holder:</p> <p>_____</p> <p>Mailing Address of Account Holder:</p> <p>_____</p> <p>_____</p> <p>OR</p>
<input type="checkbox"/>	<p>me by cheque mailed to the address identified on this claim form</p> <p>OR</p>
<input type="checkbox"/>	<p>I want my cheque sent to someone else and mailed to the name and address below:</p> <p>_____</p> <p><u>(name)</u></p> <p>_____</p> <p>_____</p> <p><u>(mailing address)</u></p> <p>_____</p> <p><u>(telephone number, if the Administrator needs to contact you to arrange payment)</u></p>

ONTARIO JAIL ADMINISTRATIVE SEGREGATION CLAIM FORM

If you ARE incarcerated in an Ontario jail at the time that an award becomes payable to you:

I authorize and direct the Administrator to pay my damages award(s) (if any) to:

<input type="checkbox"/>	<p>The following bank account:</p> <p>_____</p> <p style="text-align: center;">Branch Number Institution Number Account Number</p> <p>Account type: <input type="checkbox"/> Chequing <input type="checkbox"/> Savings <input type="checkbox"/> Other</p> <p>Name of Account Holder:</p> <p>_____</p> <p>Mailing Address of Account Holder:</p> <p>_____</p> <p>_____</p> <p><u>OR</u></p>
<input type="checkbox"/>	<p>I want the Administrator to send a cheque for my award to someone else, at the name and address below:</p> <p><u>(name)</u></p> <p>_____</p> <p>_____</p> <p><u>(mailing address)</u></p> <p>_____</p> <p><u>(telephone number, if the Administrator needs to contact them to arrange payment)</u></p> <p>_____</p> <p><u>OR</u></p>
<input type="checkbox"/>	<p>I want the Administrator to hold my award in an Incarcerated Class Member Trust Account; and</p> <p style="margin-left: 40px;">a) If I know my Social Insurance Number, I will provide it to the Administrator; and</p> <p style="margin-left: 40px;">b) I consent to sharing my personal information with the Administrator, the financial institution(s) holding the Trust Account, and the Accountant of the Superior Court of Justice that is necessary to establish, maintain, and pay money into and out of these account(s).</p> <p>If you are incarcerated at the time that your award(s) (if any) are payable to you, the Administrator will hold your award in an Incarcerated Class Member Trust Account for you.</p>

ONTARIO JAIL ADMINISTRATIVE SEGREGATION CLAIM FORM

	<p>Throughout your incarceration you may still choose to have your award paid to someone else by providing a written request to the Administrator. Once the Administrator receives your written request and the payment information, a cheque will be mailed according to your instructions and your Incarcerated Class Member Trust Account will be closed. If you do not make a written request to the Administrator to have your award paid to someone else, your award will remain in your Incarcerated Class Member Trust Account and will be paid to you upon your release from jail.</p> <p>If you are not released from an Ontario jail by the time that the administration of this protocol is completed, the money in your Incarcerated Class Member Trust Account will be paid to the Accountant of the Superior Court of Justice, and you can claim it from the Accountant of the Superior Court of Justice when you are released.</p>
--	--

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.

ONTARIO JAIL ADMINISTRATIVE SEGREGATION CLAIM FORM

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"/>	

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.

ONTARIO JAIL ADMINISTRATIVE SEGREGATION CLAIM FORM

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

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 Representative Completing Form

Print Full Name of Representative Completing Form

Date

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

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

YES NO