

Confidential Claim Form

Settlement of the Class Action against the City of Westmount for Sexual Abuse committed by its former employee, John Garland

The Class Representative, Benedict Matthew Bissonnette, has reached a Settlement with the City of Westmount to resolve the class action brought before the Superior Court of Quebec (File No. 500-06-000743-159), on behalf of the following group of persons:

All persons who, from 1953 to 1987, were sexually abused by John Garland while participating in the sports or recreation programs offered by the City of Westmount.

The Settlement provides for a streamlined, discreet, and confidential way to submit a claim.

If you are a Class Member and would like to claim compensation, you MUST submit a completed and signed Claim Form with any required documents by **(a)** registered mail, **(b)** email, or **(c)** fax **by the Claim Deadline of September 11th, 2017** to Class Counsel:

Trudel Johnston & Lespérance
750 Côte de la Place d'Armes
Montreal, QC, H2Y 2X8
Telephone : 514 871-8385 ext. 209
Fax : 514 871-8800
Email : jean-marc@tjl.quebec

Before completing this Claim Form, we invite you to consult the Notice of Settlement Approval and the full Settlement Agreement at www.tjl.quebec. If you have any questions about the Settlement Agreement or this Claim Form, you can consult Jean-Marc Lacourcière by email (jean-marc@tjl.quebec) or phone (514-871-8385 at ext. 209).

PART 1 - Information regarding the Claimant

Last Name

First Name

Date of Birth (YYYY-MM-DD)

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PART 1- Information regarding the Claimant (continued)**Address:**

Apartment

Number

Street, P.O. Box

City

Province

Country

Postal or Zip Code

Communications:

Daytime telephone number:

Email address:

**Do you prefer that we contact you
by telephone or email?**

N.B. Please be sure to regularly update your contact information with Trudel Johnston Lespérance until you have received confirmation that the claims process is complete.

PART 2 – Documentation to confirm your Identity

Please submit the following TWO documents with your claim:

- A photocopy of your birth certificate; and
- A colour photocopy of your passport, driver's license OR health insurance card

PART 3 – Information regarding the Sexual Abuse

n.b. If your name appears on the Confidential List of Pre-Approved Claimants, you DO NOT have to complete Part 3. Please contact Trudel Johnston Lespérance to verify whether your name appears on this list of people who have already shared their information and have been deemed admissible by the City of Westmount.

PART 3 – Information regarding the sexual abuse (continued)

YYYY/MM to YYYY/MM

- a) **The time period during which you participated in a City of Westmount sports or recreation program**

to

- a) **Proof of Participation in a Westmount sports or recreation program** (if possible):

If you have any document or piece of memorabilia that confirms your participation in a City of Westmount sports or recreation program, please include a copy of them with your Claim.

If you do not have any such document or memorabilia but know another person who was a participant with you, you can ask that person to swear an affidavit to confirm your participation and include the affidavit with your Claim. For information on how to do so, please contact Trudel Johnston Lespérance.

- b) **Type of the Sexual Abuse:**

- c) **Place(s) where the Abuse Occurred; and**

- d) **Approximate Time Period of the Abuse** (Year and if possible, the Month or Season)

Type of Sexual Abuse	Occasionally	Frequently	Place(s) where the abuse occurred	Approximate Time Period of the Abuse
Pressure to engage in Sexual Activity	<input type="checkbox"/>	<input type="checkbox"/>		
Displaying of Pornography	<input type="checkbox"/>	<input type="checkbox"/>		
Exposure of body parts	<input type="checkbox"/>	<input type="checkbox"/>		
Masturbation	<input type="checkbox"/>	<input type="checkbox"/>		
Direct Sexual Contact	<input type="checkbox"/>	<input type="checkbox"/>		

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Other form(s) of sexual activity (<i>please list them below</i>):	□	□		
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** If you would like more space to share your story, you can include a short summary of what happened to you on separate pieces of paper. Please be sure to include the information required by sections (a), (b), (c) and (d) of Part 3 in your summary.*

** If the City does not find you to be admissible under the Settlement, we may ask you to write up a short summary of your story in order to explain what happened to you.*

PART 4 – Identification of the Type(s) of Compensation that you are Claiming

Base compensation is for admissible claimants who have suffered less severe consequences as a result of being sexually abused on one or a few occasions.

Additional Compensation is reserved for admissible claimants who due to the severity and frequency of the sexual abuse have suffered more severe consequences.

Please indicate with a checkmark whether you are claiming Base Compensation or both Base Compensation and Additional Compensation:

- Base Compensation of \$35, 000** (if you have an Admissible Claim);
- Base Compensation of \$35, 000 + Additional Compensation** (if you have an Admissible Claim):
- Additional Compensation will be determined on a *pro rata basis* in accordance with the severity of each applicant’s personal claim and the severity of all eligible claims for Additional Compensation.

** If you do not make a selection, your claim will be processed as a claim for the Base Compensation amount.*

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Required Information for Additional Compensation: please confirm below with a checkmark the damages that you have suffered in relation to the abuse:

Symptom(s)/Damage(s)	Occasionally	Frequently
Alcohol or Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Anger	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with authority figures	<input type="checkbox"/>	<input type="checkbox"/>
Fear	<input type="checkbox"/>	<input type="checkbox"/>
Guilt	<input type="checkbox"/>	<input type="checkbox"/>
Humiliation/Shame	<input type="checkbox"/>	<input type="checkbox"/>
Loss of self-esteem	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares and/or difficulty sleeping	<input type="checkbox"/>	<input type="checkbox"/>
Panic attacks	<input type="checkbox"/>	<input type="checkbox"/>
Self-destructive behavior	<input type="checkbox"/>	<input type="checkbox"/>
Sexual dysfunction	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal ideation and/or suicide attempt(s)	<input type="checkbox"/>	<input type="checkbox"/>

n.b. For an outline of how points will be awarded for Additional Compensation, please consult the Compensation Grid (see Schedule G to this Agreement).

PART 5 – Supporting Documentation for Additional Compensation:

In order to support your Claim for Additional Compensation, please confirm below with a checkmark the situation that applies to you and provide the relevant supporting documentation:

Damage	Required Supporting Documentation
Therapy for Excessive Alcohol or Drug Consumption, or Alcohol or Drug Rehabilitation Program	<input type="checkbox"/> Medical records / Letter from Therapist / Letter from Rehabilitation Program
Therapy (other than for Excessive Alcohol and/or Drug Consumption)	<input type="checkbox"/> Medical records / Letter from Therapist
Alcohol and/or Drug related Criminal Charge(s)	<input type="checkbox"/> Documentary Evidence showing the Criminal Charge(s)

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Significant Adverse Change in Claimant's Relationship(s) with Family, Friends, and/or Work Colleagues	<input type="checkbox"/> Affidavit from a Family Member or Friend attesting to the Significant Adverse Change / Letter from Therapist
Loss of Income and/or Loss of Earning Capacity	<input type="checkbox"/> Documentary Evidence showing a Permanent Loss / Letter from Therapist

PART 6 – Sworn Declaration

After reviewing this Claim Form, I, the undersigned, declare, under penalty of perjury, that the information that I have provided is true and correct.

AND I HAVE SIGNED:

Claimant's signature

Name: _____

Solemnly declared before me in _____

This ___ day of _____ 201__

Commissioner for the taking of oaths
for the district of _____