

**JONAH v. ATTORNEY GENERAL OF CANADA**  
**Montréal Superior Court No.: 500-06-000999-199**

You might be a member of this class action if you fit into one of these two groups:

1. Survivors' Group

You attended an Aboriginal day school in Canada between the years 1906 and 2014

-and-

This school was operated by the Federal Government in cooperation with a province, territory, School Board or religious entity

-and-

This school was located in an Aboriginal Community (reserve or Indian establishment)

-and-

You are a person subject to the *Indian Act*

Or

2. Family Group

You are a **family member\*** of a person in the Survivor Group.

\*Family Members: Any spouse or civil union partner, any sibling and any child or grandchild, as well as any spouse or civil union partner of any sibling, child or grandchild of a person in the Survivor Group.

The persons included in the description of the group do not need to sign up or take any steps in order to benefit from the effects of the judgment.

Please note that completing this form does not guarantee you any compensation. You may fill this form even if you are not certain whether you qualify as a member of this class action.

Indeed, it will ultimately be up to the court to decide on the merits of the class action and the terms of compensation. In addition, the eligibility criteria to receive compensation could be modified by the court, which could result in your exclusion from the class action.

This application is only a way to keep members informed of the developments of the class action. **Please inform us of any modification in your address.**

**REGISTRATION TO THE LIST OF MEMBERS OF THE CLASS ACTION**  
**JONAH v. ATTORNEY GENERAL OF CANADA**

**Member information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Curent address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_ \_ \_ \_ \_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Would you be ready to testify?            Yes                                     No

Language of correspondence            French                                     English

Have you personally attended a provincial, territorial, public or religious Aboriginal Day School? Yes  No  No, but a member of my family has.

If applicable, what is the name of the school you attended and what year(s) did you attend this school? (You may also answer this question to provide us with details regarding the situation of a family member.) \_\_\_\_\_

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Please mail the filled form at the following address

TRUDEL JOHNSTON & LESPÉRANCE	Tel.: 514 871-8385
A/S Jessica Lelièvre	Fax: 514 871-8800
750 Côte de la Place d'Armes, bureau 90	Toll free: 1-844-588-8385
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