

GEORGE MICHAEL DIGGS v. ATTORNEY GENERAL OF QUEBEC
Montréal Superior Court No.: 500-06-001094-206

You are included in this class action if you meet **all the following criteria**:

1. You have been placed in “solitary confinement” (i.e. confined or locked in a cell for at least 22 hours a day) in a Quebec detention facility;
2. Such confinement occurred between October 1, 2017, and June 29, 2021; **AND**
3. You were confined for disciplinary reasons, that is, following a decision of the facility’s disciplinary committee.

Individuals that were placed in solitary confinement for reasons other than disciplinary are excluded from this action. However, these individuals could be member of the *Gallone* action, which refers to court case no 500-06-000866-174.

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.

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

Member information

First Name: _____ Last Name: _____

Inmate Number : _____

Current establishment (if applicable): _____

Current address : _____

City: _____ Postal code: _ _ _ _ _

Telephone: (____) _____ Email : _____

Would you be ready to testify? Yes No

Language of correspondence French English

Institution(s) where the solitary confinement took place: _____

Approximate dates (MM-YYYY) and reasons for solitary confinement, if known:

Contact information

First Name: _____ Last Name: _____

Address: _____ City: _____

Postal Code: _ _ _ _ _ Telephone: (____) _____

Email : _____

Language of correspondence French English

Relationship of the contact with the member (ex: family, lawyer etc.):

Please mail the filled form at the following address

TRUDEL JOHNSTON & LESPÉRANCE
A/S Marianne Dagenais-Lespérance
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Montréal, Québec, H2Y 2X8

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