

CLAIM FORM

Martin v. Lahey et al
(Hfx No. 297827)

In the Supreme Court of Nova Scotia

**Sexual Abuse by Priests
of the Catholic Episcopal Corporation of Antigonish between
January 1, 1950 and September 10, 2009**

Application Deadline:

*All completed Claim Forms must be submitted by **March 10, 2010** for you to be eligible to receive compensation under the class action process.*

If have not submitted a Claim Form by this deadline, you may apply to the Court for an extension of the time to file a Claim Form, which may be granted under exceptional circumstances only. Applications for an extension of time to submit a Claim Form may be made no later than August 9, 2010.

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INSTRUCTIONS

- Please fill out all sections of this form in black ink.
- Use as much extra paper as you need to fully answer the questions.
- If you have any additional comments or documents to go with this form, please attach them.

SECTION A – PERSONAL INFORMATION

1. Name

Mr. Mrs. Ms. Miss

(first name)

(middle name)

(current last name)

2. Other names you have been known by (including maiden names and nicknames)

3. Current mailing address

Street name and number

Apartment number, P.O. Box or R.R. #

Province

Postal Code

Home telephone () _____

Can we leave you a message at this number? Yes No

Other telephone () _____

Can we leave you a message at this number? Yes No

E-mail address _____

Can we leave you a message at this address? Yes No

4. If you have retained a lawyer to assist you with this claim, what is his/her name and contact information?

Lawyer's Name

Street name and number

Suite/Office number, P.O. Box or R.R. #

Province

Postal Code

Telephone () _____

5. If you are not represented by a lawyer, how would you prefer to be contacted

Mail Home telephone Other telephone E-mail

6. Your date of birth: _____
- Day Month Year

7. Your Country & Province, State or Territory of birth

8. Your Gender: Male Female

9. Do you have any health problems that you feel could prevent you from participating in a hearing if it were held more than six months from now?

If so, please attach a note from a doctor confirming the nature of your health problem and the need for expedited consideration of your claim.

10. Have you started a court action or any administrative proceeding for compensation for sexual abuse by a priest of the Diocese of Antigonish, which occurred on or after January 1, 1950?

Yes No

11. Were you a member of a parish of the Diocese of Antigonish when the sexual abuse by a priest of the Diocese of Antigonish occurred?

Yes No

If you answered Yes, please provide the name, dates of membership and location of all parishes you were a member of when you suffered sexual abuse by a priest of the Diocese of Antigonish.

Name of Parish	Dates of Membership in Parish	Location of Parish

12. Please fill out the following chart.

	Incident of Abuse (Briefly describe the sexual abuse and any other abuse or wrongful act that happened to you)	Approximate Date(s) of Abuse	Where did it happen? (Name and location of parish if on parish property or name and area of town if not on parish property)	Who Abused You?
1				
2				
3				
4				
5				

Please attach as many sheets as necessary to fully answer the question

13. **Please tell us your story.** For each incident of abuse you listed in Question 12, please describe the following in as much detail as you can:

Please attach as many sheets as necessary to fully answer the question.

SECTION C - TREATMENT

16. Have you ever received treatment, counselling or healing (including but not limited to: counselling, hospitalization, visit to a family doctor, visit to a specialist, visit to a clinic, or non-traditional remedies) for **emotional, mental, physical or psychological effects** that you think might be related to the sexual abuse by a priest of the Diocese of Antigonish that you suffered?

- Yes No

If the answer is Yes, please provide us with details in the chart below. Please include any treatment you are still undergoing.

Describe the injury or condition requiring treatment	Describe the type of treatment received (please include the name and dosage of any medication prescribed)	When was the treatment provided (month/year)	Who provided the treatment?	Where did you receive the treatment (name and location of facility/office)

Please attach as many sheets as necessary to fully answer the question.

17. Were you treated for a similar injury or condition before the abuse by a priest of the Diocese of Antigonish happened? If so, please provide the name of the person who treated you, describe the injury and treatment, and provide the approximate date(s) when you received that treatment.

24. Please give the details of your work history, whether it was paid or volunteer.

Name of employer. For periods you were not employed, describe your activities during that time.	Job title and brief description of your work duties.	Date you started working for each employer	Date you stopped working for each employer	Income earned (State whether the amount listed was weekly, monthly or yearly. If your income from the employer varied, please state the average income you earned during your employment with the employer)	Reason(s) why you stopped working for the employer or were unemployed.

Please attach as many sheets as necessary to fully answer the question.

If my claim cannot be settled by negotiation, my personal information will be shared with a Judge who will determine the value of my claim.

If I undergo a medical assessment, my personal information will be shared with a Medical Expert.

If I have made a claim for financial loss, my personal information may be shared with an Economic Expert

My personal information may be shared with any Additional Expert(s) that may be necessary to determine the value of my claim.

The details of my sexual abuse claim may be shared with those I identify as having abused me and any witnesses. Information provided to the person(s) I identify as having abused me and witnesses will not include my contact details or other information not relevant to their role in the claim, unless I want it to be shared.

I further understand that the Defendant will have the right to conduct reasonable investigation of my claim, and that the Defendant shall make all reasonable efforts to minimize the disclosure of my personal information in conducting its investigation, advise each individual contacted in the course of the investigation of the importance of maintaining the confidentiality of my personal information, and make all reasonable efforts to obtain a written undertaking of confidentiality in relation to my personal information from any person contacted during the investigation.

I agree to respect the private nature of any Hearing that may be conducted in this process. I will not disclose the details or existence of any witness statement I receive or anything said at the hearing by any participant, except what I say myself.

I confirm that all of the information provided in this Claim Form (including materials accompanying to the Claim Form) is true, whether made by me or on my behalf. Where someone has helped me with this Claim Form that person has read to me everything they wrote and included with this Claim Form, if necessary to allow me to understand the content of this completed Claim Form and any attachments to it, and I confirm that information is true.

I know that signing this Claim Form has the same effect as if I had stated the information contained in the Claim Form and accompanying the Claim Form under oath (or affirmation) in court.

Witness

(Witness must know you and watch you sign. Witness does not need to read your Claim Form)

Claimant Signature

Print Name of Witness

Date (Day/Month/Year)

If the Claimant signed with a mark, the witness must also sign the following declaration:

I have read the content of this completed Claim Form to the Claimant who understands and confirms the complete contents and who made his or her mark in my presence.

Witness

Print Name of Witness

Date (Day/Month/Year)

Address (including telephone & fax numbers)