

# Saint John Estabrooks Abuse Class Action Claim Form

**Content warning:** Answering the questions in this form may be difficult or triggering. This form includes questions about sexual harm. You may wish to complete this form in a place where you feel safe, or with the support of someone you trust.

**If you need immediate support**, 24/7 help is available by calling the Sexual Violence New Brunswick support line at 506-454-0437. Additional support resources are available at the end of this form. Additional support resources are available at the end of this form or at [www.saintjohnclassaction.kpmg.ca](http://www.saintjohnclassaction.kpmg.ca).

---

## Important information

- Fill out and submit this claim form to request compensation from the Settlement for harm from being sexually abused by Kenneth Estabrooks, while he was employed as a City of Saint John police officer between January 1, 1953, and November 1, 1975.
- If you are completing this form for yourself, you are not required to provide documents, records or other evidence proving you were abused by Kenneth Estabrooks.
- If you are completing the form as the estate representative for someone who is deceased, you must provide evidence to show that you have legal authority to act on their behalf, as well as documentation proving that the sexual abuse occurred.
- Please read this form and the Notice of Settlement Approval carefully and complete your claim form at your own pace. You can download a PDF copy of this form and the Notice of Settlement Approval from [www.saintjohnclassaction.kpmg.ca](http://www.saintjohnclassaction.kpmg.ca).
- Send your completed claim form and any supporting documents to the administrator by **April 13, 2027**.
- Ask for help if you do not understand something. If you have any questions or need help, contact the administrator at 1-855-609-2759, email [saintjohnclassaction@kpmg.ca](mailto:saintjohnclassaction@kpmg.ca). In person assistance is also available on request.

- You can also ask the lawyers representing members of this class action for help by using the contact information below:

<b>Koskie Minsky LLP</b>	<b>McKiggan Hebert Lawyers</b>
Email: <a href="mailto:estabrooksabuseclassaction@kmlaw.ca">estabrooksabuseclassaction@kmlaw.ca</a> Phone: 1-866-777-6323 20 Queen Street West Suite 900, Box 52 Toronto ON M5H 3R3	Email: <a href="mailto:info@mckigganhebert.ca">info@mckigganhebert.ca</a> Phone: 902-423-2050 1959 Upper Water Street, Suite 502 Purdy's Wharf Tower 1 Halifax NS B3J 3N2

**All information provided, including your identity, will be kept strictly confidential and will only be used for processing your claim.**



### Checklist: Is your claim form complete?

- Go over the claim form to make sure it is complete and correct.
- Sign and date this claim form on page 12.
- If you are submitting this claim form as someone's representative, attach documents showing you have legal authority to represent the person making this claim.
- Keep a copy of this claim form for your records.

Submit the claim form and any attached documents by **April 13, 2027** in one of the following ways:

**By email:** [saintjohnclassaction@kpmg.ca](mailto:saintjohnclassaction@kpmg.ca)

**By mail or courier:**

KPMG INC.  
600 de Maisonneuve Blvd. West  
Suite 1500, KPMG Tower  
Montréal QC H3A 0A3  
Attention: Administrator of  
Saint John Estabrooks Abuse Class Action

**In Person:**

KPMG INC.  
City Hall Building, Suite 501  
15 Market Square  
Saint John NB E2L 1E8



### What happens after I submit a Claim?

- The administrator may contact you if they need more information, or to clarify the information that you provided.
- The administrator will review your claim form and decide if you are eligible for compensation from the settlement.
- When all claims have been processed, the Administrator will contact you to tell you the result of your claim.
- If your contact details change, please let the administrator know right away. The administrator's contact information is on page 1 of this claim form.



### What if I am submitting this claim form for someone else?

- If you are filling out this claim form for someone else because they are deceased, you need to complete **both Section 1 and Section 2** of this claim form and attach proof of your authority to submit a claim form on their behalf.

## SECTION 1 – Your Contact information

If you are completing this claim form on behalf of someone else, please make sure to fill in your contact information in the section below:

Full Name: \_\_\_\_\_

Preferred Name (optional): \_\_\_\_\_

Date of Birth (YYYY-MM-DD): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

May we leave a voicemail?  Yes  No

Email address (optional): \_\_\_\_\_

Best way to contact you (check up to three preferred methods of contact):  Phone  Email  Mail

**Government-issued photo identification (required)**

Please attach a clear copy (photo or photocopy) of one valid government-issued photo ID (e.g., driver's license, passport, or provincial/territorial ID card). The name and date of birth must be visible and match the name and date of birth provided in Section 1.

## SECTION 2 - If you are completing this claim for someone who is deceased

Please complete this section only if you are making this claim for someone who is deceased. Please note: To be eligible for compensation from the settlement, the person must have been alive on **May 16, 2024**.

If you are completing the form for yourself, you may skip this section and continue to Section 2.

### Information about the person who is deceased

Full Name:

---

Date of birth (YYYY-MM-DD):

---

Date of death (YYYY-MM-DD):

---

Last mailing address:

---

City, Province, Postal Code:

---

### Documents to Include

If you are completing this form on behalf of a person who is deceased, please explain why you have the authority to submit this claim form on their behalf, and attach one of the following documents that shows you are the representative for their estate:

- Letters of Administration
- Letters of Administration with Will Annexed
- Letters Probate
- A copy of the will naming you as the Executor

---

---

---

---

---

---

---

---

### SECTION 3 – Sworn Declaration

**Section 3 of the claim form is a Sworn Declaration. You swear that everything you write down in this part of the claim form is true to the best of your knowledge. If you do not remember or are unsure of any details, please write that.**

#### Part 3A – Eligibility for Compensation

This claim form is for people who may be entitled to compensation from the Saint John Estabrooks Abuse Class Action Settlement. The settlement is for people who experienced harm from being sexually abused by Kenneth Estabrooks, while he was employed as a City of Saint John police officer between January 1, 1953, and November 1, 1975.

To be eligible, the administrator must be satisfied of the following:

- You suffered harm as a result of being sexually abused by Kenneth Estabrooks.
- The sexual abuse occurred sometime between January 1, 1953, and November 1, 1975
- The sexual abuse occurred in the City of Saint John.
- The sexual abuse occurred while Kenneth Estabrooks was a City of Saint John police officer.

#### During what date(s) or date range did the sexual abuse occur?

Date: \_\_\_\_\_  
(YYYY-MM-DD)

**OR**

Date range the abuse occurred: From \_\_\_\_\_ to \_\_\_\_\_  
(YYYY-MM-DD) (YYYY-MM-DD)

#### How old were you when the sexual abuse occurred?

Age: \_\_\_\_\_ **OR**

The abuse occurred between the ages of \_\_\_\_\_ and \_\_\_\_\_ .



### **Part 3B – Abuse Experienced**

Please note, answering the questions in this section may be difficult or triggering.

The settlement provides compensation for the following forms of sexual abuse.

The examples below are provided for clarity and are not exhaustive. Please select all that apply to you or the person for whom you are filling out the claim form, and then use the space on page 9 to describe what happened to you:

1. Sexual touching, including fondling, kissing, touching privates, and/or exposure of genitals  
 Once       More than once
  
2. Attempted or completed sexual acts, including masturbation, sexual activity intended to resemble intercourse, oral sex, or sexual acts that included penetration with a body part (for example, penetration with a finger)  
 Once       More than once
  
3. Sexual acts involving threats or intimidation, including oral sex, sexual acts that included penetration with a body part (for example, penetration with a finger), or attempted anal or vaginal penetration  
 Once       More than once  
 With coercion or intimidation (including threats made toward you or your family)
  
4. Sexual assault involving vaginal or anal penetration  
 Once       More than once  
 With coercion or intimidation (including threats made toward you or your family)





### **Part 3C – Eligible Psychological Harms (Optional)**

If you suffer from one or more **Eligible Psychological Harms** from being abused by Kenneth Estabrooks, you may be eligible for additional compensation if you provide supporting documentation such as medical records, a medical diagnosis, or a psychological assessment.

**Eligible Psychological Harms** include any of the following: post-traumatic stress disorder, anxiety disorder, depression, eating disorder, sleep disorder, substance use disorder, anger issues, self-harming, sexual dysfunction, intimacy problems, and/or other personality and/or psychotic disorders.

**Would you like to include supporting documentation to claim additional compensation for an Eligible Psychological Harm?**

- Yes, I have included supporting documentation with my claim form.
- No.
- I may provide supporting documentation later.

### Part 3D – Consent & Signature

- I understand that the Administrator can contact me to get more information about my Claim (or, if applicable, about the Claim of the person I am submitting this claim form for), and consent to being contacted for this purpose.
- Under penalty of perjury, all of the information provided by me in this claim form is true, correct and complete to the best of my knowledge and ability, and any documents I am sending in with this claim form are true and correct copies of the original documents.
- I understand that this claim form and any documents I submit with it can be checked and reviewed by the Administrator and/or Class Counsel to make sure everything I said and the information in the documents is true and accurate.
- I understand that if I lied in this claim form or if the documents I submitted are found to be fraudulent (i.e. false), I will not receive any payment, and I could be charged with perjury. Perjury means knowingly giving false information after swearing or affirming to tell the truth.
- I declare that the information I have provided is true to the best of my knowledge and that I am making this claim in good faith. I understand that all information provided will be kept confidential.
- If I am completing this form on behalf of someone who is deceased, I also declare that I am authorized to submit this claim and have included the required documents.

SIGNED AT

\_\_\_\_\_  
(City)

and the Province/Territory of

\_\_\_\_\_  
(Province/Territory)

this \_\_\_\_\_ day of \_\_\_\_\_

(DD)

(Month)

(YYYY)

\_\_\_\_\_  
(Signature)

You must sign this declaration before a commissioner of oaths, lawyer, or another authorized official. This can be done in-person or remotely over a video call. They must also complete the section below.

If you need help completing this step, you can contact Class Counsel or the Claims Administrator:

<b>Class Counsel</b>	<b>Claims Administrator</b>
<ul style="list-style-type: none"><li>• Email: <a href="mailto:estabrooksabuseclassaction@kmlaw.ca">estabrooksabuseclassaction@kmlaw.ca</a></li><li>• Phone: 1-866-777-6323</li></ul> or <ul style="list-style-type: none"><li>• Email: <a href="mailto:info@mckigganhebert.ca">info@mckigganhebert.ca</a></li><li>• Phone: 902-423-2050</li></ul>	<ul style="list-style-type: none"><li>• Email: <a href="mailto:saintjohnclassaction@kpmg.ca">saintjohnclassaction@kpmg.ca</a></li><li>• Phone: 1-855-609-2759</li></ul>

Sworn or affirmed before me at the City of \_\_\_\_\_

(City)

and the Province/Territory of \_\_\_\_\_

(Province/Territory)

this \_\_\_\_\_ day of \_\_\_\_\_

(DD)

(Month)

(YYYY)

\_\_\_\_\_  
Signature of Commissioner of Oaths or Notary Public

Name of Official

(Printed): \_\_\_\_\_

Location of  
Official (if sworn  
via video-link) \_\_\_\_\_

## SECTION 4 – Payment Information

- Cheque (No further information is required)
- Direct Deposit (If selected, please provide a void cheque or enter the information below):

Bank Name \_\_\_\_\_

Account Holder Name \_\_\_\_\_

Transit Number \_\_\_\_\_

Institution Number \_\_\_\_\_

Account Number \_\_\_\_\_

## Submitting Your Claim

**Deadline to submit this form:** This form must be submitted by **April 13, 2027**.

You may submit this form using any of the methods below:

**By email:** [saintjohnclassaction@kpmg.ca](mailto:saintjohnclassaction@kpmg.ca)

**By mail:**

KPMG Inc.  
600 de Maisonneuve Blvd. West  
Suite 1500, KPMG Tower  
Montréal QC H3A 0A3  
Attention: Administrator of Saint John Estabrooks Abuse Class Action

**In Person:**

KPMG Inc.  
City Hall Building, Suite  
501 15 Market Square  
Saint John NB E2L 1E8

## Support resources

The resources below are available if you need support.

### Immediate support

<b>Organization</b>	<b>Contact information</b>
Sexual Violence New Brunswick (24/7)	506-454-0437 <a href="http://www.svnb.ca">www.svnb.ca</a>

### Other support resources

<b>Organization</b>	<b>Contact information</b>
Mental Health and Crisis Support (New Brunswick)	<ul style="list-style-type: none"><li>• Addiction and Mental Health Helpline – 24/7 1-866-355-5550</li><li>• Mobile Crisis Response – Saint John 1-888-811-3664</li></ul>
Indigenous and First Nations Support	<ul style="list-style-type: none"><li>• Hope for Wellness Helpline Helpline – 24/7 855-242-3310</li><li>• Chat: <a href="http://www.hopeforwellness.ca">http://www.hopeforwellness.ca</a></li></ul>
Local Community Mental Health Services	<ul style="list-style-type: none"><li>• Community Mental Health Centre – Saint John 506 658 3737</li><li>• 211 NB – Community Resource Network Dial 211</li></ul>