Ontario Corrections Staffing-Related Lockdowns Class Actions Settlement

Ontario Corrections
Staffing-Related Lockdowns
CLASS ACTIONS SETTLEMENT

CLAIM FORM

Want to complete and submit your Claim online? Go to https://Portal.OntJailStaffLockdowns.ca.

Instructions

- Fill out this Claim Form to request compensation from the Settlement.
- Read all instructions, the Notice of Settlement Approval, and this entire Claim Form carefully before you start, so you know which sections apply to you.
- Fill out all of the information in every section that applies to you.
- Make sure that you give yourself enough time before the deadline to remember and write down what happened to you and to gather any supporting documents that you need to send in with this Claim Form.
- Send your completed Claim Form and any supporting documents to the Administrator by **December 1, 2026**. Your Claim Form will be kept confidential and will only be used for processing your Claim.
- If you have any questions or need help, contact the Administrator at 1-844-742-0825 or email Info@OntJailStaffLockdowns.ca.

Before Submitting This Claim Form

- [ ] Go over the Claim Form to make sure it is complete and correct.
- [ ] Sign and date this Claim Form on page 16.
- [ ] If you are applying for a Serious Harm Award, attach any documents that will support your Claim.
- [ ] If you are submitting this Claim as someone's representative, attach documents showing you have legal authority to represent the Claimant.
- [ ] Keep a copy of this Claim Form and all the supporting documents for your records.

Submit the Claim Form and any attached documents by December 1, 2026, in **one** of the following ways:

@ **By email:** Claims@OntJailStaffLockdowns.ca

By mail: Send via Canada Post

Ontario Corrections Staffing-Related Lockdowns Class Actions Administrator
c/o Deloitte LLP
PO Box 7545 STN Adelaide
Toronto, ON M5C 0C4

What is this Claim Form for?

- This Claim Form is for people who may be entitled to compensation from the Ontario Corrections Staffing-Related Lockdowns Class Actions Settlement.
- This Settlement is for inmates and immigration detainees who experienced **staffing-related lockdowns** while being held at Ontario Correctional Institutions (other than the Elgin-Middlesex Detention Centre, the Ontario Correctional Institute, or the St. Lawrence Valley Correctional and Treatment Centre) between May 30, 2009, and November 27, 2017.
- A **staffing-related lockdown** is a lockdown in which individuals detained at a Correctional Institution are confined to their cells due to a shortage of staff at the Correctional Institution.
- You can only get compensation if you experienced 16 or more staffing-related lockdowns, as they are defined in the Settlement Agreement.
- Most of the compensation available is for people who experienced these lockdowns after August 15, 2014 (for inmates) or after August 11, 2014 (for immigration detainees).
- If you experienced staffing-related lockdowns between May 30, 2009, and August 2014, but were legally incapable of starting a lawsuit prior to August 2014, you must also submit a ***Statute-Barred Claim Form*** **with** this Claim Form. For more information, please visit OntJailStaffLockdowns.ca.

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. If you apply for a Serious Harm Award, the Adjudicator may also review your Claim Form and the additional documents you provide with your Claim Form.
- When all Claims have been processed, the Administrator will contact you to tell you the result of your Claim.
- If your contact details change, **tell the Administrator right away**. The Administrator's contact information is on page 1 of this Claim Form.

What if I submit my Claim late?

- The only way to make sure your Claim is considered is to submit it before **December 1, 2026**. If you submit your Claim Form after **December 1, 2026**, but before **January 15, 2027**, you **must provide** your reasons for being late in writing. The Administrator will decide if your late Claim can be processed, based on the rules of the Settlement Agreement.
- If you submit your Claim after **January 15, 2027**, it will be too late for your Claim to be considered. See OntJailStaffLockdowns.ca for more details.

What if I am submitting the Claim Form for someone else?

If you are filling out this Claim Form for someone else because they passed away or for another reason, please fill in Part 1 and Part 2 of the Claim Form with their name and details. On page 8, explain why you have the authority to submit a Claim Form for them, and attach proof like a copy of a *Certificate of Appointment of Estate Trustee, Continuing Power of Attorney for Property*, or other document(s) showing your authority.

What if I need help submitting my Claim?

If you do not understand this Claim Form or are having trouble completing it, you can ask someone you trust for help, or contact the Administrator or the lawyers for the Class Members (Class Counsel):

Lapple Class (Inmates)	Dadzie Class (Immigration Detainees)
Koskie Minsky LLP Email: OntarioPrison@KMLaw.ca Toll-Free: 1-866-777-6339	**Koskie Minsky LLP** Email: IDClassAction@KMLaw.ca Toll-Free: 1-866-777-6309
McKenzie Lake Lawyers LLP Email: Ont.Detention.Centres@MckenzieLake.com Toll-Free: 1-855-772-3556	**Henein Hutchison Robitaille LLP** Email: IDClassAction@hhllp.ca Toll-Free: 1-855-525-3403
Champ & Associates Email: LockdownClass@ChampLaw.ca Toll-Free: 1-833-333-6608	

IMPORTANT:
Completing this Claim Form might bring up difficult thoughts or feelings. Take the time you need to write down everything you want to share. Make sure that you are in a safe and comfortable place when you work on completing this Claim Form. It may help you to ask someone you trust to be with you, or plan ahead for who you can talk to for support if you need it.

PRIVACY STATEMENT

All personal information you or your representative provide will be collected, used, and stored in compliance with applicable privacy laws. This information will only be used for administering the Settlement Agreement and retained only as long as necessary for that purpose. Access to your information will be limited to the Defendants, Class Counsel, the Administrator, the Adjudicator, and their authorized agents or vendors, who are bound by confidentiality obligations. Appropriate technical and organizational safeguards will be implemented to protect your data. Your information will not be shared with anyone without your written consent, except as required by the Settlement Agreement, court orders, or applicable law. You have the right to access and correct your personal information, and to withdraw consent where applicable. For questions about data handling, contact the Administrator. For legal questions about your privacy rights, contact Class Counsel or seek independent legal advice.

PART 1

* Class Member Information

(*indicates required information)

***Full Name**

FIRST NAME	MIDDLE NAME	LAST NAME

Aliases or Previous Names (if any):

FIRST NAME	MIDDLE NAME	LAST NAME

***Date of Birth** DAY MONTH YEAR

Offender Tracking Information System (OTIS) Number (if known):

PART 2

* Current Address and Contact Information

(*indicates required information)

***Phone Number:** - -

Email Address:

***Mailing Address** (please choose one)

☐ I am currently incarcerated or detained at:

NAME OF INSTITUTION OR FACILITY

☐ I have provided my address on next page. (You cannot use the address of an institution or facility.)

PART 2

* Current Address and Contact Information

(continued)

***Mailing Address**

STREET NUMBER	STREET NAME	APARTMENT NUMBER

PO BOX NUMBER	CITY/TOWN	POSTAL CODE

PROVINCE	COUNTRY

Please let the Administrator know **IMMEDIATELY** if any of your contact information changes.

***Where would you like the Administrator to send information and the decision on your Claim?**

- ◯ Email Address
- ◯ Mailing Address
- ◯ Both

IMPORTANT:
It is your responsibility to check your email and/or mail for any messages about this Settlement.

☐ If you choose to receive communications by email, please check the box to show that you understand there is no method of sending or storing data that is completely secure. Even with the Administrator's security measures, information sent over the Internet could be lost, intercepted, or misused. Despite these risks, you agree and give permission for the Administrator to send your personal information electronically.

*If you are filling out this Claim Form for yourself and have **not** hired a lawyer to help you with your Claim, you can skip ahead to **Part 5**.*

PART 3

Representative Identification

Complete this section only if you are submitting this Claim Form as a representative for a Class Member. You must include a copy of the *Certificate of Appointment of Estate Trustee, Continuing Power of Attorney for Property*, or other document(s) that shows you have the authority to act on this Class Member's behalf.

Representative's Full Name

FIRST NAME	MIDDLE NAME	LAST NAME

Representative's Mailing Address

STREET NUMBER	STREET NAME	APARTMENT NUMBER

PO BOX NUMBER	CITY/TOWN	PROVINCE	POSTAL CODE

Representative's Contact Details

Phone Number: ___ - ___ - ____

Email Address:

Representative's Authority – Explain why you have the authority to submit this Claim Form on the Class Member's behalf.

☐ I have attached a copy of the *Certificate of Appointment of Estate Trustee, Continuing Power of Attorney for Property*, or other document(s) showing I have the authority to act on this Class Member's behalf.

PART 4

Legal Counsel Identification

You do not need a lawyer to fill out this Claim Form, but you may choose to hire one at your own expense. **Only complete this section if you have a lawyer representing you.** All communication will be sent to your lawyer, who must inform the Administrator of any changes to their mailing address. If you change lawyers, you must send the new lawyer's information to the Administrator.

Name of Law Firm:

Lawyer's Full Name

FIRST NAME | MIDDLE NAME | LAST NAME

Lawyer's Mailing Address

STREET NUMBER | STREET NAME | UNIT/SUITE NUMBER

PO BOX NUMBER | CITY/TOWN | PROVINCE | POSTAL CODE

Lawyer's Contact Details

Phone Number: - -

Email Address:

Law Society Number:

PART 5

* Apply for Compensation

In this Settlement, there are different types of awards (compensation). You need to choose which awards you want to apply for. Please read the explanations on this page and make your award choice on page 11.

STEP 1 – Understanding the Award Types

A Basic Recovery Award

Your Claim will automatically be considered for Basic Recovery, based on the number of staffing-related lockdowns that you experienced.

In addition to Basic Recovery, you can choose to claim **either** a Differential Impact Award or a Serious Harm Award.

B Differential Impact Award

You may be eligible for a Differential Impact Award if you had at least one mental health alert or suicide alert in your OTIS record before the last staffing-related lockdown that you experienced during the applicable time period.

C Serious Harm Awards

You may be eligible for **one** Serious Harm Award if any of the following eligibility requirements apply to you.

LEVEL 1 – Eligibility Requirements

- During a staffing-related lockdown, you experienced violence causing serious physical injuries requiring medical attention; or
- During or within 120 days of a staffing-related lockdown, you experienced:
  - substantial degradation in an existing Mental Disorder;
  - a new Mental Disorder; or
  - self-injurious behavior (not including body modification or protest actions such as hunger strikes)

LEVEL 2 – Eligibility Requirements

- During a staffing-related lockdown, you experienced violence causing permanent impairment; or
- During or within 120 days of a staffing-related lockdown, you had a documented suicide attempt.

For more information on the types of compensation available under the Settlement, please visit: OntJailStaffLockdowns.ca.

PART 5

* Apply for Compensation

In this Settlement, there are different types of awards (compensation). You need to choose which awards you want to apply for. Please read the explanations on this page and make your award choice on this page.

STEP 2 – Choose Your Award(s)		
Check the box next to the award(s) you are applying for. Choose only one.		
A	☐	**Basic Recovery Only:** I am **not** applying for a Differential Impact Award or a Serious Harm Award. I understand that I will only get Basic Recovery. ▸▸ If you check this box, you can skip pages 12 to 14 and go straight to Part 7 on page 15.
B	☐	**Differential Impact Award:** I am applying for a Differential Impact Award along with Basic Recovery. I understand that I **cannot** also claim a Serious Harm Award. ▸▸ If you check this box, you can skip pages 12 to 14 and go straight to Part 7 on page 15.
C	☐	**Serious Harm Award:** I am applying for a Serious Harm Award along with Basic Recovery. I understand that if I do not qualify for a Serious Harm Award, I will be considered for a Differential Impact Award instead. I understand that I **need to fill out** Part 6 of this Claim Form in detail. (!) **IMPORTANT** **If you check this box, you must complete pages 12 to 14.**

If you chose "A" (Basic Recovery Only) or "B" (Differential Impact Award), you can skip ahead to Part 7 on page 15.

PART 6

Serious Harm Award

If you chose "C" (Serious Harm Award), you need to fill out all the boxes that describe the serious harm(s) you experienced. A detailed definition of "Mental Disorder" is available in the Compensation Overview section of the settlement website: OntJailStaffLockdowns.ca.

STEP 1 – Identify the serious harms you experienced.

☐ I experienced a substantial degradation in an existing Mental Disorder during, or within 120 days after, a staffing-related lockdown.

Existing Mental Disorder:

Date(s) experienced:

☐ I developed a new Mental Disorder during, or within 120 days after, a staffing-related lockdown.

New Mental Disorder:

Date(s) diagnosed:

☐ I self-injured during, or within 120 days after, a staffing-related lockdown. (Note: for this Claim, self-injury **does not include** body modification or protest actions, such as hunger strikes).

Type of self-injury:

Date(s) it happened:

☐ I experienced violence during a staffing-related lockdown that caused serious physical injuries requiring medical attention.

Type of physical injury:

Date(s) injury occurred:

Place(s) where you received medical treatment:

PART 6

Serious Harm Award

(continued)

STEP 1 – Identify the serious harms you experienced.

☐ I attempted suicide during, or within 120 days after, a staffing-related lockdown.

Date(s) of suicide attempts:

Place(s) where you received medical treatment:

☐ I experienced violence causing a permanent impairment during a staffing-related lockdown.

Type of physical injury:

Date(s) injury occurred:

Place(s) where you received medical treatment:

STEP 2 – Attach documents in support of your Claim for a Serious Harm Award.

☐ Provide any documents you have that support your Claim for a Serious Harm Award. Examples of supporting documents include (but are not limited to):

- Hospital records
- Medical records
- A letter from your doctor, psychologist, nurse practitioner, social worker, counsellor, therapist, or registered nurse outlining that professional's knowledge of:
  - the nature of the harm caused to you by staffing-related lockdowns, and/or
  - any diagnosis of a Mental Disorder, including the date and duration of that diagnosis.

PART 6

Serious Harm Award

(continued)

STEP 3 – Provide a written description of the serious harm(s) you experienced.

Please describe in your own words the serious harm(s) you suffered. Write down as much as you remember about each of the serious harms you listed in Step 1. Try to include as many details as you can. If you need more space, you can attach additional pages.

To the best of your ability, provide all of the information you can about:

1. where you suffered the serious harm(s) (which Correctional Institution and which unit/range);
2. the specific date(s) you suffered the serious harm(s);
3. the lockdown status of the Correctional Institution at the time you were harmed, and in the months before;
4. individuals involved;
5. reports made to staff;
6. the nature and extent of the serious harm(s) you suffered (how seriously you were harmed) and any diagnosis you received;
7. the treatment of your serious harm(s), including the names of medical professionals who took care of you, and any medications they prescribed, etc., and
8. how the serious harms have impacted you and your life.

If you need more space, you can attach additional pages.

PART 7

Exceptional Circumstances Awards

Check the box that applies to you to let us know if you want to apply for compensation from the Exceptional Circumstances Fund. This fund provides limited compensation for people who were affected by staffing-related lockdowns before August 2014. For more information on the Exceptional Circumstances Protocol, please see OntJailStaffLockdowns.ca.

☐ I was an **immigration detainee** and experienced staffing-related lockdowns **between May 30, 2009, and August 10, 2014**. I would like to be considered for an Exceptional Circumstances Award.

☐ I was an **inmate** and experienced **over 100 staffing-related lockdowns between May 30, 2009, and August 14, 2014**. I would like to be considered for an Exceptional Circumstances Award.

PART 8

Payment Authorization and Direction

If your Claim is approved and you are awarded money, **a cheque** will be mailed to you at the address you provided in Part 2 of this Claim Form, **unless** you fill out this section to ask for a different way to get your payment. **You must let the Administrator know IMMEDIATELY if your address changes**.

If you **do not want to get your payment by cheque**, or if you are currently in an institution or facility or think you will be in an institution or facility when your payment is sent, please **check one of these boxes** to choose a different payment method.

○ I would like the payment to be made by **cheque** to the mailing address I provided.

○ I would like the payment to be made **directly to my bank account**, and I want the Administrator to send me a Direct Deposit Form to fill out. **Note:** If your bank details change after you submit the Direct Deposit Form, you must let the Administrator know **IMMEDIATELY** to change your payment to a cheque or provide an updated Direct Deposit Form.

○ I am currently in an institution or facility, **OR** I think I will be in an institution or facility when my payment is made. I won't be able to receive a cheque or provide a Direct Deposit Form, and I would like a different way to get my payment. **I will contact the Administrator to talk about another payment option.**

If you are incarcerated when your payment is made and cannot receive your payment by cheque or direct deposit, the Administrator will work to find a different payment option, or you can direct the Administrator to send your payment to someone else who you authorize.

PART 9

* Consent, Releases, & Signature

For your Claim Form to be considered, you must read these statements carefully and sign your name in the signature space provided.

By submitting this Claim Form, I understand that:

1. 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), including asking for identification (ID), if needed;
2. the Government of Ontario and the Government of Canada can give information about me (or about the person I am submitting this Claim Form for) from their records and files to the Administrator, the Adjudicator assigned to my Claim, my lawyer (if I have one), Class Counsel, Ontario's lawyers, Canada's lawyers, and/or their agent(s) and/or vendors of record; and
3. the Administrator does not represent or work for the Government of Ontario and/or the Government of Canada, and is not anyone's lawyer. The Administrator cannot give legal advice, protect anyone's legal rights, or raise any problems or issues that are not raised by someone else first.

By signing my name in the signature space provided, I certify that:

1. 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 that any documents I am sending in with this Claim Form are true and correct copies of the original documents;
2. I understand that this Claim Form and any documents I submit with it can be checked and reviewed by the Administrator, the Adjudicator, the Defendants, and/or Class Counsel to make sure everything I said and the information in the documents is true and accurate; and
3. 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.

***Signature of Class Member or Representative**

X

***Date**

DAY MONTH YEAR

***Printed Name of Class Member or Representative**

Signature of Class Member's Lawyer (if any)

X

Date

DAY MONTH YEAR

Printed Name of Class Member's Lawyer (if any)

Checklist

- [ ] Have you **reviewed** the Claim Form to make sure it is complete and correct?
- [ ] Did you **sign and date** this Claim Form on page 16?
- [ ] If you are applying for a Serious Harm Award, did you **attach documents** that will support your Claim?
- [ ] If you are submitting this Claim as someone's representative, have you attached documents showing you have **legal authority** to represent the Claimant?
- [ ] Have you **made a copy** of this Claim Form and all the supporting documents for your records?

Once you have completed the checklist items that apply to you, you're ready to submit the Claim Form and any attached documents by December 1, 2026, in one of the following ways:

By email: Claims@OntJailStaffLockdowns.ca

By mail: Send via Canada Post

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