Vancouver College and St. Thomas More Collegiate Class Action Settlement

www.bcchristianbrothersclaims.ca

CLASS MEMBER CLAIM FORM

You are a **"Class Member"** and eligible to submit a claim if:

1. you were enrolled at:
    - **Vancouver College between 1976 and 2013**; or
    - **St. Thomas More Collegiate between 1976 and 1989**; **and**
2. you claim that you were physically, psychologically or sexually abused by a current or former member of the Christian Brothers.

A settlement in the class action has been reached with Vancouver College, St. Thomas More Collegiate, and the Roman Catholic Archbishop of Vancouver (the "Settling Defendants").

To be eligible to receive compensation, each class member **must** complete this Claim Form and submit it (along with any supporting documents) to the Claims Administrator by **no later than 11:59 pm Pacific Time on September 13, 2027.**

If the deadline has passed, you should still submit your Claim Form. Late claims received by September 11, 2028 may still receive compensation from a small reserve fund.

SUBMITTING INSTRUCTIONS

You may choose one of **3 ways** to submit this Claim Form and any supporting documentation:

1. EMAIL	Email this Claim Form to: claims@bcchristianbrothersclaims.ca
2. MAIL	Mail this Claim Form to: c/o BC Christian Brothers Claims Process CFM Lawyers LLP 400-856 Homer Street Vancouver, BC V6B 2W5 Claim forms submitted by mail must be postmarked by **September 13, 2027**
3. ONLINE	Go to: www.bcchristianbrothersclaims.ca.

If you are not sure if you are in the Class or have other questions about this Claim Form, call the Claims Administrator (the law firm of CFM Lawyers LLP) toll free at 1-800-639-0225.

IMPORTANT INFORMATION ABOUT THIS CLAIM FORM

DEADLINE FOR SUBMISSIONS

Claim forms must be returned to the Claims Administrator by September 13, 2027 (the "**Claims Deadline**").

Late claims may still be eligible for compensation from a small reserve fund if they are received within 1 year after the Claims Deadline. Claim forms submitted more than 1 year after the Claims Deadline cannot be accepted.

CONFIDENTIALITY

All information provided on this Claim Form will remain confidential with the following exceptions:

1. You will be assigned an ID number which will be used in any material that is put before the Court. Your name and any information capable of identifying you by name will not be included in that material, and will only be disclosed to the Claims Administrator, and to the Arbitrator if you decide to seek review of your Claim Assessment.

2. At the conclusion of the Claims Process or upon any interim distribution, the Claims Administrator will provide to the Settling Defendants: a list of approved claims by Claimant ID (without revealing any Claimant's name) and compensation paid; total compensation paid from the Settlement Fund, summarized by academic year and school; and a list of individual abusers.

3. At the end of the Claims Process, the Claims Administrator must provide the Court with a sealed list of the names of all Claimants compensated in the Claims Process. This list will be filed with the Court "under seal", meaning it is subject to special confidentiality protections and can only be disclosed (including to a Settling Defendant) by order of the Court.

4. If you bring a future lawsuit for abuse against any of the Settling Defendants, the Claims Administrator will be authorized to produce certain documents to the Settling Defendant(s) in that action, including your Claim Form, supporting evidence provided under Section 7 or 8 of the Claims Process, the Claim Assessment, and any Arbitrator's review decision.

COUNSELLING AND SUPPORT RECOMMENDATION

In this Claims Process you will be asked about the physical, psychological, and/or sexual abuse you experienced and the resulting impacts. The questions in this Claim Form may be upsetting.

If you feel anxious or unwell when you think about your experience, or while you are filling out this Claim Form, we encourage you to seek support from a family member, counselor, treating health care professional, friend, or any trusted person in your community. If you prefer, you are welcome to schedule an appointment to fill out the Claim Form with the Claims Administrator. A counsellor can also be made available at no charge to support and assist you with the process.

DESTRUCTION OF DOCUMENTS

Subject to the requirements of law, all documents submitted by you will be securely preserved by the Claims Administrator for a period of 80 years and then destroyed.

CLAIM FORM INSTRUCTIONS

All Claimants must complete this Claim Form. You should complete all sections that apply to you and provide as much information and detail as you can. Read each question carefully. The information you provide here is an important part of how the Claims Administrator will assess your claim.

The Claims Administrator will be considering the following types of harm:

- loss of enjoyment of life, pain and suffering, or disability;
- economic losses (including past income loss, future earning capacity and loss of opportunity); and
- cost of care in the past and in the future (such as counselling fees and other expenses you have incurred).

If the Claims Administrator determines you are eligible for compensation as part of this Claims Process, you may have a choice for your claim to be considered under two different Compensation Tiers.

> **Tier 1** – A simplified process where compensation is up to a **cap of $30,000**. This process only requires you to fill out this form and sign the Declaration at the end of the form. It would not require a formal interview although the Claims Administrator may need to ask some clarifying questions about your answers on this form.
>
> **Tier 2** – A more rigorous process where compensation for loss of income and loss of earning capacity **is up to a cap of $1,000,000 (but other items of loss are not capped)**. In addition to completing this form, this process will require you to be interviewed by the Claims Administrator and may require that you authorize them to obtain relevant supporting documents (like tax, medical, or employment records) to verify and value your claim.

The Claims Administrator will review your Claim Form. If it appears that your claim may be eligible for higher compensation in Tier 2, the Claims Administrator will speak with you about whether you wish to pursue that more rigorous process or remain in the simplified process, despite the cap of a maximum of $30,000 in compensation.

Some important notes about the Claim Form:

- Even if you cannot remember an exact date, try to describe the approximate period of time with reference to other events, such as your grade in school, memorable events, or the season (e.g., “before Thanksgiving” or “there was snow on the ground”).

- If a section or a question does not apply to you, please indicate this by writing “Not Applicable” or “N/A” rather than leaving it blank.

- If you are unsure about a fact or an answer, say so. Do not guess. Simply provide as much detail as you can remember.

- You may be contacted to provide more information if your Claim Form is incomplete, illegible, or inconsistent.

- How much information you share is up to you. However, the Claims Administrator may need more detailed information to properly assess claims involving more severe harm and higher compensation.

- If you have any supporting documentation related to your attendance at a school, please attach it.

- Your file may be referred to a judge for directions if the Claim Form raises concerns about the veracity of your claim.

- To receive compensation you must have experienced physical, sexual or psychological abuse by a Christian Brother (or former Christian Brother). If you also experienced abuse by a lay teacher at Vancouver College or St. Thomas More, please include that information in this form, as well. It may be difficult to know whether certain types of conduct by a teacher rise to the level of "abuse" compensable here. It can be useful to think about whether it was generally considered to be acceptable by society at that time for a teacher to act in that way, or if their actions would instead have been viewed as unreasonable, inappropriate, excessive, abusive, violent or cruel.

ROLE OF CFM LAWYERS LLP

With the Court's approval of the settlement and Claims Process, the role of CFM Lawyers LLP changes from class counsel to Claims Administrator. As Claims Administrator, CFM Lawyers LLP has a duty to all Class Members to distribute the Settlement Fund in a fair and diligent manner. The job of the Claims Administrator is to implement the Claims Process approved by the Court, including by assessing each Claim according to the principles approved by the supervising judge and in a manner that is fair to each individual but also to the Class as a whole. As Claims Administrator, CFM Lawyers LLP can help Claimants to complete the Claim Form and identify relevant supporting evidence, but cannot provide individual legal advice. Claimants requiring individual legal advice about their Claim and/or assistance with an appeal of their Claim Assessment should seek independent legal advice.

PLEASE READ BEFORE PROCEEDING

The following pages contain questions about physical, psychological, and/or sexual abuse you may have suffered. Answering these questions may trigger painful memories and feelings. We suggest that you proceed slowly and consider when and where you choose to read and complete this form to make sure that you are safe.

You may want to read and complete the following pages with a support person, such as a family member, counselor, treating health care professional, a friend, or someone else you trust. You can also make an appointment to complete the form with the Claims Administrator.

Please:

- **fill out each section that applies to you**
- **mark any section that does not apply to you with "N/A" or "Not Applicable"; and**
- **give as much detail as you can recall, including dates or approximate time periods wherever possible.**

SECTION 1 - IDENTIFYING INFORMATION (REQUIRED - Must be filled out by all Class Members submitting a Claim)

1. Please provide the following information relating to identifying and contact information.

First Name: _____ **Last Name:** _____

Preferred pronouns: _____

If, while attending the school, you were known by another name, nickname or alias, please state the name(s): _____

Current Address: _____

_____

Address while enrolled at the school:

_____

_____

Telephone: _____

Email: _____

Personal Health Number: _____

Social Insurance Number: _____

School Information:

School(s) Attended:

☐ St. Thomas More Collegiate, from grades ___ to ___ (the years _____ to _____).

☐ Vancouver College, from grades ___ to ___ (the years _____ to _____).

If Vancouver College: day student or boarding student? _____

If necessary, please use the space below to explain any gaps in your years of attendance at the school(s).

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If available, please provide any records (eg. report cards, transcripts, awards) verifying your attendance at the school(s) during this period.

SECTION 2 - INFORMATION RELATED TO THE ABUSE

2. Please provide the following information relating to the abuse.

(If necessary, attach more pages, indicating the question number you are answering and writing "see attached pages" in the space below.)

- **Who committed the physical, psychological, or sexual abuse against you?** Please identify the name of the perpetrator(s), whether they were a Christian Brother or a lay teacher, and their title or relationship to you at the time of the abuse.

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- **When did the abuse occur?** Describe the timing as precisely as you can. Where possible, include your age and grade. If you recall the date, season, and even the time of day (e.g., before, during, or after regular school hours) please include this information. If the abuse took place over time, state when it started, when it stopped, and approximately how many incidents occurred.

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- **Where did the abuse occur?** Describe the location as precisely as you can, including names of buildings, rooms, cities, etc., wherever possible. If there were multiple perpetrators or multiple incidents, please separate the information as clearly as possible.

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- **What happened?** Please describe the nature of the abuse in as much detail as possible. If there were multiple perpetrators or multiple incidents, please separate the information as clearly as possible.

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- **Before completing this form, did you tell anyone about the incident(s) described above? If so, who and when?**

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- **Are there any other circumstances relating to the abuse that you think are important for the Claims Administrator to know?**

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- **If applicable, please provide names and contact information for anyone who witnessed or otherwise knows about the abuse *or* its effect on you.** Only provide this information if you are comfortable with the Claims Administrator contacting the person(s) to discuss your claim.

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SECTION 3 - PHYSICAL AND / OR PSYCHOLOGICAL IMPACT

3. Please provide the following information regarding the physical and / or psychological impact of the school abuse described in Section 2.

(If necessary, attach more pages, indicating the question number you are answering and writing "see attached pages" in the space below.)

- In your own words, please describe how the abuse affected your life, including your health and your relationships, both as a child and in adulthood. Give as much detail as possible regarding specific physical injuries and/ any difficulties, behaviours, symptoms, or psychological conditions or diagnoses. Please include all effects on your physical or mental health, including those immediately after the incident(s) as well as any ongoing or occasional impacts. In the table below, provide details of any treatment received for these physical or mental injuries. Please include as much detail as you are willing to share.

_____

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- If a specific injury, difficulty, condition, challenge, behaviour or symptom described in question 3 is ongoing or occasional, when did you begin to experience it?

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- If a specific injury, difficulty, condition, challenge, behaviour or symptom described in question 3 has resolved, when did you experience it and when did it resolve?

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- Have you ever received treatment, counseling, or healing (including hospitalization or treatment by a doctor/counsellor/therapist) for any difficulties, conditions, challenge, behaviour or symptoms described in question 3? If yes, please provide details in the chart below, as applicable.

Difficulty, condition, challenge, behaviour or symptom requiring treatment	Type of treatment received	Period in which treatment was received	Name of treatment provider	Location of treatment

Note 1 – If you are eligible for Tier 2 and choose to pursue Tier 2 Compensation, you may be required to provide an authorization so that the Claims Administrator can obtain a copy of these medical records. The Claims Administrator would use the records to verify and more accurately assess your claim.

- Have you at any time, due to affordability, been prevented from seeking treatment for any difficulties, conditions, or symptoms described in question 3? If so, give as much detail as possible.

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- Would you presently benefit from treatment for any difficulties, conditions, or symptoms described in question 3? If so, give as much detail as possible regarding the type of treatment you would seek.

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- In your own words, please describe how the abuse impacted your family relationships, intimate relationships, friendships, and general social functioning? Have you ever experienced suicidal ideation, substance abuse or extended periods of homelessness as a result of the abuse?

  If you would prefer to ask a friend or family member who has observed your functioning complete this section, please make a note that it was completed by that person and provide that person's full name and contact details. The Claims Administrator may need to contact that person.

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- Have you suffered physical or psychological injuries or conditions at any point during your lifetime that are not related to the school abuse? If yes, please describe those injuries or conditions in as much detail as possible, including the incidents that caused them.

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SECTION 4 - ACADEMIC, CAREER, AND ECONOMIC IMPACT (Not all questions may be relevant to your Claim. Please mark "not applicable" or "N/A" if the question does not apply to your situation)

4. **Please provide the following information regarding the economic impact of the school abuse** described in Section 2.

(Attach additional pages if necessary. If you attach additional pages, please write the question number which the additional page relates to at the top of each page, and write "see attached additional pages" in the space provided below)

- Please complete the below chart with respect to your education and training history.

School, college, university, or other training or educational facility attended	Approximate dates		Grade/level reached and certificate, degree or diploma sought or obtained
	From	To	

- Please complete the below chart with respect to your employment history.

Name of your employer and your job title	Approximate dates		Annual Earnings (See Note 2)	Reason(s) why you stopped working for the employer or were unemployed (See Note 2)
	From	To		

Note 2 – Please indicate if the annual earnings figures you have entered are *before-tax* ("gross") or *after-tax* ("net"). If you are eligible for Tier 2 and choose to pursue Tier 2 compensation, you may be required to provide an authorization to the Claims Administrator so that the Claims Administrator can obtain copies of your Income Tax Returns and/or T4s and any medical information (i.e. counselling records) which connect your employment history to the abuse to verify and value your claim.

- Please complete the below chart with respect to other family members' employment history. You do not need to provide your family members' names: you can simply identify them as "mother", "sister", etc.

Relation	Career	From	To	Annual Earnings

- In your own words, please describe how the abuse impacted your ability to obtain an education and/or employment that was in line with your goals and abilities. Give as much detail as possible regarding specific events and dates if you were prevented from achieving your educational or employment goals. For periods you were not employed or believe you were underemployed, describe your activities during that time.

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- Please describe your current employment status and plans for the future. Give as much detail as possible.

  If you are unemployed, do you plan to return to work or have educational pursuits (please describe your plans including approximate timing of a return to work or educational/training facility).

  If you are retired, please describe the circumstances surrounding your retirement (the date you retired, your employer, your job title, reasons for your retirement and whether your retirement was voluntary or involuntary).

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- Please describe any other physical or psychological conditions <u>not related to the school abuse</u> that have affected your ability to work in the past, currently, or in the future.

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- Were you out of the work force or had reduced employment for reasons unrelated to the school abuse? If yes, please provide details including dates and income.

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- Have you received payments in respect of loss of income, or income benefits, from any source (for example, as a result of a motor vehicle accident, workers' compensation or prior lawsuit)? If yes, please provide details in the below chart.

Source of payment	Approximate dates		Reason for payment
	From	To	

SECTION 5 - PRIOR PROCEEDINGS

Have you ever participated in another legal proceeding related to the school abuse described in Section 2? This could include an individual lawsuit or a claims process, such as those in the bankruptcy of the Newfoundland Archdiocese (RCECSJ) or the liquidation of the Christian Brothers.

☐ Yes

☐ No

If YES:

1. **Did you file a claim?** (e.g., a "Statement of Claim" or "Notice of Civil Claim")

   ☐ Yes (if so, attach a copy of that claim to this Claim Form)

   ☐ No

2. **Did you sign a release?**

   ☐ Yes (if so, attach a copy of that release to this Claim Form)

   ☐ No

3. **Did you receive any financial compensation?**

   ☐ Yes (If so, indicate the amount in Canadian dollars: $_____)

   ☐ No

SECTION 6 - SUPPORTING DOCUMENTS

Below, please list each supporting document that you are submitting with this Claim Form. Make sure to attach each document to this Form before submitting your Claim.

Section 7 DECLARATION

Before submitting this form, you must sign in the blue box below to solemnly declare that the information you have provided is true and complete to the best of your knowledge.

By signing, you are agreeing that:

- You understand that your Claim will be assessed based on your answers here, and that if it is accepted you may receive monetary compensation.
- Your answers are true to the best of your knowledge.
- You understand that this Claims Process is supervised by the Supreme Court of British Columbia and that attempting to obtain compensation by intentionally giving false or misleading information could result in serious penalties.

By signing below I declare, intending it to have the same force and effect as if given under oath, that the information I have provided on this Claim Form is true and complete to the best of my knowledge.

Signature:_____ **Date:_____**

DO NOT COMPLETE THIS SECTION BEFORE SUBMITTING YOUR FORM.

After the Claims Administrator receives your Claim Form, they will do a preliminary review and may contact you to discuss your claim or ask for more information on particular points. The box below is to be completed later, when requested by the Claims Administrator, before compensation can be paid.

I, _____, do solemnly declare that the information I have given on this Claim Form is truthful, complete and correct, and that any documents I have provided are authentic and unaltered, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature: _____ **Date:_____**

Declared before _____ (name), a commissioner for taking affidavits for British Columbia, at _____ (place) on _____ (date).

Signature: _____