

BRITISH COLUMBIA SEPARATE CONFINEMENT CLASS ACTION

CLAIM FORM

SECTION A: CLAIMANT INFORMATION		
First Name*	Middle Name	Last Name*
Previously Used Names:		
Date of Birth (MM-DD-YYYY)*		Correctional Services Number (if known):
SECTION B: CONTACT INFORMATION OF CLAIMANT OR REPRESENTATIVE		
If the Claimant is currently incarcerated, please provide the name of the institution here:		
Mailing Address	(Number, Street, P.O. Box)	
	City/Town	Province
	Country	Postal Code
Telephone Number		Alternative Telephone Number
Email Address(es):		
SECTION C: INCARCERATION IN BC CORRECTIONAL CENTRES		
Please list each of the BC Correctional Centres where you have been incarcerated since 2016, to the best of your knowledge.		
Correctional Centre	Dates	
Correctional Centre	Dates	
Correctional Centre	Dates	
Correctional Centre	Dates	
Correctional Centre	Dates	
SECTION D: SEPARATE CONFINEMENT CLAIM		
Please read carefully and tick <u>each statement that applies to you</u>. Selecting a statement does not entitle you to compensation but it will affect how Class Counsel and the Administrator assess your eligibility for compensation.		
A	☐ I was segregated/separately confined between November 26, 2016 and October 22 nd , 2025.	
B	☐ During that time, I was segregated/separately confined for 15 or more consecutive days.	

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C	☐ During that time, I was segregated/separately confined while suffering from a diagnosed Mental Illness.
D	I suffered specific and recorded harms from placement(s) in segregation and/or separate confinement during that time: ☐ I was diagnosed with a new Mental Illness during or within 90 days after a segregation/separate confinement placement. ☐ I attempted suicide during or within 60 days after a segregation/separate confinement placement. ☐ I self-harmed during or within 60 days after a segregation/separate confinement placement. ☐ I was transferred to a Designated Mental Health Facility during or within 60 days after a segregation/separate confinement placement, and the transfer was not court-ordered, a term of probation or sentence, or related to addiction recovery, rehabilitation or detox.
SECTION E: CLAIMANT WITH A MENTAL ILLNESS OR SPECIFIC AND RECORDED HARM	
Complete this section <u>only</u> if you ticked "C" or a statement in "D".	
I have been diagnosed with the following Mental Illnesses:	
The specific and recorded harms that I suffered are as follows:	
☐ By signing this form , I or my representative, as set out below, consent to the disclosure by the Provincial Health Services Authority of my Correctional Health Services Records relating to my time incarcerated at any BC Correctional Centre to Class Counsel, the Administrator and Adjudicator of the Claims Process, the Province of British Columbia and the Court.	
SECTION F: STATUTE-BARRED CLAIM	
Complete this section <u>only</u> if making a claim under the Statute-Barred Claims Process.	
☐ I wish to make a claim in the Statute-Barred Claims Process for placements prior to November 26, 2016 or between December 23, 2020 and July 30, 2022.	
SECTION G: CLAIM BY A LEGALLY AUTHORIZED REPRESENTATIVE	
Complete <u>only</u> if you are making a claim as someone's legally authorized representative, i.e. substitute decision maker, guardian, or the estate of a deceased person.	
Representative First Name	Representative Last Name

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Reason for Appointment of Representative:	Date of death of claimant (if deceased):
☐ I have provided my contact information in Section B. ☐ I have attached documents confirming that I am the Claimant's legally authorized representative.	
SECTION H: PRIOR CLAIMS AGAINST THE PROVINCE	
Have you previously made a legal claim or claims against the Province of British Columbia in relation to your incarceration, whether successful or otherwise? ☐ Yes ☐ No	
SECTION I: DECLARATION AND CONSENT	
EVERY Claimant or Representative must complete this section. Please read the following statements carefully, and ensure they are accurate, before signing this form.	
I acknowledge that Class Counsel and the Administrator are authorized to contact me to obtain further information. I or my representative authorize the Government of British Columbia to provide my Correctional Services records (or the records belonging to the claimant on whose behalf I am authorized to claim) to the Administrator, Class Counsel, the Adjudicator, and/or to the Court. I declare that the information provided on this form is true and accurate, and that the documents submitted herewith are true and correct copies of what they purport to be.	
Signature of Claimant or Representative:	Date:
Print Name of Claimant or Representative:	