

MWQ Claims Administrator  
P.O. Box 3355  
London, ON N6A 4K3

**MWQ**



VISIT THE SETTLEMENT WEBSITE BY  
SCANNING THE PROVIDED QR CODE

*Weremy v. Government of Manitoba*  
MANITOBA COURT OF KING'S BENCH  
File No. CI 18-01-17220

**Must Be Postmarked  
No Later Than  
June 27, 2024**

## Claim Form

You must fill in this form to ask for money from the MDC settlement.

Before you fill in this form, you should read the book called **Notice of Settlement Approval in Manitoba Developmental Centre Class Action**. The book tells you where to get help with this form.

There is a Claims Administrator that decides if you get money. The name of that office is MWQ Claims Administrator. Send this form to that office. You must send it by **June 27, 2024**. After that, it will be too late.

This form is confidential, and may only be used in processing your claim or as required by law.

Please read carefully. Ask for help if you do not understand. You can also call or email the Claims Administrator for help:

- Phone: 1-844-306-0263
- Email: [info@MDCclassactionsettlement.ca](mailto:info@MDCclassactionsettlement.ca)

Your family member or support person can fill in this form. But the cheque will be made to you or your substitute decision maker.

### Are you helping someone else with this form?

Please use that person's name to fill in the form. Write answers about the person you are helping. That person should sign at the end of Section A or Section B, if needed. If that person cannot sign, then sign and print your own name there.

This form has four parts:

- (1) Your information
- (2) Section A
- (3) Section B
- (4) If you filled in this form for someone else

**Read all the parts to know what you need to fill in.** You do not need to send this form right away, but you must send it before the deadline. Take the time you need to remember and write what happened, and to get any papers for your claim.



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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# (1) Your information

You must fill in this part and Section A or Section B to ask for money from the settlement.

My first name is:

Do not write your nickname.

My middle name is:

Leave this blank if you do not have a middle name.

My last name is:

I used to have another name or other names. My other name or names were:

Leave this blank if you did not have other names.

My birthday is:

I lived at MDC the following year(s):

If you still live at MDC, please fill in this circle

I want to use this address to get letters about my claim and any cheques from my claim:

Street and number:

Apartment number, if you have one:

City or Town:

Province:

Postal Code:

Country:

If the Claims Administrator needs to call me, I want them to use this telephone **or** TTY number:

Area code:      Phone **or** TTY number

If you do not have a phone or TTY number, leave blank or put the number of someone you trust.

My email address is:

Leave this blank if you do not have an email address.

If you have a substitute decision maker, write their name here:

If you want a copy of the apology issued by Manitoba relating to the operation of MDC, fill in this circle



## (2) Section A

I am filling in this circle because I was harmed when I lived at MDC. ●

You may sign Section A. You must make a solemn declaration when you sign. This means you are saying:

- You read everything in the form before you signed it. **[OR]** Someone helped you with the form. Before you signed, that person read you everything they wrote in the form.
- You believe everything you wrote in this form is true. You wrote what you know.
- If the Claims Administrator finds out that something you wrote is not true, they might not pay any money.

**“I solemnly affirm that this information is true.”**

Signature: \_\_\_\_\_

Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

## (3) Section B

If you fill out this section, you may get more money. You cannot fill out Section A and Section B. You have to choose.

There are many kinds of harm. Here are some examples:

- Hitting you with a hand or with anything else
- Kicking, pinching, choking, slapping
- Hurting you so you needed to go to the doctor, hospital, or infirmary
- Hurting you so you needed to rest for some days
- Giving you scars, bruises, broken bones, broken teeth, or any other injury to your body
- Making you pass out or go unconscious
- Someone telling you they will hurt you, or hurt your friends, family or pets, even if no one was hurt
- Making you do any of these things to other people

Harm can also be sexual. Sexual harm can be:

- Touching or making you touch someone else in a sexual way when you do not want to
- Kissing when you do not want to
- Making you touch yourself in a sexual way when you do not want to
- Making you watch, listen or talk about sexual things when you do not want to
- Making you show parts of your body like your breasts, penis, vagina and anus
- Making you stand or walk around naked
- Putting or trying to put something in your mouth, vagina or anus when you do not want them to
- Making you put something in your mouth, vagina or anus
- Making you do any of these things to other people



These are just some examples of harm. There are many other things that may be harm. Did anything on the list above happen to you?

Write down anything that harmed you. You may also want to write about how it made you feel and how you feel now.

You might remember painful things when you write this. You might become angry, sad, scared or upset. Take the time you need to write everything you want to say. Make sure you are in a safe place when you do this. It may help to ask someone you trust to stay with you.

You will not get in trouble for telling what happened. You did not do anything wrong. **No one has the right to hurt you.**

**You can use these pages to write about how you were harmed. Give examples of what happened to you.** Did it happen more than once? Did it happen many times? Do you know how old you were or what the years were when it happened? Do you know where the harm happened? Do you know who the person was who hurt you? Did anyone else see you getting hurt? Did you suffer any injuries or get medical treatment as a result of the abuse? Did you tell anyone about getting hurt?

Add more pages if you need more space. Or you can type your answer and add it to this form. It is important to tell all the ways you were harmed.






**Do you have letters, papers or photos that show how you were harmed?**

You can send them with this form if you have any. You can send papers from doctors, counsellors, family, friends, support people or anyone else who knows what happened to you. And all these people can write a letter to say that you are still hurting from what happened. The letters, papers or photos can be from when you lived at MDC, or from after you left. In most cases, you do not need to send any additional documents other than the Claim Form. The cases in which you do need additional documents are:

**Medical Evidence Required for Certain Sexual Assault Claims**

If you are seeking money for a sexual assault that caused a Major Psychological Injury, you may get more money if you provide medical evidence. For more information on whether medical evidence is necessary in your specific case, please review the Compensation Grid attached to the book called **Notice of Settlement Approval in Manitoba Developmental Centre Class Action**. If you have any questions about whether you should include medical evidence with your claim, please contact the Claims Administrator.

**Documentary evidence required if making a claim on behalf of a deceased person**

If you are submitting a Section B claim on behalf of someone who lived at MDC and died **after** October 31, 2016, you must submit medical or other documents or audio-video evidence that shows that the deceased MDC resident disclosed the abuse or harm described in this form to someone while they were alive in support of the claim of sexual or physical assault.

You must sign below if you filled in Section B. You must make a solemn affirmation when you sign. This means you are saying that:

- You read everything in the form before you signed it. **[OR]** Someone helped you with the form. Before you signed, that person read you everything they wrote in the form and any papers you are sending with it.
- You believe everything in this form is true.
- If the Claims Administrator finds out that something you wrote is not true, they might not pay any money.

**“I solemnly affirm that this information is true.”**

Signature: \_\_\_\_\_

Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

**Go to End of Form if you filled in this form by yourself.**



**(4) If you filled in this form for someone else  
Please answer these questions.**

What is your name?

What is your address?

Street and number:

Apartment number if you have one:

City or Town:

Province:

Postal Code:

Country:

What is your telephone or TTY number?

Area code:      Phone **or** TTY number

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What is your email address?

Fill in the circle or circles if you are:

- A family member
- A support person
- A support agency. What is the name of the agency?
- A lawyer. What is the name of your law firm or legal clinic?
- The Public Guardian and Trustee
- A Substitute Decision Maker or power of attorney and there has been a legal finding that the person you are helping is not capable of making his or her own decisions about money.

If you are a Substitute Decision Maker, you must include the following documents with this Claim Form:

1. The Notice of Decision Letter and Appointment Document, and;
2. Renewal of Substitute Decision Maker, if applicable.

- The executor or trustee of someone who lived at MDC and he or she died **after** October 31, 2016.

If you are a representative of an estate, you must include the following documents with this Claim Form:

1. Letters of Administration;
2. Letters of Administration with Will Annexed; Grant of Probate; or
3. An Order for Summary Administration under section 47 of *The Court of King's Bench Surrogate Practice Act*.

- Other:

If you are a Substitute Decision Maker or power of attorney for a claimant or are the executor or trustee of the estate of a claimant, you must submit documents establishing your authority to act on their behalf.



## End of Form

Now you must send it in. Check that:

- You signed Section A, or
- You put everything you want in Section B, and then you signed Section B

**Now read the last part.**

**There are some important things to know before you send the form.**

You must send it postmarked by **June 27, 2024**.

You must send it by email or regular mail to:

**MWQ Claims Administrator  
P.O. Box 3355  
London, ON N6A 4K3**

**Email: [info@MDCclassactionsettlement.ca](mailto:info@MDCclassactionsettlement.ca)**

**If you do not send your form to that address by June 27, 2024, you will not get any money.**

- Keep a copy of everything you send, and:
- For regular mail, write down the date you put the form in the mailbox. Keep that date with your copy.
- For email, keep the email. It has the date on it.

Do **not** send the form to the Court.

If you need help or have any questions, you can call or email the Claims Administrator for help:

- Phone: 1-844-306-0263
- Email: [info@MDCclassactionsettlement.ca](mailto:info@MDCclassactionsettlement.ca)

