

Claim Package

Jessy Timothy Rose and Lee Mitchell v Province of New Brunswick Settlement

This Claim Package contains:

- Claim Deadline Date;
- Compensation Categories;
- Claim Form; and
- Privacy Statement.

CLAIM DEADLINE DATE

Please complete, sign, and return the form to the Claims Administrator **no later than July 15th, 2025** by email at shediacfire@classaction2.com or by mail to the following address:

Southeast Regional Correctional Facility Class Action
Re: Rose v Province of New Brunswick
c/o CA2 Inc.
9 Prince Arthur Avenue
Toronto, ON M5R 1B2

COMPENSATION CATEGORIES

The Settlement has three categories of compensation: Category A, Category B, and Category C.

Compensation under these categories is non-cumulative. This means that you must select a category of compensation for which you wish to apply.

If you apply for compensation under Category A, then you cannot apply for compensation under Categories B or C.

You can apply for both Categories B and C and be awarded compensation from both if you meet the criteria for both Category B and C.

If you are denied compensation under Category B or C, then your application will be automatically processed under Category A.

The criteria to qualify for each Category are set out in the Settlement Agreement and are explained in the Claim Form.

Claim Form

Jessy Timothy Rose and Lee Mitchell v Province of New Brunswick Settlement

Strictly Private and Confidential

Section 1: Class Member Identification

I am making a claim as a:

- Class Member**
(the person who was an inmate of the Southeast Regional Correctional Facility)
- Representative of a Class Member**
(a person who is the legal representative of a Class Member who is deceased and/or otherwise under a legal disability)

Section 2: Class Member Information

I confirm that I wish to receive the settlement distribution in *Rose v Province of New Brunswick*.

I confirm that my current address and contact information for the administration of the distribution and receipt of all compensation is as follows:

Class Member Last Name		First Name
<input type="text"/>		<input type="text"/>
Street Address		P.O. Box
<input type="text"/>		<input type="text"/>
City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Mobile Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name	Signature of Class Member	Date (YYYY/MM/DD)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3: Representative Class Member Identification

This section is to be completed ONLY if you are submitting a claim as the Representative of a Class Member. You MUST provide proof of your authority to act as the representative of a Class Member. Before completing this section, you MUST complete Sections 1 and 2 to identify yourself and the Class Member that you are representing.

I am applying on behalf of a Class Member who is:

A person under legal disability

Please enclose a copy of your authority to act (i.e., power of attorney, etc.)

Deceased

Please enclose a copy of your authority to act (i.e., will, etc.)

Representative Last Name

First Name

Street Address

Legal Firm (if applicable)

City

Province

Postal Code

Home Phone

Mobile Phone

Email

Section 4: Compensation Category A

This category of compensation is a \$5,000 reimbursement for the common experience of all those inmates who were present during the October 25, 2017, fire and its aftermath. It is inclusive of damages for pain and suffering, personal property loss, and inconvenience loss.

To be eligible for compensation under **Category A**:

- You must have been an inmate at the Southeast Regional Correctional Facility, located in Shediac, New Brunswick during the outbreak of a fire on October 25, 2017.

No further evidence will be required to establish entitlement to a payment under this Category.

1. Were you an inmate at the Southeast Regional Correctional Facility during the outbreak on October 25, 2017?

Yes No

Section 5: Compensation Category B

This category of compensation is an amount for a physical injury caused by the October 25, 2017, fire or its aftermath.

You may not apply under this section if you have applied under **Category A**.

If you are denied compensation under this category, your application will be automatically processed under **Category A**.

To be eligible for compensation under **Category B**:

- You must have been housed in Unit 2 or 3 at the time of the fire;
- You must have suffered a physical injury;
- The physical injury must have been directly caused by the fire on October 25, 2017, or its aftermath; and
- You must provide proof of your injury (see below).

1. Were you physically injured in the October 25, 2017, fire or its aftermath?

Yes No

Description of the injury (or injuries) identified above:

2. Do you have photographic proof of the injury (or injuries)?

Yes No

If you answered yes to the question above, please attach the photographic proof to this form.

Please ensure that the photograph captures the following:

- The injured area
- Proof of your identity (for example, your face or your ID)
- Proof of the date that the photograph was taken (for example, a newspaper)

3. Do you have photographic proof of the injury (or injuries) taken at the time of the injury?

Yes No

If you answered yes to the question above, please attach the photographic proof, including the date, to this form.

4. Do you have any medical documentation related to the treatment of your injury (or injuries)?

Yes No

If you answered yes to the question above, please attach the medical documentation to this form.

5. Do you have any other documented evidence that could prove your physical injury (or injuries)?

Yes No

If you answered yes to the question above, please attach the documented evidence to this form.

Please list the relevant documents attached to this claim form in support of your claim for compensation under **Category B**:

6. Are you willing to provide a **legally binding and sworn/affirmed declaration** evidencing your physical injury caused by the October 25, 2017, fire or its aftermath?

Yes No

If you answered yes to the above question, please provide the following Signed Statutory Declaration:

I, _____ (name), hereby swear/affirm that, on October 25, 2017, I suffered _____ (name the physical injury or injuries that you suffered) in the fire at the Southeast Regional Correctional Facility.

Detailed descriptions of physical injury or injuries:

By signing this sworn/affirmed statement, I certify that the information provided is true to the best of my knowledge and understanding.

Signature of Class Member

Signature of Witness

Date (YYYY/MM/DD)

Section 6: Compensation Category C

This category of compensation is an amount for a psychological injury caused by the October 25, 2017, fire or its aftermath.

You may not apply under this section if you have applied under **Category A**.

If you are denied compensation under this category, your application will be automatically processed under **Category A**.

To be eligible for compensation under **Category C**:

- You must have suffered a psychological injury;
- The psychological injury must have been directly caused by the fire on October 25, 2017, or its aftermath; and
- You must provide medical proof of your injury (see below).

“Psychological injury” means a new diagnosis of **post-traumatic stress disorder** and/or **an anxiety disorder**, or an exacerbation of a pre-existing mental health disorder, occurring within **8 months** of the fire.

1. Were you psychologically injured in the October 25, 2017, fire or its aftermath?

Yes No

2. Which type of psychological injury did you suffer?

- Diagnosis of post-traumatic stress disorder and/or an anxiety disorder
- Exacerbation of pre-existing mental disorder

3. Did your psychological injury occur within 8 months of the fire?

Yes No

Description of the psychological injury identified above:

To qualify for compensation under **Category C**, you are required to submit a **medical record** (from a medical treatment provider such as a psychologist, psychiatrist, or family doctor) or **pharmacy record** that shows that you experienced a “psychological injury”.

If you are submitting a **medical record**, it must indicate a new mental health disorder diagnosis, by a medical treatment provider, of post-traumatic stress disorder and/or an anxiety disorder, or evidence of the exacerbation of a pre-existing mental health disorder, within 8 months of the October 25, 2017 fire.

If you are submitting a **pharmacy record**, it must indicate a new prescription of medication related to post-traumatic stress disorder or an anxiety disorder, or the increased dosage of a medication used to treat a particular mental health disorder, within 8 months of the October 25, 2017 fire.

Please list the relevant documents attached to this claim form in support of your claim for compensation under **Category C**:

PRIVACY STATEMENT

Personal Information regarding Claimants is collected, used, and retained by the Claims Administrator pursuant to the Personal Information Protection and Electronics Documents Act. S.C. 2000, c.5 (PIPEDA):

- For the purpose of operating and administering the Shediac Fire Class Action Settlement Agreement (“Settlement”);
- To evaluate and consider the Claimant’s eligibility under the Settlement; and
- Is strictly private and confidential and will not be disclosed without the express written consent of the Claimant except as provided for in the Settlement.