



VISIT THE SETTLEMENT WEBSITE BY SCANNING THE
PROVIDED QR CODE

Brown v. His Majesty the King in right of Ontario
Court File No.: CV-25-7421-00CP

Need help? Call the Claims Administrator: 1-877-239-4879
IMPORTANT: THE DEADLINE TO COMPLETE THIS CLAIM
FORM IS September 22, 2027.

TRAINING SCHOOLS CLASS ACTION SETTLEMENT CLAIM FORM



Want to complete and submit your Claim Form online?
Go to <https://trainingschoolsclassaction.com/en/claim>

- Complete this Claim Form to make a claim for compensation from the Ontario Training Schools Class Action Settlement.
- The Settlement is for people who experienced harm at certain Ontario Training Schools many years ago.
- Complete this form and send it to the Claims Administrator before **September 22, 2027**.
- If you have any questions or need help, contact the Claims Administrator at 1-877-239-4879 or by email at info@trainingschoolsclassaction.com
- Visit www.TrainingSchoolsClassAction.com for more information.

IMPORTANT: Completing this Claim Form might bring up difficult thoughts or feelings. You may want to ask someone you trust to help you. Information about mental health supports is available on pages 24-25 of this Claim Form.

BEFORE YOU BEGIN

- Read all instructions, the Notice of Approval of Settlement, and this entire Claim Form carefully before you start.
- Complete all the parts of the form that apply to you.
- Give yourself enough time before the deadline to remember what happened and gather any documents you want to include.
- Send your completed Claim Form and any supporting documents to the Claims Administrator by **September 22, 2027**.
- Your Claim Form will be kept confidential and will only be used for processing your Claim or as required by law.

WHO CAN FILL OUT THIS CLAIM FORM?

This Claim Form is for anyone who:

- Was alive as of *December 8, 2015* and;
- Resided at one or more of the following Ontario Training Schools during the time periods listed in the chart below.
- If you are not sure of the exact dates, complete the form using your best memory.

1.	Pine Ridge School, Bowmanville (formerly The Ontario Training School for Boys)	between January 1, 1953 and its closure in 1979;
2.	Cold Springs Forestry Camp	between January 1, 1963 and its closure in 1976;
3.	Hillcrest School, Guelph (formerly known as Ontario Training School for Boys, Guelph)	between January 1, 1953 and its closure in 1978;
4.	Brookside School, Cobourg (formerly Ontario Training School for Boys, Galt, and Ontario Training School for Boys, Northumberland and Ontario Training School for Boys, Cobourg)	between January 1, 1953 and April 2, 1984;
5.	Trelawney House, Port Bolster (formerly known as Ontario Training School for Girls, Port Bolster Trelawney House)	between August 1959 and its closure in 1973;
6.	Kawartha Lakes School, Lindsay (formerly Ontario Training School for Girls, Lindsay)	between 1962 and its closure in 1979;
7.	Glendale School, Simcoe (formerly Ontario Training School for Boys, Simcoe)	between 1962 and July 30, 1974;

8.	White Oaks Village, Hagersville (formerly Ontario Training School for Boys, Hagersville (Junior School)	between 1966 and its removal from the regulations under the training schools legislation in 1978;
9.	Sprucedale School, Hagersville (formerly Ontario Training School for Boys, Hagersville (Senior School)	between 1966 and April 2, 1984;
10.	Cecil Facer School, Sudbury	between 1971 and April 2, 1984;
11.	Project DARE – Portage Lake	between June 1971 and 1976;
12.	Project DARE – Wendigo Lake, South River (formerly Project DARE Wendigo Lake)	between 1972 and April 2, 1984;
13.	Syl Apps Youth Centre (formerly Ontario Training School for Girls, Galt (Reception and Diagnostic Centre); Reception and Diagnostic Centre, Galt; Reception, Diagnostic Treatment Centre, Galt; and the Reception and Assessment Centre, Oakville)	between 1958 and April 2, 1984.

IMPORTANT!

You are **not** eligible to make a claim if you have already brought a lawsuit against Ontario or one or more employees of Ontario relating to your experience at one of the Ontario Training Schools listed above and/or executed a release in favour of Ontario regarding the subject matter of the Class Action. You are **not** eligible to make a claim if you have opted out of this class action.

If you only attended one of the Ontario Training Schools listed below, and did not attend any of the Ontario Training Schools listed above, you are **not** eligible to make a claim for compensation and should **not** submit a Claim Form.

- (1) Grandview Training School;
- (2) St. Joseph's Training School for Boys;
- (3) St. John's Training School;
- (4) Ontario Training School for Girls, Toronto;
- (5) Central Wardship Planning Unit;
- (6) Elmcrest School; and
- (7) Champlain School.

DO I NEED TO PROVIDE SUPPORTING DOCUMENTATION?

If you are submitting this form for yourself, you do **not** need records or other documents to submit this form

If you have documents that support your claim you may attach them. This is optional.

If you are interested in obtaining a copy of your Training School records for your own purposes, you can do so by submitting a Training School Record Request Form on or before **October 22, 2026**. Requesting records is **optional** and does **not affect** whether your Claim Form is accepted or reviewed.

Visit www.TrainingSchoolsClassAction.com to download a copy of the Training School Record Request Form or contact the Claims Administrator to request a copy.

WHAT IF I AM COMPLETING THE CLAIM FORM FOR SOMEONE ELSE?

If you are filling out this Claim Form for someone else (for example, because they passed away on or after December 8, 2015, or because you are legally authorized to act for them):

1. Fill in Part 2 of the Claim Form with their name and details;
2. Fill in Part 7 with your own name and information;
3. Attach documents that show you are allowed to submit this Claim Form for them.

➔ See **Part 7** for a list of acceptable forms of proof.

NEED HELP WITH YOUR CLAIM?

If you do not understand this Claim Form or are having trouble completing it, you can:

- Ask someone you trust to help you
- Contact the **Claims Administrator**
- Contact the **lawyers for the Class Members (Class Counsel):**

Claims Administrator	Class Counsel – Koskie Minsky LLP
<p>c/o Epiq Class Action Services Canada, Inc. PO Box 507 Stn B Ottawa, ON K1P 5P6</p> <p>Phone: 1-877-239-4879</p> <p>Email: info@trainingschoolsclassaction.com</p> <p>Website: TrainingSchoolsClassAction.com</p>	<p>20 Queen Street West, Suite 900, Box 52 Toronto, Ontario M5H 3R3</p> <p>Phone: 1-866-860-9364</p> <p>Email: trainingschoolsclassaction@kmlaw.ca</p>

PARTS OF THE CLAIM FORM

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PART 1 - PRIVACY AND CONFIDENTIALITY

Collection and Use of Information

Epiq is the Court-appointed Claims Administrator for the Training Schools Class Action Settlement. Epiq will collect your personal information through this Claim Form to process your Claim in accordance with the Settlement.

Epiq is subject to applicable privacy laws, including the Personal Information Protection and Electronic Documents Act (PIPEDA) and applicable provincial privacy legislation.

By checking the box below, you understand that your personal information will be used only as required to process your Claim.

Acknowledgement

I understand and acknowledge that:

- Epiq does not represent Ontario, Class Counsel, or any Class Member;
- Epiq does not provide legal advice; and
- Epiq's role is limited to administering the Settlement as approved by the Court.

Information Sharing

I understand that, for the purpose of processing my Claim:

- Epiq may share information from this Claim Form with Ontario (the Defendant) and Class Counsel; and
- Ontario may share information in its possession with Epiq and the same parties, as required under the Settlement Agreement.

Consent

By submitting this Claim Form and any supporting documents, I consent to the collection, use, and sharing of my personal information as required to process my Claim under the Settlement Agreement.

Retention of Information

Epiq will keep your personal information for two (2) years after the final compensation payment is issued under the Settlement. After that time, Epiq will securely destroy the information in its possession.

I acknowledge that I have read and agree to the terms above.

PART 2 – CLASS MEMBER INFORMATION

Fill out Part 2 with the Class Member's information. If you are filling out this form on behalf of someone else, please complete Part 2 with their information, and then complete Part 7 with your information. Please provide as much information as you can.

Please attach a clear copy (photo or photocopy) of one piece of government-issued photo identification (e.g., driver's license, passport, provincial/territorial ID card, permanent resident card) with your claim form. The name and date of birth must be visible and match the name and date of birth you write on your claim form.

Personal Information of Person who attended the Training School

First name:	
Middle name (If no middle name, leave it blank):	
Last name:	
Other name(s) (Did you use any other names while you were admitted to a Training School? For example, a maiden name, birth name, nickname, adopted name, etc.):	
Date of birth (YYYY/MM/DD):	
Date of death (if applicable) (YYYY/MM/DD):	

Contact Information

Street number:	
Street name:	
Unit number (if applicable):	
PO Box (if any):	
City/town/community:	
Province/Territory:	

Country:	
Postal code:	
Phone number:	
Email address:	
How would you prefer to be contacted by the Claims Administrator about your Claim?	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Both

IMPORTANT!

Please let the Claims Administrator know **immediately** if any of your contact information changes. It is your responsibility to check your email and/or mail for any messages from the Claims Administrator about your Claim.

Training School(s) Attended

Write down the Training Schools where you resided, and the dates you remember being there. If you do not remember exact dates, write your best estimate.

Please refer to the complete list of Training Schools included in this Settlement on pages 2-3 of the Claim Form.

	Training School	When Were You There?
1.		
2.		
3.		

Training Schools Class Action Claim Form
Email: info@trainingschoolsclassaction.com
Phone: 1-877-239-4879

4.		
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PART 3 – CHOOSE TRACK 1 OR TRACK 2

You must choose one track only.

Track 1: You do not need to write a detailed statement.

Track 2: You must write about what happened to you.

Please read the explanation on this page and then choose **either** Track 1 or Track 2.

Type of Claim	Who is Eligible	Compensation Available	How to Claim
Track 1 (Compensation for General Harm)	Any Class member who experienced harm at any of the Training Schools	\$5,000	Complete Part 4: Check the box affirming you experienced harm at a Training School.
Track 2 (Compensation for Specific Physical and Sexual Harm)	Class members who, after September 1, 1963 , experienced specific physical or sexual harm of the following at any of the Training Schools:	\$7,500 - \$100,000	Complete Part 5: Provide a signed statement describing the abuse you experienced at a Training School in as much detail as possible.

CHOOSE ONLY ONE TRACK by checking one of the boxes below:

I choose **Track 1**: → complete Part 4, on page 11.

OR

I choose **Track 2**: → Skip Part 4 and go to Part 5 starting on page 12.

PART 4 – TRACK 1 CLAIM: NO WRITTEN STATEMENT REQUIRED

To complete your Track 1 Claim, you must solemnly affirm that you experienced harm while you were a resident of one of the Training Schools during the time periods listed on pages 2-3 of this Claim Form, and that you have not already brought a lawsuit against Ontario or one or more of its employees relating to the harm that you experienced while at the Training School and/or executed a release in favour of Ontario regarding the subject matter of the Class Action.

Please also provide, to the best of your recollection, the dates or time periods during which you experienced harm.

This means you are saying:

- You (or someone helping you) read everything in this Claim Form before you signed it.
- The information in this form is true, to the best of your knowledge and ability.
- If the information in this form is found to be untrue, your claim may be denied.

"I solemnly affirm that the information in this form is true"

Class Member Signature: _____

Print Name: _____

Date (YYYY/MM/DD): _____

Date(s) or time periods during which harm occurred: _____

PART 5 - TRACK 2 CLAIM: WRITTEN STATEMENT REQUIRED

Who is Eligible?

You may make a Track 2 Claim if:

- you resided at a Training School **after September 1, 1963**,
- you have not already brought a lawsuit against Ontario or one of its employees relating to the harm that you experienced while at the Training School and/or executed a release in favour of Ontario regarding the subject matter of the Class Action, and,
- you experienced one of the following:
 - **Physical assault including:**
 - Physical assault that caused an observable injury (for example, a black eye),
 - Being placed in dissociation or solitary confinement (also called the "hole" or "digger") for more than 24 consecutive hours or more on more than one occasion within a 30-day period, or being placed in solitary confinement for more than 48 consecutive hours on any one occasion; or
 - Physical assault that caused serious injury, such as broken bones, hospitalization, permanent or long-term impairment, or four or more days in the infirmary.
 - **Sexual assault including:**
 - Non-consensual sexual touching by staff;
 - Repeated non-consensual sexual touching of your breasts, genitals or buttocks;
 - Non-consensual attempted forced penetration; or
 - Oral, vaginal or anal penetration without consent.

How do I make a Track 2 Claim?

Step 1: Confirm when you resided at a Training School

You must have resided at a Training School **after September 1, 1963** to make a Track 2 Claim. If you only resided at a Training School before September 1, 1963, you can only make a Track 1 Claim.

Step 2: Write Your Declaration

Write in your own words what happened to you at the Training Schools. Include as much as you remember. Please provide your best recollection of when the incident that caused you harm occurred.

You may include relevant documents if you have any (for example, Training School records, letters, photographs, medical records, and police reports), but **you do not need them to make a Track 2 Claim.**

Step 3: Sign your Declaration and Have a Witness Sign It

What Happens after I Submit My Form?

After you complete Steps 1 to 3 and submit your Claim Form to the Claims Administrator, the Claims Administrator will review your Claim Form along with any **optional** supporting documentation and determine how much money you are entitled to in accordance with the Compensation Plan.

Step 1: Confirm you are eligible to make a Track 2 Claim

I attended a Training School **after** September 1, 1963 and have not already brought a lawsuit against Ontario or one of its employees relating to the harm that I experienced while at the Training School and/or executed a release in favour of Ontario regarding the subject matter of the Action.

Check the box above if you know that this applies to you. If the answer does not apply to you, then you cannot make a Track 2 Claim but may still be eligible to make a Track 1 Claim.

Step 2: Complete your Declaration

Use the space below to tell the Claims Administrator what happened to you at the Training School. Write in your own words. Include as much as you remember. Please provide your best recollection of when the harm occurred.

If you can, try to include:

- Who hurt you?
- What did they do to you?
- Was it a staff member or another resident?
- Did anyone else witness it?
- Did you tell anyone else about it?
- How many times did it happen? More than once? Many times?
- Where did it happen?
- Did you suffer any observable injuries, like a black eye or bruises?
- Did you suffer any serious injuries, like a broken bone or long-term impairment?
- Did you have to go to the infirmary or hospital? For how long?
- Were you put in solitary confinement (also called the "hole" or the "digger")?
- How many times were you put in solitary confinement?

- How long were you put in solitary confinement for? More than one day?
More than two days?

Try to write down any harm you experienced at the Training Schools to the best of your recollection.

IMPORTANT

This section asks you to write about difficult experiences. Take your time. You can take breaks and come back to it later. You may want to ask someone you trust to help you complete your Declaration.

Information about mental health supports and reimbursement for counselling costs is available on pages 27-28 of this Claim Form.

If you need more space, you may attach additional sheets to this Claim Form and at the top of each page, please indicate your name and date of birth and the number of the page.

Step 3: Witnessed Signatures

To complete your Track 2 Claim, you must solemnly affirm that everything you wrote down in your Declaration is true to the best of your knowledge, and have your signature witnessed by one of the following people:

- A lawyer, paralegal, commissioner of oaths, or any other person authorized to commission an affidavit under the law of any province; or
- A notary public; or
- If you are Indigenous, a member of a band council, an elected or hereditary chief, or an elder.

"I solemnly affirm that my Declaration is true to the best of my knowledge"

Witness Type

Licence Number (if applicable)

Class Member Signature

Signature of Witness

Print Name

Print Name

Date (YYYY/MM/DD):

Date (YYYY/MM/DD):

PART 6 – HOW YOU WOULD LIKE TO BE PAID

If you receive compensation, how would you like to be paid?

Choose one option only:

- Direct Deposit** – The Claims Administrator will send you a Direct Deposit Form to complete.
- Email Money Transfer** – Sent to the email address you provided in this Claim Form.
- Cheque** – Please only select this option if you are unable to receive compensation by Direct Deposit or Email Money Transfer. Your cheque will be sent by regular mail to the address you provided in this Claim Form and will expire if it is not cashed promptly.

PART 7 – APPLICATION ON BEHALF OF A CLASS MEMBER

Only complete this section if you are legally applying on behalf of a class member as their legally authorized representative.

You **do not** need to complete this section if you are a friend or family member helping a Class Member fill out their form. You only need to fill out this part if you are a legally authorized representative applying on someone else's behalf, because:

- a) the Class Member passed away on or after December 8, 2015
- b) the Class Member is legally incapable or you are applying on behalf of a Class Member who gave you power of attorney over their property/finances; or
- c) you are a lawyer retained by a Class Member.

Contact Information

What is your name?	
What is your organization (if applicable):	
What is your telephone:	
What is your email address:	

Mailing Address

Street number:	
Street name:	
Unit number (if any):	
PO Box (if any):	
Postal Code:	
City/town/community:	
Province/territory:	
Country:	

If the Class Member has Passed Away:

Was the class member alive as of December 8, 2015?

- Yes
 No

Date of death (YYYY/MM/DD): _____

Your relationship to the Class Member: _____

What gives you legal authority to make this claim on behalf of the Class Member?

- I am the estate trustee / executor
 I have power of attorney
 I am the Class Member's lawyer
 Other (please explain): _____
 I have attached documents that show I have legal authority to act on behalf of the Class Member.

a) If you are applying on behalf of the estate of a deceased Class Member who passed away on or after December 8, 2015

You must attach a copy of the death certificate for the Class Member, along with one of the following documents:

Certificate of Appointment of Estate Trustee or Small Estate Certificate (previously called Letters Probate or Letters of Administration)

OR

A copy of the Class Member's will appointing you as estate trustee;

OR

A declaration witnessed by one other person who knew the deceased Class Member personally, affirming that the deceased Class Member did not have a will and that no estate trustee has been appointed by a court, together with proof that

	<p>the individual was either spouse or kin to the deceased Class Member in a form reasonably acceptable to the Claims Administrator;</p> <p>OR</p> <p><input type="checkbox"/> Any other documentation that is acceptable to the Claims Administrator.</p>
b) If you are applying on behalf of a Class Member who is legally incapable	<p>You must attach one of the following documents:</p> <p><input type="checkbox"/> Continuing Power of Attorney for Property;</p> <p>OR</p> <p><input type="checkbox"/> Any other document that is acceptable to the Claims Administrator.</p>

End of Claim Form

Completed Claim Form Checklist

*Review this checklist and complete all the steps to help ensure that your Claim is processed as efficiently as possible.

Claim Form	What You Need to Do	Check if completed
PART 1 – PRIVACY AND CONFIDENTIALITY	Complete the privacy acknowledgment on page 7	<input type="checkbox"/>
PART 2 – CLASS MEMBER INFORMATION	Fill in name, date of birth, and at least one way to contact you on page 8 Include a copy of photo ID	<input type="checkbox"/> <input type="checkbox"/>
PART 3 – CHOOSE TRACK 1 OR TRACK 2	Choose Track 1 OR Track 2 on page 10	<input type="checkbox"/>
PART 4 – TRACK 1 CLAIM	Complete this part only if you chose Track 1 on page 11	<input type="checkbox"/>
PART 5 – TRACK 2 CLAIM	Complete Steps 1, 2 and 3 and have a witness sign (Track 2 only) starting on page 12	<input type="checkbox"/>
PART 6 – HOW YOU WANT TO BE PAID	Choose how you want to be paid on page 19	<input type="checkbox"/>
PART 7 – APPLICATION ON BEHALF OF A CLASS MEMBER	Complete this part only if you are applying for someone else and attach all required documents starting on page 20	<input type="checkbox"/>

When and How to Submit Your Claim Form?

Before you send your form:

Make sure you have:

- Signed the form
- Included a copy of photo ID
- Chosen Track 1 or Track 2
- If you chose Track 2, got a witness to sign the form
- Attached documents (only if required)
- Chosen how you want to be paid

Send your completed form to the Claims Administrator by September 22, 2027. It **must** arrive at the Claim Administrator's office by this deadline.

You may send the Claim Form and all required documents by regular mail or email to:

Training Schools Class Action Administrator
c/o Epiq Class Action Services Canada, Inc.
PO Box 507 Stn B
Ottawa, ON K1P 5P6

Email: info@trainingschoolsclassaction.com

If you do not send in your completed Claim Form and required documents to the Claims Administrator by September 22, 2027, you will not be eligible to be considered for compensation.

- Keep a copy of everything you send.
- For regular mail, write down the date you put the claim form in the mailbox. Keep that date with your copy. If you have a receipt with you, keep it.
- Mail in your claim early as it must **arrive** at the Claim Administrator's address by the deadline of **September 22, 2027**.

- For email, save the email. It has the sent date on it.

Do not send the Claim Form to the Court.

Ontario Training Schools Class Action Support Resources Sheet

A list of support services and resources is provided below. You should seek support appropriate to you, your location, and your needs.

If you or someone you know is facing a mental health crisis, call 911 or your local emergency number, or go to your local emergency department.

Track 2 Claimants may be eligible to request reimbursement of certain support costs up to \$1,500, such as the cost of paying a doctor, psychologist, social worker, counsellor or therapist to support you in making your Claim.

To get reimbursed, Track 2 Claimants must submit a Support Reimbursement Form to the Claims Administrator attaching all receipts or invoices. Visit www.TrainingSchoolsClassAction.com to download a copy of the Support Reimbursement Form or request a copy from the Claims Administrator.

24-Hour Crisis and Support Lines (Ontario-Wide)

Victim Support Line (Ontario)

Provides information, emotional support, and referrals for victims of crime across Ontario.

P. 1-888-579-2888 (toll-free)

P. GTA: 416-314-2447

Online chat available through 211 Ontario

Assaulted Women's Helpline

24/7 crisis counselling, safety planning, and referrals for women and their dependents who have experienced abuse. Services are available in over 200 languages.

P. 1-866-863-0511 (toll-free)

P.GTA: 416-863-0511

On mobile networks: #SAFE (#7233)

Live chat available

Fem'aide (French-Language Support)

Crisis counselling and referrals for Francophone and French-speaking women in Ontario.

P. 1-877-336-2433 (1-877-FEMAIDE)

Live chat available

Talk4Healing

Culturally safe, Indigenous-led support for Indigenous women and their families. Available in English and multiple Indigenous languages.

P. 1-855-554-4325 (1-855-554-HEAL)

Text and phone support available

Support for Survivors of Sexual Assault

Ontario Coalition of Rape Crisis Centres (OCRCC)

A network of community-based sexual assault centres across Ontario offering counselling, advocacy, and support for survivors of sexual violence, including childhood sexual abuse.

<https://sexualassaultsupport.ca/>

Find a local crisis centre anywhere in Ontario

Ontario Network of Sexual Assault / Domestic Violence Treatment Centres

Hospital-based treatment centres providing medical care, counselling, forensic evidence collection (if desired), and referrals.

P. 1-855-628-7238 (1-855-NAV-SADV) – 24-hour navigation line

<https://www.sadvreatmentcentres.ca>

Support for Male Survivors of Sexual Abuse

Support for Male Survivors of Sexual Abuse (Ontario)

Confidential crisis counselling and referrals for male survivors of sexual abuse, including historical abuse.

P. 1-866-887-0015

Finding Local Community Supports

211 Ontario

Helps connect individuals to local counselling, mental health services, housing supports, and community programs across Ontario.

P. 211 or 1-877-330-3213

Online chat available

<https://211ontario.ca>