QUICK REGISTRATION FORM CHILDREN'S SPECIAL ALLOWANCE SETTLEMENT

for people who were in foster care between January 1, 2005, and March 31, 2019.
Start your application now and submit missing information later.

1. CLAIMANT INFORMATION:

Please provide the following information to identify the Claimant (current or former Child-in-Care). This information is required to assist in verifying eligibility for participation in the Children's Special Allowance Class Action Settlement.

Full legal name:		
Name while in foster care (if different):		
Date of birth:		
Mailing Address:		
Phone Number:		Fax Number:
Email Address:		
CFS Agency and years in care (if known):		
Claimant ID provided:		

2. REPRESENTATIVE INFORMATION:

If you are completing this form on behalf o the Claimant, please provide your information below. Representatives are individuals who have legal authority to act on behalf of the Claimant or who have been authorized by the Claimant.

Representative's Name:		
Relationship to the Claimant:		
Mailing Address:		
Phone Number:		Fax Number:
Email Address:		
Proof of authority provided:		
Claimant's date of death (if deceased):		

3. PAYMENT INFORMATION:

If the Claimant is over 18 years old, select the method of distribution for any potential compensation payment (select one):

- ☐ All or part of the potential compensation payment held in trust
- ☐ Cheque sent to the Claimant's current mailing address
- ☐ Cheque sent to the Representative's current mailing address
- ☐ Direct Deposit (attach a Direct Deposit Form or Void Cheque)
- ☐ Unsure at this time

4. CONTACT INFORMATION: Who should the Claims Administrator contact regarding this claim, and by which method?

☐ Claimant OR ☐ Representative ☐ By Email ☐ By Phone ☐ By Fax

5. ACKNOWLEDGEMENT, AUTHORIZATION, AND DECLARATION

In making this claim as a Class Member, or on behalf of a Class Member, I acknowledge that:

1. The Class Member is subject to the terms of the Settlement Approval Order which limits my recovery to the amount that the Claims Administrator shall determine, having regard to the eligibility and compensation criteria that the Claims Administrator shall apply.

2. Subject to a limited ability to seek reconsideration of a decision of the Claims Administrator as set out in the Claims Administration Procedure, I acknowledge that any decision of the Claims Administrator with regards to eligibility and/or compensation is final and is not subject to appeal or any review in any fashion.

3. Any recovery is limited to the Claims Administration Procedure and any claims for payment, compensation or damages of any kind against the Government of Manitoba is prohibited by terms of the Settlement.

4. If I do not submit a Claims Registration Form by the Claims Registration Deadline, my claim may be barred and extinguished forever.

5. I hereby authorize the CFS Agency(s), Government of Manitoba and/or Government of Canada or any other entity to release any information, documentation and payments information (if any) to confirm my time as a Child-in-Care and / or personal identification to the Claims Administrator (Exchange Solutions Inc.) for the purpose of determining my eligibility under the Children's Special Allowance Class Action Settlement Criteria. I understand that if I wish to revoke this consent, I must do so in writing. I acknowledge that this consent will remain in full force and effect until expressly revoked by me.

6. I declare that the information given on this application is true and complete; and I acknowledge, agree and meet the Terms and Conditions of the Children's Special Allowance Class Action Settlement Criteria.

7. I declare that to my knowledge, I am the only person filing a Claim Registration Form as, or on behalf of, the Claimant, and that only the Child-in-Care of the CFS Agency is eligible to potentially receive compensation payment(s) from the Children's Special Allowance Class Action Settlement Fund.

8. I acknowledge that the Claims Administrator has sole discretion in following the court-approved Children's Special Allowance Class Action Settlement Fund criteria to request additional information, supporting documentation, etc.

9. Save and except for any gross negligence or wilful misconduct on their part, I hereby release any and all claims against the Claims Administrator, the Representative Plaintiffs, and Class Counsel arising during the Class Period and Claims Administration Period relating to the subject matter of the Flette/ Lavallee Actions, including in relation to the Administration Process, regardless of cause of action, type of loss or damage, or relief sought, and including, without limitation, any and all past, present, demands, suits, proceedings, payment of obligations, adjustments, executions, o□sets, actions, causes of action, costs, defences, debts, sums of money, assertions of rights, accounts, reckoning, bills, bonds, covenants, contracts, controversies, agreements, promises, expenses (including without limitation court costs, legal fees and disbursements), requests for relief of any kind, statutory or regulatory obligations, judgments or any liabilities of any nature whatsoever, whether statutory, in law, equity, civil or criminal, whether sounding in tort, contract, equity, nuisance, trespass, negligence or strict liability, which have been asserted in the Flette/Lavallee Actions.

10. I declare under penalty of the laws of the Province of Manitoba that the foregoing in this Claim Registration Form is true and correct.

Claimant Name (print): _____ **Date:** _____

Claimant's Signature: _____

Representative Name (print): _____ **Date:** _____

Representative's Signature: _____

HOW TO SUBMIT YOUR CLAIM

- Scan and email both sides to: claims@csasettlement.ca
- Fax both sides to: 204-957-5195
- Complete your form online at csasettlement.com
- **DON'T FORGET!** Include a copy of your current government-issued ID or contact us for a guarantor form.

Need Help?

- Call 1-844-947-7101 to talk to a Claims Helper
- Email your questions to claims@csasettlement.ca