

4. Name of any person(s) who was present during or witnessed the Abuse:

5. Indicate whether Abuse was:

- Category A Abuse ("Category A Abuse" means Abuse by or with the participation of a teacher including the following sexual acts: the exposure of the teacher's genitals to the student, the touching of student's breasts and/or buttocks and/or genitals by the teacher, the teacher causing the student to fondle his genitals, the teacher photographing the child in sexual poses or any other sexual act not expressly listed in the definitions of Category A Abuse, Category B Abuse or Category C Abuse which most closely resembles other Category A Abuse.)
- Category B Abuse ("Category B Abuse" means Abuse by or with the participation of a teacher including the following sexual acts: simulated intercourse, masturbation of the student by the teacher and/or of the teacher by the student. This term also refers to five (5) or more instances of Category A Abuses or any other sexual act not expressly listed in the definitions of Category A Abuse, Category B Abuse or Category C Abuse which most closely resembles other Category B Abuse.)
- Category C Abuse ("Category C Abuse" means Abuse by or with the participation of a teacher including the following sexual acts: ten (10) or more instances of Category A Abuse, five (5) or more instances of "Category B Abuse" or sexual acts such as fellatio, anal intercourse or anal penetration with the use of an object, of the student by the teacher or of the teacher by the student, or any other sexual act not expressly listed in the definitions of Category A Abuse, Category B Abuse or Category C Abuse which most closely resembles other Category C Abuse.)

AFFIDAVIT

I, the undersigned _____, do hereby swear or solemnly affirm that:

1. The information contained in this Claim Form is true.
2. I am delivering this Claim Form in order to make a Claim as a Student Claimant against L'Association Selwyn House in one or more of the class proceedings commenced in Superior Court, Province of Quebec, District of Montreal as court file numbers 500-06-000310-058, 500-06-000336-061, 500-06-000335-063.
3. I understand that providing false or inaccurate information in the present Affidavit shall result in the rejection and nullification of my Claim.
4. I understand that providing false or inaccurate information in the present Affidavit shall result in the rejection and nullification of my Claim and potential criminal charges for perjury.

Sworn before me at

on _____

Duly authorized commissioner of
Oaths for

(jurisdiction)

AND I HAVE SIGNED on _____
(DATE)

(NAME)

Signature of Claimant

Name of Claimant (print)