

**SCHEDULE I**  
**FAMILY CLAIM FORM**

Name of Family Claimant: \_\_\_\_\_

*"Family Claimant" is a living mother or father, current spouse (including common law spouse) or child of a Successful Student Claimant who submits a Claim on or prior to the Opt Out Deadline.*

**"Successful Student Claimant"** is a **Student Claimant** whose Claim is either accepted as presented or under a different category of Abuse for payment by Selwyn or awarded by the Arbitrator.

**"Student Claimant"** means a **Student Class Member** who submits a Claim on or before the Opt Out Deadline.

**"Student Class Member"** means a former student of Selwyn House School who alleges he was the victim of **Abuse** perpetrated by or with the participation of any of the former teachers, Leigh Seville, James P. Hill or John Aimers that commenced while former Students attended Selwyn House School.

**"Abuse"** means abuse of a sexual nature and any physical, mental or psychological abuse directly or indirectly related thereto.

Date of Birth: \_\_\_\_\_

Name of Student Claimant related to or married to who attended Selwyn House School:  
\_\_\_\_\_

Relationship with Student Claimant: \_\_\_\_\_  
\_\_\_\_\_

Dates the Student Claimant attended Selwyn House School: \_\_\_\_\_  
\_\_\_\_\_

Present Address: \_\_\_\_\_

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 Family 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 I will only be compensated if the Student Claimant named in this form is a Successful Student Claimant whose Claim is either accepted as presented or under a different category of Abuse for payment by Selwyn or awarded by the Arbitrator.
4. I understand that providing false or inaccurate information in the present Affidavit shall result in the rejection and nullification of my Claim.
5. 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)