

SPECIAL DAMAGES CLAIM FORM

This form should be used if you believe that you are entitled to Special Damages under the Settlement. These Damages are described generally in the official notices authorized by the Court and more particularly in the Settlement Agreement.

- 1. If you are the individual who was a Resident or a Guest at 125 Parkway Forest Drive in Toronto, Ontario on December 11 and/or 12, 1998, and you believe you qualify for Special Damages under the Settlement Agreement, provide your name and contact information, and complete the section below.**

If you are making this Claim as the guardian, executor, administrator, attorney under a power of attorney, or other legal representative of a living person or the estate of a deceased person who was a Resident or a Guest at 125 Parkway Forest Drive on December 11 and/or 12, 1998 and you believe he or she qualifies for Special Damages, provide the name of the Resident or Guest, and complete the section below.

(Name of Resident or Guest)

Was the apartment unit at 125 Parkway Forest Drive leased/registered under the Resident's name?

Yes

No (If you checked "No", please indicate your relationship to the lease holder: _____)

(Birth Date MM/DD/YYYY)

(Health Card #)

(Street Address)

(City)

(Prov./Terr.)

(Postal Code)

(Daytime Phone Number)

(Evening Phone Number)

(Email address, if any)

If you do not currently reside at 125 Parkway Forest Drive, please indicate which unit you resided in or visited on December 11/12, 1998:

(Apt. # of 125 Parkway Forest Drive)

2. If you are submitting this form as the Representative of the estate of the Resident or Guest, or on behalf of a Resident or Guest who has become incapacitated, complete the information below:

(Name of Representative)

(Street Address)

(City)

(Prov./Terr.)

(Postal Code)

(Daytime Phone Number)

(Evening Phone Number)

(Email address, if any)

(Legal Relationship to Resident or Guest - i.e. executor, trustee, power of attorney, guardian, etc.)

Note – You must attach or include a copy of your court approval or other authorization to represent the Resident or Guest in this Settlement with your completed Claim Form.

3. If you are claiming for loss of income, please state the amount you are claiming:

\$ _____

4. If your income loss relates to employment with an employer (as opposed to income from self-employment) please provide the name and address of your employer (on December 11/12, 1998):

(Name of employer/company)

(Street Address)

(City)

(Prov./Terr.)

(Postal Code)

(Phone Number)

5. Please have your employer answer the following questions and sign the declaration:

a) _____ was/has been employed by
(Name of Resident or Guest)
_____ since _____
(Name of employer/company) (date: MM/DD/YYYY)

b) Following December 11-12, 1998 _____
(Name of Resident or Guest)
was absent from work for _____ days which resulted in a net wage
loss of: \$ _____.

This form is an official Court document sanctioned by the Court that presides over the Settlement Agreement, and submitting it is equivalent to filing it with a Court. I declare under penalty of perjury that the information provided by me in this form is correct to the best of my knowledge, information and belief.

(Signature of employer /employer representative)

(MM/DD/YYYY)

(Name and position of employer/employer representative – please print)

6. If you are claiming for loss of income, you must also provide employment and/or income tax information with the Claim Package to support your claim. No claims will be paid without supporting documentation.

7. If your income loss relates to self-employment losses, please indicate your type of business organization:

- Sole Proprietorship
- Partnership
- Limited Liability Corporation
- Other _____

8. Please provide the following details about your self-employment business:

(a) _____
Name of Business

_____,
Address

City _____ Province _____ Postal Code _____

Phone # (_____) _____ – _____ Fax # (_____) _____ – _____

(b) Is the business registered for the Goods and Services Tax? Yes No

If yes, please provide GST# _____

(c) _____
Name of Accountant or Bookkeeper

Address

City _____ Province _____ Postal Code _____

Phone # (_____) _____ – _____ Fax # (_____) _____ – _____

(d) If you are self-employed in a partnership or limited liability company indicate the percentage of the business you own: _____%

(e) Please describe the nature of your business:

(f) Please indicate your position/office in the business:

(g) Briefly explain the duties of your position/office?

Claimant Declaration

Each person signing below acknowledges and understands that this form is an official Court document sanctioned by the Court that presides over the Settlement, and submitting it is equivalent to filing it with a Court. After reviewing the information which has been supplied on this form, each person declares under penalty of perjury that the information provided in this form is true and correct to the best of his/her knowledge, information and belief.

(Signature of Resident or Guest, if living)

(MM/DD/YYYY)

(Signature(s) of Legal Representative(s) of Resident or Guest, if any)

(MM/DD/YYYY)