

OBJECTION FORM

Cloughley Class Action

ONLY USE THIS FORM IF YOU WANT TO OBJECT TO THE PROPOSED SETTLEMENT OR LEGAL FEES

SEND YOUR OBJECTION FORM TO: CL9 Claims Administrator
P.O. Box 3355
London, ON N6A 4K3
info@CloughleySexAbuseClassAction.ca

Your objection must be delivered to the Claims Administrator by **June 4, 2024**.

My name is: _____

I am a(n) (please check more than one if applicable):

- Individual that attended a school in Resolute Bay or Clyde River between April 1, 1969 and July 30, 1981, and experienced sexual abuse at the hands of or facilitated by Maurice Cloughley while attending the schools.
- Individual that has not already sued and received compensation for the claims of the proposed settlement.
- Resident of Nunavut who has not opted out of the class action.
- Non-resident of Nunavut who has opted into the class action.

I object to the terms of the proposed settlement, Class Counsel's fees and disbursements, or honoraria for the Representative Plaintiffs.

I am objecting to the proposed settlement, Class Counsel's fees and disbursements, or honoraria for the Representative Plaintiffs for the following reason(s) (please attach extra pages if you require more space):

<input type="checkbox"/>	I have enclosed copies of documentation supporting my objection. (You do not have to attach any documents.)
<input type="checkbox"/>	I have NOT enclosed documentation supporting my objections and I do not intend to provide any.
<input type="checkbox"/>	I do NOT intend to appear at the hearing of the motion to approve the proposed settlement, and I understand that my objection will be filed with the court prior to the hearing of the motion on June 4, 2024.
<input type="checkbox"/>	I intend to appear, in person or by counsel, and to make submissions at the hearing on June 4, 2024.

MY ADDRESS FOR SERVICE IS:

MY LAWYER'S ADDRESS FOR SERVICE IS (if applicable, but you do not need a lawyer to object):

Name: _____
 Address: _____
 Tel.: _____
 Fax: _____
 Email: _____
 Date (mm/dd/yyyy): _____
 Signature: _____

Name: _____
 Address: _____
 Tel.: _____
 Fax: _____
 Email: _____
 Date (mm/dd/yyyy): _____
 Signature: _____