



DECLARATION

I, _____, from the City of _____, in the province of _____,

SOLEMNLY DECLARE:

Medical and Psychological Records and Assessments:

I confirm that I will give the Independent Assessor and his team (hereafter the “**Assessor**”) access to my medical and psychological records, and I will authorize professionals who have provided or are presently providing services to provide information to the Assessor.

Information that may be communicated to the experts retained by the Independent Assessor

I understand that my personal information, including the details about any gender or sexual orientation based discrimination and sexual harassment I allege to have suffered may be communicated to experts retained by the Independent Assessor while preserving anonymity.

Financial Loss Claims

I will provide to the Assessor all employment records that are required.

Police Records

I will provide statements made to the police and impact statements presented to the court, if I have them, and will authorize those holding the same to provide them to the Assessor if that is not the case.

Disclosure to other experts

I understand that my personal information may be disclosed to other experts by the Assessor to assist in determining the amount of my claim.

Assessor may conduct investigations

I further understand that the Assessor can verify the truthfulness of my statements and allegations by seeking information necessary to properly determine the claim from third parties, including the RCMP. The Assessor shall put to the claimant any information which may be unfavorable to the claimant’s allegations and give her the opportunity to respond.

**Private and Confidential Process**

I agree to respect the private nature of any meeting or interview that may be conducted in this process. I will not disclose the details or existence of any witness statement I receive or anything said at the meeting or interview by any participant, except what I say myself.

Independent Assessor

I recognize that the Assessor does not represent the RCMP and is not acting as legal counsel for any party, that the Assessor does not offer legal advice or have any duty to assert or protect legal rights of any party, or to raise an issue not raised by any party. I accept that the Assessor has no responsibility regarding the conduct of parties to these proceedings.

Non-Disclosure

I further accept that as a neutral person the Assessor has no duty to ensure the enforceability or validity of any agreement reached. Should an action be commenced, I accept that the Assessor may not be called as a witness and that no document in his possession, including his own records, notes and offers of compensation can be required for disclosure. The only disclosure that will be permitted is that required by law.

Independent Process

I confirm that I have been informed of the Claims Process and understand that the Assessor is not the agent of the RCMP, that he will choose his assistants, and hire experts accepted by the parties, that he will set schedules, establish claim forms and decide independently whether each claim falls within Levels 1, 2 or within Levels 3 to 6, as set out in the court approved Settlement. He will decide on the amount of compensation to be offered according to the agreed compensation levels and distribute the funds he himself will have received from the Government of Canada. I am aware that this process is meant to be non-confrontational and that there will be no formal hearings and cross-examinations or other forms of formal litigation.

Veracity of Information in Claim Form

I confirm that all of the information provided in this Claim Form is true, whether made by me or on my behalf. Where someone has helped me with this Claim Form that person has read to me everything they wrote and included with this Claim Form, if necessary to allow me to understand the content of this completed Claim Form and any attachments to it, and I confirm that this information is true.



I ACCEPT THAT SIGNING THIS CLAIM FORM HAS THE SAME EFFECT AS IF I HAD STATED THE INFORMATION CONTAINED IN THE CLAIM FORM AND ACCOMPANYING THE CLAIM FORM UNDER OATH (OR AFFIRMATION) IN COURT.

Witness Signature

(The witness must be a Commissioner for taking affidavits or someone you personally know. The witness must see you sign the form but is not required to read the form.)

Claimant (or guardian) Signature

Print name of the witness

Date (day/month/year)

Date (day/month/year)