

(Unofficial translation of the *Formulaire de réclamation* approved by the Court on November 9, 2009)

C A N A D A
PROVINCE DE QUÉBEC
DISTRICT DE TERREBONNE

COUR SUPÉRIEURE
(Recours collectif)

No : 700-06-000001-000

**COALITION POUR LA PROTECTION DE
L'ENVIRONNEMENT DU PARC LINÉAIRE
«PETIT TRAIN DU NORD»**

Demanderesse

-et-

GÉRARD ÉMOND

-et-

ALINE THIBAUT-ÉMOND

Personnes désignées

c.

**LA MUNICIPALITÉ RÉGIONALE DE COMTÉ
DES LAURENTIDES**

Défenderesse

-et-

**LA PROCUREURE GÉNÉRALE DU
QUÉBEC**

Défenderesse / Mise en cause

CLAIM FORM

INSTRUCTIONS ON HOW TO FILL UP THE CLAIM FORM

◆ **Solemn Declaration**

Each of the claimants of full age must sign a solemn declaration similar to or using the one on the last page of this form in the presence of a commissioner for Oaths. Make copies if necessary.

(You can ask a lawyer, a notary, or in a bank, a caisse populaire or a courthouse for a commissioner for oaths.)

ANY AMOUNT PAID OUT BY THE QUEBEC ATTORNEY GENERAL FOLLOWING THE TRANSMISSION OF FALSE INFORMATION IN THE PRESENT FORM, SHALL BE REIMBURSED TO THE QUEBEC ATTORNEY GENERAL.

◆ **Filing the claims**

Return **all the sections of this claim form** duly completed and attach the supporting documents, **the whole in two copies**, by registered or by certified mail or by any other way which provides a proof of it having been received, **at the latest on November 19th, 2010**, at the following address :

Le Greffier de la Cour supérieure
a/s Recours collectif
25, rue de Martigny Ouest
SAINT-JÉROME (Québec) J7Y 4Z1

◆ **Next steps**

Payments by cheques

If a judgment is rendered on your claim as presented, the Quebec Attorney General will send each claimant of full age, a cheque in payment of the indemnity to which this claimant is entitled, at his current address, as indicated on this claim form. In the case of a minor child or of an incapable claimant, the payment will be made to their legal representative as indicated below on this form. The amount of each of the indemnity will be reduced of the fees payable to the Class Action counsels, as determined by the Court, plus the applicable taxes and the percentage payable to the Fonds d'aide aux recours collectifs.

Incomplete claim notices

If your claim is incomplete, the Court Clerk will send you a detailed notice to this effect. You will then have thirty (30) days to complete your claim.

The contestations by the Quebec Attorney General

The Quebec Attorney General will receive a copy of your claim from the Court Clerk. She will have thirty-eight (38) days to examine it. If she accepts it as filed, the Court

Clerk will render his decision without delay and you will receive your payment within thirty (30) days. The Quebec Attorney General may contest your claim partly or totally. If she does, you will be notified in writing of this contestation and you will have thirty (30) days to respond in writing. After receiving the contestation and your response, the Court Clerk will render his decision.

The right to a review

If the Court Clerk rejects your claim or does not accept it in its totality, you will have thirty (30) days to demand the review of this decision by the Court, by filling the review form which will be attached to the decision and by returning the said form to the Clerk within thirty (30) days of receiving the decision. You will then be entitled to ask the Court to hear your or to have your witnesses to testify. The decision of the Court in review will be final.

DESCRIPTION OF THE GROUP CONCERNED BY THIS CLASS ACTION

«Every natural person residing or having resided after November 7, 1997, as an owner or a tenant, at 100 meters or less on each side of a strip of land known as the Le Petit Train du Nord Linear Park, between the 68.5 kilometre milestone located in St-Faustin-Lac Carré and the 106.5 kilometre milestone located in Labelle, it being sufficient that any part of a resident's dwelling be located at 100 meters or less in a straight line from the closest side of the linear park and being understood that all natural persons residing or having resided regularly with the owner or with the tenant are members of the group ».

IF YOU ARE A MEMBER OF THIS GROUP, YOU CAN COMPLETE THIS FORM IN TWO COPIES

INFORMATION ON THE CLAIMANTS AND SOLEMN DECLARATION

I - FIRST CLAIMANT :

1. Name of the first claimant : _____
If you are acting as a liquidator of an estate, indicate the name of the deceased member and complete section IV : _____
Current address : _____
City : _____ Postal code: _____ Province: _____
Administrative district: _____
MRC : _____
Provincial electoral district: _____
Tel. (h) : _____ Tel. (work) : _____ Tel. (cell.) _____
Email address : _____
Date of birth : _____
Social insurance number: _____
Langage of choice : _____

2. I have read the description of the group of persons who are entitled to the benefits of the Class Action (see description above).
3. After having read the above «Description of the group concerned by the Class Action», I declare that the dwelling in which I have regularly resided during one of the years identified in number 4 below is located 100 meters or less in a straight line from the closest side of the Petit Train du Nord Linear Park between the 68.5 kilometre milestone located in Saint-Faustin-Lac-Carré and the 106.5 kilometre milestone located in Labelle.
4. I am a member of the class action because I have resided on a regular basis, meaning full time or every weekend, with few exceptions, as owner or tenant at the following address(es) during the following winter season(s) :

(If you have resided at more than one address, please indicate the addresses and the periods in question in checking the boxes corresponding to the years when you have regularly resided at this address):

1997 – 1998

Address: _____ Owner Tenant

1998 – 1999

Address: _____ Owner Tenant

1999 – 2000

Address: _____ Owner Tenant

2000 – 2001

Address: _____ Owner Tenant

2001 – 2002

Address: _____ Owner Tenant

2002 - 2003

Address: _____ Owner Tenant

2003 – 2004

Address: _____ Owner Tenant

(If you have checked the Owner box, complete paragraph 5 below).

(If you have checked the Tenant box, complete paragraph 6 below)

5. I attach, as proof of my residence as owner having regularly resided for each of the winter seasons mentioned above :

Copy of my deed of ownership

Or

A certificate from the *Registre foncier* concerning my property

Or

Copy of my municipal taxes accounts for each year in question

Or

A certificate of the evaluation role from the *Municipalité régionale de comté des Laurentides* for each of the years in question

and

A proof of occupation, such as an electricity bill, a telephone bill, a credit card statement, an income tax report or any other document establishing my residence at that address for the years in question.

If, for the years you are claiming the \$1,200 a year compensation, the address of your permanent residence was not the one indicated in paragraph 4 of the present claim form, please attach a solemn declaration from a person who can certify that you have regularly resided, full time or, with few exceptions, on every weekend, at this address for each year where you claim the \$1,200 compensation.

And, if available, the most recent certificate of location

6. Proof of residence as tenant

I attach as proof of having resided as a tenant at this address for each of the winter seasons mentioned above :

Copy of my leases and/or renewal notices for each year in question
and

A proof of occupation, such as an electricity bill, a telephone bill, a credit card statement, an income tax report or any other document establishing my residence at that address for the years in question.

If, for the years you are claiming the \$1,200 a year compensation, the address of your permanent residence was not the one indicated in paragraph 4 of the present claim form, please attach a solemn declaration from a person who can certify that you regularly resided, full time or, with few exceptions, on every weekend, at this address for each year where you claim the \$1,200 compensation.

(If you have resided alone at the above mentioned address for or each of the winter seasons; you can go directly to Section V below.)

(If during one of the winter seasons in question you have resided at the above mentioned address with one or more than one other persons, please complete Section II below for each of the additional person of full age and Section III below for each additional minor person or incapable person of full age.)

II – ADDITIONAL CLAIMANT(S) OF FULL AGE HAVING RESIDED AT THE SAME ADDRESS

Additional full age claimant no ____

(Complete this section II for each additional claimant of full age. Make copies of this section if necessary).

7. Name of the additional claimant: _____
Current address : _____
City : _____ Postal code: _____ Province: _____
Administrative district: _____
MRC : _____
Electoral district : _____
Tel. (h) : _____ Tel. (work) : _____ Tel. (cell.) _____
Email address : _____
Date of birth : _____
Social insurance number: _____
Langage of choice : _____

8. I am a member of the class action because I have resided on a regular basis, meaning full time or, with few exceptions, every weekend, with the first claimant at the following address(es) during the following winter season(s) :

(If you resided at more than one address, please indicate the addresses and the periods in question by checking the boxes corresponding to the years when you regularly resided at this address):

- 1997 – 1998 Address:
- 1998 – 1999 Address:
- 1999 – 2000 Address:
- 2000 – 2001 Address:
- 2001 – 2002 Address:
- 2002 - 2003 Address:
- 2003 – 2004 Address:

9. I am the _____ of the first claimant (what is your relationship with the first claimant : spouse, child, parent, co-tenant...)

10. Proof of residence for the additional of person :

Unless the documents filed by the first claimant prove it, I am attaching as proof that I have resided on a regular basis, with the first claimant at the above mentioned address, copy of the following document(s) for each year in question: (specify): _____

(School cards, copy of driver's permit, of passport, students loan and scholarhips, etc...)

**III- ADDITIONAL CLAIMANT(S) HAVING RESIDED AT THE SAME ADDRESS
(MINOR PERSONS OR INCAPABLE PERSONS OF FULL AGE)**

Minor additional claimant no ____

(Complete the present section for each of the minor additional claimant. Make copies of this section if necessary.)

11. Name of the minor claimant: _____
Social insurance number : _____

12. Name and address of the legal guardian in whose name the cheque will be made to (the father, the mother, or any other guardian legally appointed to the child) : *The parent who completes the claim form for his child is presumed to have obtained the authorization from the other parent for this claim.*

13. Relationship with first claimant : _____
(Child, sister, brother...)

14. Attach a copy of the birth certificate of this minor person issued by the *Directeur de l'État civil*, stating the name of his parents.

15. Attach the proof of regular residence of this minor person with the first claimant (specify):

(School report cards, health cards, court decision for child custody or any other relevant document)

Additional minor claimant no _____

(Complete the present section for each of the minor additional claimant. Make copies of this section if necessary).

16. Name of the underage claimant: _____
Social insurance number: _____

17. Name and address of the legal guardian in whose name the cheque will be made to (the father, the mother, or any other guardian legally appointed to the child) *The parent who completes the claim form for his child is presumed to have obtained the authorization from the other parent for this claim.:*

18. Relationship with first claimant : _____
(Child, sister, brother...)

19. Attach a copy of the birth certificate of this minor person issued by the *Directeur de l'État civil*, stating the name of his parents.

20. I attach a proof of regular residence of this minor person with the first claimant (specify):

(School report cards, health cards, court decision for child custody or any other relevant document)

Claim for an incapable person of full age

21. Name of the incapable claimant of full age: _____
Social insurance number : _____

22. Name and address of legal guardian or administrator claiming for the incapable person of full age (attach a copy of the document certifying your status of guardian or administrator).

23. I attach a proof of residence for the following winter seasons during which the incapable person of full age regularly resided at the address(es) below:

(If the incapable person of full age have resided at more than one address, please indicate below the addresses and the periods in question by checking the boxes corresponding to the years when he/she regularly resided at this address):

1997 – 1998 Address: _____

1998 – 1999 Address: _____

1999 – 2000 Address: _____

2000 – 2001 Address: _____

2001 – 2002 Address: _____

2002 - 2003 Address: _____

2003 – 2004 Address: _____

24. As the guardian or the administrator, I certify that the above mentioned incapable of age person has resided on a regular basis, meaning full time or, with few exceptions, every weekend, at the address(es) mentioned above (explanations supporting this statement):

IV – CLAIMANT AS LIQUIDATOR FOR DECEASED MEMBERS

25. Name of the claimant acting as a liquidator :

Current address : _____

Tel. (h) : _____ Tel. (work) : _____ Tel. (cell.)

_____ Email address : _____

I am acting as a liquidator for the Estate of: _____ (attach the death certificate and a copy of the last will and proof that you act as the liquidator or provide any document attesting results of a testamentary research. In the case of an estate without a will, you must attach a proof that you are an heir in addition to the proof confirming that you are also acting as the liquidator.

Date of birth of the deceased person : _____

Social insurance number of the deceased person : _____

The deceased person was a member of the Class Action because he/she regularly resided, meaning full time or, with few exceptions, every weekend, at the following address(es) :

After having read the above «Description of the group concerned by this Class Action», I declare that the dwelling in which the deceased person regularly resided during one of the years identified in number 4 above is located 100 meters or less in a straight line from the closest side of the Petit Train du Nord Linear Park between the 68.5 kilometre stone located in Saint-Faustin-Lac-Carré and the 106.5 kilometre stone located in Labelle.

The deceased person has resided in a regular fashion, meaning full time or, with few exceptions, every weekend, at the address(es) mentioned above during the winter seasons:

(If the deceased person resided at more than one address, please indicate below the addresses and the periods in question by checking the boxes corresponding to the years when he/she regularly resided at this address):

1997 – 1998 Address : _____

1998 – 1999 Address : _____

1999 – 2000 Address : _____

2000 – 2001 Address : _____

2001 – 2002 Address : _____

2002 - 2003 Address : _____

2003 – 2004 Address : _____

The deceased person has regularly resided at this address as the:

Owner (if you have checked this box, please attach the documents mentioned in the above paragraph 5 at the p. 4 and 5)

Tenant (if you have checked this box, please attach the documents mentioned in the above paragraph 6 at p. 5)

V- AUTHORIZATION TO OBTAIN THE ADDRESSES FROM THE SOCIÉTÉ DE L'ASSURANCE AUTOMOBILE DU QUÉBEC OR OTHER PUBLIC MINISTRIES OR ORGANIZATIONS

By signing this form, I am authorizing the Quebec Attorney General to verify my addresses of residence and those of my minor children if needed, at the Société de l'assurance automobile du Québec or at any other public ministries or organizations.

SIGNED IN _____, this

First Claimant

Claimant acting as a liquidator

Additional Claimant

Claimant for an unable of age claimant

**SOLEMN DECLARATION
FIRST CLAIMANT**

I, the undersigned _____, solemnly declare that all the information contained on all pages of this claim form and the documents attached are complete and true.

I understand that I will have to reimburse the Quebec Attorney General all the money she has paid to me if that money was given to me following the transmission of false information on this claim form.

(Signature)

Solemnly declare before me

At

This

Commissioner for Oaths

Name, first name (please print): _____

Function: _____

Number of commissioner for oaths : _____
(if other than a lawyer or notary)

**SOLEMNLY DECLARATION
SECOND CLAIMANT**

I, the undersigned _____, solemnly declare that all the information contained on all the pages of this claim form and the documents attached are complete and true.

I understand that I will have to reimburse the Quebec Attorney General all the money she has paid to me if that money was given to me following the transmission of false information on this claim form.

(Signature)

Solemnly declare before me

At

This

Commissioner for Oaths

Name, first name (please print): _____

Function: _____

Permit Number of the commissioner for oaths : _____
(if other than a lawyer or notary)