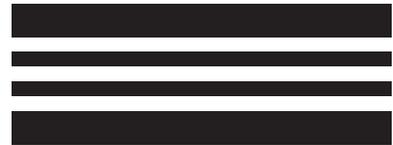


RicePoint Administration Inc.  
P.O. Box 4454, Toronto Station A  
25 The Esplanade  
Toronto, ON M5W 4B1



**DNQ**

ONTARIO  
SUPERIOR COURT OF JUSTICE  
COURT FILE NO.: 16-70454CP

**MUST BE POSTMARKED NO  
LATER THAN FEBRUARY 28, 2022**

## CLAIM FORM: CHILDREN CLASS

*Please only complete and submit ONE form with your claim.  
Each Class Member in a family must complete their own form.*

### PART I: BACKGROUND INFORMATION

#### CLAIMANT NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Y Y Y Y / M M / D D		
Date of Birth (DOB)		

#### CLAIMS ON BEHALF OF A MINOR (\*to be completed by a parent or legal guardian where the claimant is under 18)

<input type="text"/>
Name of Legal Guardian(s)
<input type="text"/>
Your relationship(s) to the Claimant

*\*By completing this form, you confirm you have decision-making authority in relation to the child on whose behalf you are submitting a claim. In keeping with the Approval Order, all compensation funds for minors will be paid into Court unless ordered otherwise.*



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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**LEGAL REPRESENTATION** (\*to be completed only where a Claimant has retained independent Legal Counsel to apply for compensation on his or her behalf)

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Lawyer Name

--

Name of Firm

--

Primary Address

--

Primary Address Continued

--	--	--

City/Town/Community

Province

Postal Code

--

--

--

Foreign State

Foreign Postal Code

Foreign Country Name/Abbreviation

--

Email Address

--	--	--

Area Code

Telephone Number (Home)

--	--	--

Area Code

Telephone Number (Work)

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Law Society No.

*\*Where a Claimant is represented by a lawyer, all correspondence will be directed to the Claimant's lawyer and all payments will be paid to the Claimant's lawyer, in trust.*

**WHERE DID YOUR PARENT(S) SEE DR. BARWIN?**

- Ottawa Hospital
- Broadview Fertility Clinic
- Neither, but my parent(s) conceived a child at another clinic with semen previously stored with Dr. Barwin

Years: 

Y	Y	Y	Y
---	---	---	---

 — 

Y	Y	Y	Y
---	---	---	---

Years: 

Y	Y	Y	Y
---	---	---	---

 — 

Y	Y	Y	Y
---	---	---	---

Years: 

Y	Y	Y	Y
---	---	---	---

 — 

Y	Y	Y	Y
---	---	---	---

--

Name of other clinic

**PARENT'S INFORMATION**

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Parent One Name

--

M.I.

--

Last Name

Y	Y	Y	Y	/	M	M	/	D	D
---	---	---	---	---	---	---	---	---	---

Parent One Date of Birth (DOB)

--

Parent Two Name

--

M.I.

--

Last Name

Y	Y	Y	Y	/	M	M	/	D	D
---	---	---	---	---	---	---	---	---	---

Parent Two Date of Birth (DOB)



## WHAT IS THE NATURE OF YOUR CLAIM?

- You believed you were conceived with your father's semen. *Please complete PARTS II, IV, and V of this Claim Form.*
- You believed you were conceived with semen from a specified donor. *Please complete PARTS III, IV, and V of this Claim Form.*

## PART II: CLAIM FOR CATEGORY 1 HARM

Cases where a couple went to see Dr. Barwin and consented to the Spouse/Partner's semen being used in the process of artificial insemination. Claimants will qualify for compensation where they have DNA evidence showing that the child or children conceived with Dr. Barwin's assistance or with semen previously entrusted to Dr. Barwin from the Spouse/Partner is/are not the biological child of the Spouse/Partner in the couple that provided the semen.

Examples of cases in this category include:

- A Spouse/Partner in the couple provided semen to Dr. Barwin for the purposes of that semen being used on his or her Spouse/Partner;
- An individual stored semen with Dr. Barwin prior to undergoing treatment that would leave them infertile and later returned to Dr. Barwin with their Spouse/Partner for the purposes of using the semen to conceive a child with their Spouse/Partner;
- A Spouse/Partner stored semen with Dr. Barwin prior to transitioning and later returned to Dr. Barwin with their Spouse/Partner for the purposes of using that sperm to conceive a child with their Spouse/Partner;
- An individual left semen with Dr. Barwin and later transferred that semen to another clinic in order to conceive a child with their Spouse/Partner at that other clinic.

The above are examples only and other scenarios may exist. To qualify as eligible Claimants in this category, a child must have been conceived with the semen from the Spouse/Partner and the family has learned through paternity DNA testing the Spouse/Partner's semen was not used to conceive their offspring.

### STEP 1: Identify the nature of your claim or the claim on behalf of the person for whom you are completing this form – PLEASE SELECT ONE.

#### 1). Dr. Barwin's semen was used

- Your parents consented to artificial insemination with your father's semen. Through DNA testing, you have discovered you are a biological child of Dr. Barwin.

#### 2). Someone else's semen was used

- Your parents consented to artificial insemination with your father's semen. Through DNA testing, you have discovered your father is not your biological father.

### STEP 2: Provide supporting information

Name of your Mother (please provide name at the time of the relevant events):

<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Name	M.I.	Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Mother's Date of Birth (DOB)

#### Identification:

**If you are claiming on your own behalf:**

- Provide a copy of photo identification such as a Driver's License or OHIP card.

**If you are claiming on behalf of your minor child:**

- Provide a copy of your photo identification such as a Driver's License or OHIP card.
- Provide a copy of your child's government issued identification (please provide photo ID if possible).

**If you are claiming on behalf of an Estate:**

- Provide a copy of the claimant's Death Certificate.
- Provide a copy of the documents that grant you legal authority to act on behalf of the Estate, for example:
  - Last Will and Testament



- Certificate of Appointment of Estate Trustee
- Letters of Administration
- Provide a copy of your photo identification.

**If you are claiming on behalf of a person under disability:**

- Provide a copy of the claimant's photo identification.
- Provide a copy of your Power of Attorney for Property documentation for the claimant.
- Provide a copy of your photo identification.

Sworn Declaration:

Complete the Sworn Declaration at Part V.

Paternity DNA test results:

Provide a copy of the legal OrchidPro paternity DNA test results that demonstrate you are not a biological match to your father.

Alternatively, please provide a copy of any other DNA tests or other compelling evidence you have (and provide an explanation as to why you could not obtain a legal OrchidPro DNA test at Part IV of this Claim Form) to prove your claim.

If you are concerned about the sufficiency of the evidence you have to prove your claim, please contact Class Counsel.

**PART III: CLAIM FOR CATEGORY 2 HARM**

Cases where a parent or parent(s) had one or more children by way of artificial insemination administered by Dr. Barwin and where the couple consented to a specific donor or donors being used in the artificial insemination procedure(s). Claimants will qualify for compensation where they have DNA evidence demonstrating that (a) their child or children do not match their sperm donor; or (b) the parent(s) consented to the same donor being used for all their children and the children do not share the same sperm donor. In some cases, Claimants may prove their case by way of reliable evidence other than a legal DNA test where, for instance, they are unable to locate their sperm donor.

Examples of cases in this category include:

- Cases where Dr. Barwin's semen was used instead of the sperm donor's semen.
- Cases where the chosen donor was not used.
- Cases where all children were to be conceived with the same sperm donor and the family has learned that the children do not have the same sperm donor as intended.

**STEP 1: Identify the nature of your claim or the claim on behalf of the person for whom you are completing this form – PLEASE SELECT ONE.**

**1). Dr. Barwin's semen was used**

- (A) Your parent(s) consented to artificial insemination with a specific donor being used. You are a biological child to Dr. Barwin; OR
- (B) Your parents consented to artificial insemination with the same donor being used to conceive you and your sibling(s). You are a biological child of Dr. Barwin but your sibling is not.

**2). Someone else's semen was used**

- (A) Your parent(s) consented to artificial insemination with a specific donor being used. You are not the biological child of the sperm donor your parent(s) chose; OR
- (B) Your parents consented to artificial insemination with the same donor being used to conceive you and your sibling(s). You and your sibling(s) do not share the same donor.







