

CLAIMS ON BEHALF OF A PERSON UNDER DISABILITY (*to be completed by the claimant's Power of Attorney for Property)

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Your name

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Your relationship to the claimant

**Please provide a copy of your identification and documentation that authorizes you to act as the claimant's Power of Attorney for Property.*

CONTACT INFORMATION (*enter the address where you would like to receive the compensation cheque)

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First Name

M.I.

Last Name

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Primary Address

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Primary Address Continued

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City/Town/Community

Province

Postal Code

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Foreign State

Foreign Postal Code

Foreign Country Name/Abbreviation

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Email Address

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Area Code

Telephone Number (Home)

Area Code

Telephone Number (Work)



LEGAL REPRESENTATION (*to be completed only where a Claimant has retained independent Legal Counsel to apply for compensation on his or her behalf)

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)

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 YOU SEE DR. BARWIN?

- Ottawa Hospital
- Broadview Fertility Clinic
- Neither, but I conceived a child at another clinic with semen previously stored with Dr. Barwin

Years: —

Years: —

Years: —

Name of other clinic

SPOUSE'S INFORMATION (IF APPLICABLE):

Name of your spouse (at the time you saw Dr. Barwin)

M.I.

Last Name

/ /

Spouse's Date of Birth (DOB)



DID YOU CONCEIVE A CHILD WITH DR. BARWIN'S ASSISTANCE?

- Yes, with what I believed was my spouse's semen. *Please complete PARTS II, IV, and V of this Claim Form.*
- No, but I conceived elsewhere with what I believed was my spouse's semen that had previously been stored with Dr. Barwin. *Please complete PARTS II, IV, and V of this Claim Form.*
- Yes, with semen from a 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

- You consented to artificial insemination with your spouse's semen. You conceived a child or children who are Dr. Barwin's biological children.

2). Someone else's semen was used

- (A) You consented to artificial insemination with your spouse's semen. You conceived a child or children who are not your spouse's biological children; OR
- (B) You underwent artificial insemination at another fertility clinic with your spouse's semen previously stored with Dr. Barwin. You conceived a child or children who are not your spouse's biological children.

STEP 2: Provide supporting information

Name of your spouse (at the time of the relevant events):

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

/ /

Spouse's Date of Birth (DOB)

Name of Child 1:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 1's Name	M.I.	Last Name

/ /

Child 1's Date of Birth (DOB)



Name of Child 2:

Child 2's Name

M.I.

Last Name

Child 2's Date of Birth (DOB)

Name of Child 3:

Child 3's Name

M.I.

Last Name

Child 3'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 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.

Medical Records:

If available, please provide medical records or any other documents demonstrating you were a former patient of Dr. Barwin (examples: referral letter to Dr. Barwin from your family physician, an appointment letter, a test result etc...). Part IV of this Claims form sets out further information on how individuals are verified as patients, including where they do not have supporting documentation.

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 your child or children are not your spouse's biological children.

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) You consented to artificial insemination with a specific donor being used. Your child is the biological child of Dr. Barwin; OR
- (B) You consented to artificial insemination with the same donor being used to conceive all your donor conceived children. One of your children is the biological child of Dr. Barwin and the other is not.

2). Someone else's semen was used

- (A) You consented to artificial insemination with a specific donor being used. Your child is not a biological child of the sperm donor you chose; OR
- (B) You consented to artificial insemination with the same donor being used to conceive all your donor conceived children. You conceived children who do not share the same donor.

STEP 2: Provide supporting information

Name of Child 1:

Child 1's Name

M.I.

Last Name

Child 1's Date of Birth (DOB)

Name of Child 2:

Child 2's Name

M.I.

Last Name

Child 2's Date of Birth (DOB)

Name of Child 3:

Child 3's Name

M.I.

Last Name

Child 3'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 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.

Donor Identification card:

Provide a copy of your donor's identification card if available.

Medical Records:

If available, please provide any medical records or any other documents demonstrating you were a former patient of Dr. Barwin.

Sworn Declaration:

Complete the Sworn Declaration at Part V.

DNA test results:

Provide a copy of the legal OrchidPro DNA test results that demonstrate your child does not match his or her donor or that your children were conceived with different donors.

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.

Evidence that Dr. Barwin's semen was used:

Provide a copy of the legal OrchidPro DNA test results demonstrating that your child is a biological offspring of Dr. Barwin.



