

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: SPOUSE/PARTNER/FORMER PATIENT 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**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--

M.I.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name at the time you saw Dr. Barwin (if different from the above)

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

Date of Birth (DOB)

**CLAIMS ON BEHALF OF AN ESTATE (\*complete only where a claimant is deceased)**

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

Date of Claimant's Death

If Claimant has died, was DNA testing completed before their death?

- Yes
- No (only deceased Claimants who knew they suffered damages before their death qualify for compensation)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your relationship to the deceased

*\*Please attach to this Claim Form documentation that grants you legal authority to act on behalf of the Estate. Please also provide a copy of the claimant's death certificate.*



FOR CLAIMS PROCESSING ONLY	OB		CB		<input type="radio"/> DOC	<input type="radio"/> RED
					<input type="radio"/> LC	<input type="radio"/> A
					<input type="radio"/> REV	<input type="radio"/> B

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

--

Your name

--

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)**

--	--	--

First Name

M.I.

Last Name

--

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)



**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 AND/OR YOUR SPOUSE SEE DR. BARWIN?**

- Ottawa Hospital
- Broadview Fertility Clinic
- Neither, but my spouse 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 YOUR SPOUSE CONCEIVE A CHILD WITH DR. BARWIN'S ASSISTANCE?

- Yes, with what I believed was my semen. *Please complete PARTS II, V, and VI of this Claim Form.*
- No, but my spouse conceived elsewhere with what I believed was my semen that had previously been stored with Dr. Barwin. *Please complete PARTS II, V, and VI of this Claim Form.*
- Yes, with semen from a donor. *Please complete PARTS III, V, and VI of this Claim Form.*
- No, but I provided semen to Dr. Barwin for storage and safe-keeping, and that semen was used to conceive a child for someone else. *Please complete PARTS IV, V, and VI 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 spouse consented to artificial insemination with your semen. Your spouse conceived a child or children who are Dr. Barwin's biological children.

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

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

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



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.

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 VI.

Paternity DNA test results:

Provide a copy of the legal OrchidPro paternity DNA test results that demonstrate your child or children are not your 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 V 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 spouse consented to artificial insemination with a specific donor being used. Your child is the biological child of Dr. Barwin; OR
- (B) Your spouse 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) Your spouse consented to artificial insemination with a specific donor being used. Your child is not the biological child of the sperm donor you and your spouse chose; OR
- (B) Your spouse consented to artificial insemination with the same donor being used to conceive all your donor conceived children. Your donor conceived children 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 VI.

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 V 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 Dr. Barwin's biological offspring.

## **PART IV: CLAIM FOR CATEGORY 3 HARM**

Cases where an individual entrusted semen with Dr. Barwin for the purposes of storage and safe-keeping or other specified purpose and that semen resulted in the conception of one or more children for another unrelated patient. Claimants will qualify for compensation where they provide DNA evidence that the semen entrusted with Dr. Barwin resulted in the conception and birth of another unrelated patient's child or children.

- This category is for patients who left semen with Dr. Barwin for the purposes of storage and safe-keeping and that semen resulted in the conception of one or more children for another patient.
- This category does not include persons who left semen with Dr. Barwin for the purposes of providing anonymous sperm donations.



## Provide supporting information

### 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 any medical records or any other documents demonstrating you were a former patient of Dr. Barwin.

### Sworn Declaration:

Complete the Sworn Declaration at Part VI.

### DNA test results:

Provide a copy of the legal OrchidPro DNA test results or other compelling evidence that demonstrate your semen resulted in the conception of a child or children for another patient.

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 V 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 V: WRITTEN NARRATIVE

Provide in writing a description of the events that led to your claim above. Please include the following:

- Describe when and why you saw Dr. Barwin (to the best of your ability). This information is necessary for us to confirm you were a patient of Dr. Barwin.
  - If you saw Dr. Barwin in 1985 or afterwards, we will be confirming with Dr. Barwin’s legal team that you and/or your spouse are listed on Dr. Barwin’s patient database.
  - If you saw Dr. Barwin prior to 1985, we may return to you to swear an affidavit or provide further evidence that you were his patient or a spouse of one of his patients.
- Describe the facts or events that lead to your claim including the DNA tests you ordered and why.
- If you were unable to undergo legal DNA testing with OrchidPro explain why not. Please describe other DNA or blood tests you completed or other evidence you have to support your claim.
- You do NOT need to explain the impact that this has had on you or the harm you suffered.
- You may attach a Written Narrative statement rather than completing the section below.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



Lined area for text entry.

**PART VI: SWORN DECLARATION**

*I declare that the information I have provided is true, accurate, and complete to the best of my knowledge. I understand that a false declaration carries legal recourse and could result in my disentitlement to compensation in the class action compensation fund.*

Signature: \_\_\_\_\_

Dated (dd/mm/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

