

REQUEST FOR DEADLINE EXTENSION

NOTE TO CLAIMANTS

This *Request for Deadline Extension* Form is part of the out-of-court settlement.

The RCMP and Tiller Class Action Parties agreed that potential claimants may be able to ask for an extension of time of up to 100 days after the Claim Deadline expires. The Claim Deadline is on XXXX (180 days after the Implementation Date).

You have only until XXXX to ask for a deadline extension.

Potential claimants seeking extensions must be able to provide three things:

1. Exceptional reasons justifying an extension;
2. A completed Claim Form; and
3. Supporting documentation, which must be provided at the same time as this Request for Deadline Extension Form.

There will be no right to appeal or seek judicial review of the Independent Assessor's decision regarding a request for an extension.

If you have any questions regarding this Claim Form or the Independent Claims Process, please call XXX or email your questions to XXX.

AFTER COMPLETING THE EXTENSION FORM, ALSO REMEMBER TO:

- Review all of your answers to make sure they are as complete as possible.
- Make a copy of your Claim Form for your records.

If you need to make changes to any information in your Request for Deadline Extension Form after you have sent it to the Administrator, please immediately advise the Administrator in writing of these changes. Examples of important changes include a change of address and new information about your claim.

This form must be completed and sent to the Administrator, along with any additional sheets of paper and relevant documents, as well as a photocopy of a government-issued piece of identification. If convenient, this form can be completed online on the secure server managed by the Administrator. If you choose to complete it by hand, please send it back by mail and **NOT** by email. If the form was sent to you by mail, please use the prepaid self-addressed envelope that was provided with it. If you do not have a prepaid self-addressed envelope, please place the form along with the rest of the required material in an envelope addressed to:

Confidential Letter
Office of the Administrator
XXX
XXX

ALL CLAIMS ARE CONFIDENTIAL.

REQUEST FOR DEADLINE EXTENSION

SECTION A – PERSONAL INFORMATION

You may check all relevant boxes that apply to you:

- Municipal Employee
- Regional District Employee
- Employee of a Non-Profit Organization
- Volunteer
- Commissionaire
- Supernumerary Special Constable
- Consultant
- Contractor
- Public service employee (not covered in Merlo/Davidson)
- Student
- Member of an integrated policing unit or an outside agency or police force
- Similarly situated individual working or volunteering with the RCMP
(state role here: _____)

1 NAME

First Name(s) Last Name

Other names you are known by (for example, maiden name, nicknames)

Name while working or volunteering with the RCMP

Position

2 MAILING ADDRESS

Street name and number Apartment number, P.O. Box or RR#

City/Village Province/Territory Postal Code

DECLARATION

I, _____, from the City/Town/Village of _____, in the Province/Territory of _____,

SOLEMNLY DECLARE:

I understand that the Administrator or Independent Assessor can verify the truthfulness of my statements and allegations by seeking information necessary to properly determine my request for a deadline extension from third parties, including my employer, the organization for which I volunteered, or the RCMP. The Independent Assessor shall put to the claimant any information that may be unfavourable to the claimant's allegations and give her the opportunity to respond.

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

I ACCEPT THAT SIGNING THIS REQUEST FOR DEADLINE EXTENSION FORM HAS THE SAME EFFECT AS IF I HAD STATED THE INFORMATION CONTAINED IN THE REQUEST FOR DEADLINE EXTENSION FORM AND ACCOMPANYING 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)