



Request for Appeal Form

Removed Child Class and Removed Child Family Class



First Nations Child
and Family Services
and Jordan's Principle
Settlement

You must complete this Request for Appeal Form **ONLY IF YOU WOULD LIKE TO SUBMIT AN APPEAL** of a **Decision of the Administrator** with respect to your Claim.

INSTRUCTIONS

Please read the following instructions carefully:

1. **All 4 (four) steps of this Form must be completed.** An incomplete Request for Appeal Form may be denied by the Administrator and not referred to the Third-Party Assessor(s).
2. The completed Request for Appeal Form must be submitted to, and received by, the Administrator, **within 60 (sixty) days** from the date on which you received the Decision of the Administrator.



For more information about this Settlement, please see www.FNChildClaims.ca.



Resources and support are available to you at no cost. For free assistance to complete this Form and for explanations about the Claim Process, call the Administrator at **1-833-852-0755**.



Filling out this Form may be emotionally difficult or traumatic for some people. If you are experiencing emotional distress and want to talk, culturally competent counsellors are available 24 hours a day through the **Hope for Wellness Helpline** at **1-855-242-3310** or online at www.HopeForWellness.ca to provide free support and crisis intervention services.

WHAT WILL HAPPEN AFTER YOU SUBMIT THIS FORM?

The Administrator will send your Request for Appeal Form to the Third-Party Assessor(s) in accordance with the appeal process outlined in the First Nations Child and Family Services, Jordan's Principle, and Trout Class Settlement Agreement ("Settlement Agreement") and associated Claims Process.

You will receive a decision regarding your appeal from either the:

1. Third Party Assessor(s), or
2. Alternatively, the Administrator will issue a Denial of Request for Appeal without forwarding the Request to the Third-Party Assessor(s) if the Request for Appeal Form was not submitted to the Administrator in accordance with the terms of the Settlement Agreement or Claims Process (for example, if this Form is received late or incomplete) or if the reason(s) described in Step 2 of this Form are not subject to Appeal).

Any decision issued by the Third-Party Assessor(s) on this Appeal will be final and binding upon the Claimant and the Administrator, and not subject to judicial review, further appeal, or any other remedy by legal action, in accordance with the Settlement Agreement.

STEP 1 – Provide Your Claim Information

Claimant Full Name (required):

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle (If available)	Last

Representative Name (if applicable):

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle (If available)	Last

Claim ID (required):

Claimant's Date of Birth (required):

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year		

STEP 2 – Provide Your Reason(s) for the Appeal

In the space below, please write down your detailed reason(s) for this Appeal of the Decision of the Administrator.

If you need more space, please attach extra pages, and submit them with this Form.

STEP 3 – Sign and Date this Request for Appeal Form

By signing this Request for Appeal Form, I acknowledge, understand, and agree that:

- The information contained in this Request for Appeal Form and any attached pages / documents is true to the best of my knowledge.
- The Administrator, Claims Helpers, or Third-Party Assessor(s) may contact me as part of the Appeal process for further information about this Request for Appeal.
- The Administrator, Claims Helpers, or Third-Party Assessor(s) **do not** represent Canada; **do not** act as an agent or legal counsel for any party; and **do not** offer legal advice.
- The deadline for submitting this completed Request for Appeal Form is sixty (60) days from the date on which I received the Decision of the Administrator.

SIGN HERE

Your Signature

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year		

Date (date you signed this Form)

STEP 4 – How to Submit this Form

Please submit this Request for Appeal Form using **ONE** of the following methods.

Email:

Claims@Admin.FNChildClaims.ca

Fax:

416-815-2723

Mail:

Settlement Administrator
PO Box 2500 STN MAIN
Newmarket, ON L3Y 0H9