

OBJECTION FORM

Court File No.: T-143-18

FEDERAL COURT

CERTIFIED CLASS PROCEEDING

Between:

ANN CECILE HARDY and CECIL HARDY

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

Brought pursuant to the *Federal Courts Rules*, SOR/98-106

FEDERAL INDIAN HOSPITALS CLASS ACTION¹

This is NOT a claim form.

Only submit this form if you wish to object to the proposed Settlement or Class Counsel legal fees.

Carefully read the instructions below.

Questions? Visit www.IHClassAction.ca, contact Info-IH@IHClassAction.ca, or call 1-888-592-9101

Instructions:

Complete this Objection Form ONLY if you want to voice your objection to the proposed Settlement OR your objection to the amount of legal fees requested by Class Counsel. Refer to the Long Form Notice or visit IHClassAction.ca if you want to learn more about the proposed Settlement. Refer to Long Form Notice or visit IHClassAction.ca if you want to learn more about the legal fees requested by Class Counsel.

In the spaces provided, explain why you object to the proposed Settlement or to Class Counsel legal fees. If you require more room, you can attach additional pages and include them with your Objection Form.

¹ The documents for this class action use some words now recognized as inaccurate, insensitive, or offensive. These words come from a period of Crown-Indigenous relations not grounded in reconciliation. These words are only used when necessary for legal accuracy, or when referring to historical sources.

If you want to include any other documents, fill in the box saying, "I am including additional documents with my Objection Form". Make sure you include those documents with your Objection Form when you submit it.

If you want to attend the hearing where the court will decide whether to approve the proposed Settlement and the legal fees requested by Class Counsel, please indicate this on the Objection Form. You do not need to attend the hearing unless you want to. A copy of your Objection Form will be provided to the Court whether or not you decide to go to the hearing.

Send your completed Objection Form by mail or by email to:

Mail: Federal Indian Hospitals Notice Administrator
410 – 229 12 Avenue SW, Building C
Calgary, Alberta T2R 0E9

Email: Info-IH@IHClassAction.ca

Your Objection Form must be sent by May 23, 2025.

My name is: _____

I was admitted to a Federal Indian Hospital within the "Dates of Operation" for that hospital, as listed on the List of Federal Indian Hospitals **and** I experienced abuse, including psychological, verbal, physical and/or sexual abuse, while admitted at the Federal Indian Hospital ("Primary Class Member").

OR

I am a family member of someone who was admitted to a Federal Indian Hospital within the "Dates of Operation" for that hospital, as listed on the List of Federal Indian Hospitals **and** they experienced abuse, including psychological, verbal, physical and/or sexual abuse, while admitted at the Federal Indian Hospital ("Family Class Member").

The List of Federal Indian Hospitals can be found at Schedule D of the Settlement Agreement, which is available on the Federal Indian Hospitals Class Action website: www.IHClassAction.ca.

Contact Information

My Name

My Address

City

Province/Territory

Postal Code

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Phone Number Email Address

Supporting Documentation

I am including additional documents with my Objection Form.

Intention to Appear at the Hearing (please check applicable box):

I will attend the Settlement approval hearing on June 10 and 11, 2025, in person, virtually, or will be represented by a lawyer.

I will NOT be attending the Settlement approval hearing, and I understand my objection will be filed with the Court prior to the hearing on June 10 and 11, 2025.

You do NOT need a lawyer to object to the proposed Settlement or to object to Class Counsel legal fees. However, if a lawyer will be representing you, please provide the following information for your lawyer:

Lawyer's First and Last Name Lawyer's Law Firm

Lawyer's Mailing Address (Street, P.O. Box, as applicable)

City

Province/Territory

Postal Code

Lawyer's Phone Number

Lawyer's Email Address

Signature: _____

Date: _____