

# **CLOUGHLEY SEX ABUSE CLASS ACTION CLAIM**

## **Caution:**

**Filling out this Claim Form may be emotionally difficult or traumatic for some people.**

**If you are experiencing emotional distress and want to talk, free counselling and crisis intervention services are available from the Hope for Wellness Help Line at 1-855-242-3310 or online at [www.hopeforwellness.ca](http://www.hopeforwellness.ca).**

**The toll-free number and website are available 24 hours a day, 7 days a week.**

**Free legal assistance with the Claims Form is available from Class Counsel, Cooper Regel at 1-780-570-8448, or Morris Moore at 1-709-747-0077.**

# CLAIM FORM

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## CLOUGHLEY SEX ABUSE CLASS ACTION CLAIM

This Claim is applicable to those people who were enrolled as students in schools operated by the Defendants between April 1, 1969 and July 30, 1981 and were subjected to sexual misconduct by Maurice Cloughley during his employment as a teacher in Nunavut Territory.

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**Claim Due By: November 1, 2025**

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**Assistance completing this Claim Form:** Should you require assistance completing this Claim Form OR require translation services, please contact the Claims Administrator, RicePoint, at [info@CloughleySexAbuseClassAction.ca](mailto:info@CloughleySexAbuseClassAction.ca) or 1-844-445-2734.

**Class Counsel and available legal advice:** legal advice with respect to eligibility and harms experienced is available at no cost to you from Class Counsel, Cooper Regel, by contacting [a.regel@cooperregel.ca](mailto:a.regel@cooperregel.ca) or 1-780-570-8448, or Morris Moore, by contacting [lmoore@mmmlawyers.com](mailto:lmoore@mmmlawyers.com) or 1-709-747-0077.

# CLAIM FORM

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If you believe you are a Class Member, please complete this Claim Form to the best of your ability.

<b>Part 1</b>	Claimant Information	Page 4
<b>Part 2</b>	School/Community and the years you attended	Page 5
<b>Part 3</b>	Claim Form	Page 6-9
<b>Part 4</b>	Sworn Affidavit	Page 10
Before sending, please review the Process on page 11		

**Please make sure to keep a copy of your Claim Form and any attached documents for your personal records.**

**\* Do not send original photographs, identification or records – clear photocopies will be accepted.**

## Part 1: Information of Former Cloughley Student (Claimant)

### Claimant Name and Last Name (required)

First Name:

Middle Name: (if applicable)

Last Name:

Other name(s) if applicable. Examples: name while attending the school, maiden name, adopted name, or nickname.

Claimant's Date of Birth (required)

DD \_\_\_\_\_ MM \_\_\_\_\_ YYYY \_\_\_\_\_

Social Insurance Number

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### Claimant Contact Details (required)

Street Name and Number

Unit Number

City/Town/Community

Province/Territory

Postal Code

Country

Home Telephone Number

Mobile Telephone Number

Email Address (if applicable)

## **Part 2: Where and When did you attend the School?**

**To be eligible for compensation, you must have been:**

- (a) enrolled as a student between April 1, 1969 and July 30, 1981 at schools located in present-day Nunavut Territory;**
- (b) exposed to Maurice Russell Cloughley (“Cloughley”) during the time Cloughley was employed as a teacher in the community in which you lived; and**
- (c) sexually assaulted by Cloughley while you were in his charge, or made to be subjects of child pornography by Cloughley, or were made to engage in sexual activities with other children by Cloughley, or some combination of these forms of sexual exploitation.**

**The Schools covered by the Cloughley Sex Abuse Claim are located in Clyde River and Resolute Bay. Identify the name of the School you attended, as well as the community in which the school was located.**

<b>Community where you attended school</b>	
<b>Your address during the time you were enrolled in School</b>	

## Part 3: Claim Form

### Part 3A – Your Written Narrative (required)

**OPTION 1:** Please provide in writing, a description of the specific event(s) that led to the abuse by Maurice Cloughley. There is a space below for you to provide this information. If you require additional space, please attach pages to your Claim Form and reference this section.

Tell us what happened to you. Please include a description of event(s) including names, places and dates (to the best of your ability).

**-OR-**

**OPTION 2:** If you have already given evidence with respect to abuse you suffered by Maurice Cloughley, you may select one of the following:

Attached is the:

- ☐ Statement(s) I gave the Police;
- ☐ Evidence I gave at the Preliminary Inquiry; or
- ☐ Evidence I gave at the Trial.

If you selected one of the above boxes, please also select one of the statements below:

- ☐ **A.** This is the entirety of what happened to me;
- ☐ **B.** This is how the abuse affected me then and later in life; or
- ☐ **C.** There was an error with respect to information I provided.

If you chose “**OPTION 1**”, please provide your description of the events below, **OR** if you selected “**OPTION 2(C)**”, please explain below:




### Part 3: Claim Form

### Part 3B – Your Impacts

Please provide, in writing, a description of how the abuse you suffered by Maurice Cloughley has impacted your life, both as a child and in adulthood.

Tell us how this affected you. In particular, please describe any impacts relating to your education, employment and interpersonal relationships with family and friends, along with any other impacts.

[illegible]



### Part 3: Claim Form

#### Part 3C – Other records (Optional)

Please list below, and attach to this Claim Form, copies of other written statements from friends/family and/or other records that support the events and incident(s) that led to the abuse(s)/harm(s) you experienced.

Examples may include:

- Family statements
- Friend statements
- Photographs
- Diaries
- Other

**It is okay if you do not have any other records to provide.**

List the statements/records attached to this Claim Form:


### Part 4: Affidavit

You must complete the following Affidavit in the presence of a Notary Public or Commissioner for Oaths.  
**RicePoint can do this over the phone/computer. Please contact them at info@CloughleySexAbuseClassAction.ca or 1-844-445-2734.**

Sworn Affidavit by Claimant:

*I swear/affirm that the information I have provided in this Claim Form is true to the best of my knowledge.*

**Claimant Full Name – First, Last**

**Claimant's Address: Street Name and Number, Unit Number (if applicable)**

**City/Town/Community**

**Province/Territory**

**Postal Code**

**Country**

**Telephone Number**

**Email Address (if available)**

**Signature of Claimant**

**Date**

DD \_\_\_\_ MM \_\_\_\_ YYYY \_\_\_\_

**Witness Full Name – First, Last**

**Witness Title**

**Position**

**Organization**

**Witness Address: Street Name and Number; Unit Number (if applicable)**

**City/Town/Community**

**Province/Territory**

**Postal Code**

**Country**

**Telephone Number**

**Email Address (if available)**

**Signature of Witness**

**Date**

DD \_\_\_\_ MM \_\_\_\_ YYYY \_\_\_\_

**Submission Process**

**Claim Due By: November 1, 2025**

**PLEASE SEND YOUR CLAIM PACKAGE TO:**

**RicePoint Administration Inc.**

**Claims Administrator**

**P.O. Box 3355**

**London, ON N6A 4K3**

**Please make a copy of your Claim Form and any attached documents for your personal records.**