

# Archdiocese of Vancouver Abuse Class Action

## Potential Class Member Questionnaire

Please email a copy of this form to [archdiocese@murphybattista.com](mailto:archdiocese@murphybattista.com) and our intake team will be in touch to confirm receipt and next steps.

Your full legal name: \_\_\_\_\_

Preferred phone: \_\_\_\_\_ Preferred email: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Where did your abuse take place?

When did your abuse take place?

Who was the perpetrator?

What was the nature of your abuse, sexual, physical or emotional? \_\_\_\_\_

**Further information you wish to provide:**