

Indigenous Child Welfare Class Action

Potential Class Member Questionnaire

Email a copy of this form to childwelfare@murphybattista.com with the subject line **Indigenous Child Welfare** and our intake team will be in touch to confirm receipt and next steps.

Personal Information

Your Full Legal Name: _____

Other Names/Aliases _____

Preferred Phone: _____ Preferred Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: _____

Primary or Family Class Member? _____ Ancestry: _____

Indian Status Card Registration Number (if applicable): _____

Date of apprehension/removal from **off-reserve** family home: _____

Were you placed in the care of someone who was not part of your Indigenous community, group or people? Yes No

Additional comments and information