

MCFD Class Action

Potential Class Member Questionnaire

Personal information that you provide to us for the purpose of determining your possible involvement in the class action will be treated as private. Read our [privacy policy](#) for more information.

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

Personal Information

Full Legal Name: _____

Other/Preferred Name: _____

Date of Birth: _____ Gender: _____

Preferred Phone: _____

Preferred Email: _____

Mailing Address: _____

Dates

Approximate dates you went into care of MCFD:

1. _____

2. _____

3. _____

Approximate ages when you went into the care of MCFD:

General Information

Name of biological mother: _____

Name of biological father: _____

Name and address of current family doctor or primary healthcare provider:

Names of foster parents and residences stayed at:

1. _____

2. _____

3. _____

4. _____

Do you have any portion of your MCFD file?	Yes	No
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Issues with MCFD

Did you experience a physical assault or were you exposed to corporal punishment while in the care of MCFD?	Yes	No
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Did you observe others being physically assaulted or physically punished while in the care of MCFD?	Yes	No
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Did you experience sexual assault or experience sexual misconduct while in the care of MCFD?	Yes	No
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Did you observe others being sexually assaulted or experiencing sexual misconduct while in the care of the MCFD?	Yes	No
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Did you experience emotional or psychological abuse while in the care of the MCFD?	Yes	No
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Did you observe others being emotionally or psychologically abused while in the care of the MCFD?	Yes	No
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Were you exposed to drug use or alcohol abuse directly or indirectly while in the care of the MCFD?	Yes	No
Were you exposed to criminal activity directly or indirectly while in the care of the MCFD?	Yes	No
Did you experience neglect while in the care of the MCFD?	Yes	No
Did you receive inadequate food and sustenance while in the care of the MCFD?	Yes	No
Did you receive inadequate access to medical and other treatments while in the care of the MCFD?	Yes	No
Did you receive inadequate support from the MCFD to complete a Grade 12 education?	Yes	No

As the result of your experiences with the MCFD have you been diagnosed with any of the following conditions? (Please check all that apply to your situation)

Have you ever been diagnosed with PTSD?

Have you ever been diagnosed with anxiety?

Have you ever been diagnosed with depression?

Have you ever been diagnosed with any other mental health condition?

Have you ever been diagnosed as having issues with addictions?

Have you ever been diagnosed as having sustained a concussion or a brain injury while in the care of the MCFD?

Have you ever been diagnosed as having sustained any other physical injuries while in the care of the MCFD?

Please expand on any issues reported above and describe any mistakes you feel the MCFD made in your case