

# Ministry of Children and Family Development (MCFD) Claim

## Questionnaire

Please Email a copy of this form to [MCFDclaims@murphybattista.com](mailto:MCFDclaims@murphybattista.com) with the Subject line: **MCFD Claim** and our office will contact you to confirm receipt and next steps.

### Personal Information:

Full Legal Name: \_\_\_\_\_

Other or Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Is your inquiry related to:

Your own experience

Experience of a family member

### Dates:

Approximate dates when you (or family member) were in the care of MCFD:

\_\_\_\_\_

Approximate ages when you (or family member) when to the care of MCFD:

\_\_\_\_\_

### General Information

Name of biological mother (if known):

\_\_\_\_\_

Name of biological father (if known):

\_\_\_\_\_

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

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Names of foster parents and residences where you stayed:

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

**Issues with MCFD**

Did you experience a physical assault or were you exposed to corporal punishment while in the care of MCFD?                      Yes              No

Did you observe others being physically assaulted or physically punished while in the care of MCFD?                      Yes              No

Did you experience sexual assault or experience sexual misconduct while in the care of MCFD?                      Yes              No

Did you observe others being sexually assaulted or experiencing sexual misconduct while in the care of the MCFD?                      Yes              No

Did you experience emotional or psychological abuse while in the care of the MCFD?                      Yes              No

Did you observe others being emotionally or psychologically abused while in the care of the MCFD?                      Yes              No

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:**

Personal information that you provide to us for the purpose of determining your possible involvement in a MCFD claim will be treated as private.

[Read our privacy policy for more information.](#)

I have read and agree to the disclaimer