



Children's Special Allowance (Alberta) 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 classaction@murphybattista.com with the subject line **Children's Special Allowance (Alberta) Class Action** and our intake team will be in touch to confirm receipt and next steps.

Personal Information

Full Legal Name: _____

Other/Preferred Name: _____

Address: _____

Preferred Phone: _____ Preferred Email: _____

Date of Birth: _____ Ancestry: _____

Indian Status Card Registration (if applicable): _____

Care Information

Were you in the care of Alberta Child and Family Services?	Yes	No
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Are you currently in the care of Alberta Child and Family Services?	Yes	No
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Do you represent the estate of such a child?	Yes	No
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Approximate dates you were in the care of Alberta Child and Family Services (including to present):

1. _____

2. _____

3. _____