



W A G N E R S

EST. 1982

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FORMER STUDENTS OF NS SCHOOLS FOR THE DEAF CLASS ACTION INTAKE FORM (DETAILED FORM)

Date: _____

Claimant's Name

Individual who attended/resided at:

(i) the School for the Deaf, Halifax, Nova Scotia; and/or

(ii) the Atlantic Provinces Special Education Authority –
Resource Centre for the Hearing Impaired/Handicapped
(originally the Interprovincial School for the Education of the
Deaf), Amherst, Nova Scotia

First *Middle* *Last*

Other names Claimant may be known as, if any (including maiden name, if applicable):

First *Middle* *Last*

First *Middle* *Last*

Date of Birth: _____

Place of Birth: _____

HealthCard #: _____

H/C Issuing Province: _____

Claimant's Mailing Address:

Email: _____

Skype: _____

Home Phone: _____

Cell Phone: _____

Other Phone: _____

Facsimile: _____

Claimant's Preferred Form of Contact:

Email: _____ Reg. Mail: _____

Text: _____ Skype: _____

Contact Person (If Other Than Claimant) and His/Her Contact Information:

Name: _____

Relationship to Claimant: _____

Address (Mailing):

Email: _____

Skype: _____

Home Phone: _____

Cell Phone: _____

Other Phone: _____

Facsimile: _____

Preferred form of contact:

Email: _____ Reg. Mail: _____

Text: _____ Skype: _____

Claimant's Marital Status:

Single: _____ Married: _____ Common Law: _____

Divorced: _____ Widowed: _____ Separated: _____

Divorced Date: _____ Widowed Date: _____ Separated Date: _____

Parents:

Biological Father: _____ Biological Mother: _____

Period of Residency/Attendance:

Period of time at the School for the Deaf (Halifax, Nova Scotia)

From: _____ To: _____

Period of time at the Atlantic Provinces Special Education Authority – Resource Centre for the Hearing Impaired/Handicapped (originally the Interprovincial School for the Education of the Deaf) (Amherst, Nova Scotia)

From: _____ To: _____

The reason(s) you were placed at the institution(s) (i.e. hearing and/or visual impairment):

A detailed description of your experiences at the above institution(s):

Physical

Psychological

Sexual

A detailed description of any complaint(s) you have made to date regarding mistreatment or abuse sustained at the above institution(s), any responses taken, the date of the complaint and the name of the individual(s) involved.

Complaint:

Any response to complaint:

Individual(s) complained of: _____

Date of complaint: _____