

# ST. THOMAS PSYCHIATRIC HOSPITAL FORENSIC UNIT CLASS ACTION

## OPT-OUT FORM

Complete this Opt-Out Form if you are a Class Member (or represent a Class Member or the estate of a person who was a Class Member) as defined below, and **only** if you wish to be **excluded** from the **St. Thomas Psychiatric Hospital Forensic Unit Class Action** (*Banman et al. v. His Majesty the King in Right of Ontario*, Ontario Superior Court File No. CV-21-00671048-00CP).

You are a **Class Member** if you were a patient in the Psychosocial Treatment Program (referenced as unit 2C, P2C, PST or PSTU) on the forensic unit at St. Thomas between 1976 and 1992.

**PLEASE NOTE: Do NOT complete this form if you wish to participate in this class action. You do not need to take any steps at this time if you wish to participate in the class action.**

By opting out and excluding yourself from the class action, you reserve the right to pursue your own individual lawsuit against the Defendant, the government of Ontario.

If you exclude yourself from the class action, you will **NOT** be able to participate in the class action and you will not be entitled to any benefits or compensation in the event of a court judgment in this lawsuit in favour of the Plaintiffs and the Class Members or in the event that a settlement agreement is reached by the parties and is approved by the Ontario Superior Court of Justice.

**ONTARIO  
SUPERIOR COURT OF JUSTICE**

BETWEEN:

MARTHA BANMAN, RUTH ATKIN by her estate representative ELLEN ATKIN, LOUISE  
BARK and ELLEN ATKIN

Plaintiffs

-and-

HIS MAJESTY THE KING IN RIGHT OF ONTARIO, ATTORNEY GENERAL OF  
ONTARIO, DONALD ANGUS GALBRAITH, and SAM SWAMINATH (formerly  
RANGASMUDRAM SUBRAMANYAM SWAMINATH)

Defendants

Proceeding under the *Class Proceedings Act, 1992*

**OPT OUT FORM**

**To be effective, this Opt Out form must be delivered by email or postmarked or delivered by regular mail or courier to the Notice Administrator on or before March 29, 2025 at the following address:**

**St. Thomas Psychiatric Hospital Forensic Unit Class Action**

**Dewar Communications Inc.**

9 Prince Arthur Avenue

Toronto, ON M5R 1B2

T: +1-416-921-1827 ext. 222

C: +1-416-230-9002

[StThomasclassaction@dewarcom.com](mailto:StThomasclassaction@dewarcom.com)

**By submitting this form, you or your legal representative, if applicable, certify that you do not wish to participate in the ST. THOMAS PSYCHIATRIC HOSPITAL FORENSIC UNIT CLASS ACTION, and understand that by opting out, you will not be able to participate in the class action, will not receive any part of the money or benefits that may be obtained on behalf of Class Members, and that you preserve your rights to pursue an individual action against the Defendant, His Majesty the King in Right of Ontario, subject to any applicable limitation periods.**

**SECTION 1 - IDENTIFICATION OF THE PERSON SIGNING THIS OPT OUT FORM  
(SELECT ONLY ONE OPTION):**

☐ **Class Member** – I was a patient in the Psychosocial Treatment Program (referenced as 2C, P2C, PST or PSTU) or its successor PST Program on the forensic unit at St. Thomas between 1976 and 1992. By completing and signing this Opt Out Form, I am excluding myself from participation in the St. Thomas Psychiatric Hospital Forensic Unit Class Action. I understand that by opting out, I **EXCLUDE** myself and my family members, dependents, heirs and estates, who may be eligible to receive in any settlement of the action. By completing and signing this Opt Out Form, I am preserving my ability to bring or continue my own individual claim, and I understand that limitation periods may have expired. I acknowledge that I may obtain independent legal advice in order to make an informed decision on whether to opt out.

☐ **Legal representative** – I am the legal representative for the Class Member or the Class Member's estate as identified below. By completing and signing this Opt Out Form, I am excluding the Class Member from participation in the St. Thomas Psychiatric Hospital Forensic Unit Class Action. I understand that by opting the Class Member or Class Member's estate out of the action, I exclude both them and their family members, dependents, heirs and estates, from any settlement of the action. I also understand that by completing and signing this Opt Out Form, I am preserving the ability to bring or continue an individual claim on behalf of the Class Member or Class Member's estate, and I understand that limitation periods may have expired. I acknowledge that I may obtain independent legal advice in order to make an informed decision on whether to opt the Class Member or Class Member's estate out of this proceeding.

**SECTION 2 – PERSONAL INFORMATION** – Please provide the following information about yourself, or, if you are filing this Opt-Out Form as the legal representative of a Class Member, please provide the following information about the Class Member.

First and Last Name \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone (Daytime) \_\_\_\_\_

Telephone (Alternate) \_\_\_\_\_

Email \_\_\_\_\_

Health Card Number \_\_\_\_\_

Date of Death (if applicable) \_\_\_\_\_ Death Certificate Attached  
DD/MM/YYYY

If you are completing this form on behalf of a Class Member, please attach a copy of a court order or other official document(s) that gives you the authority to act on the Class Member's behalf: check the box below describing the Class Member's status:

\_\_\_\_\_ a mentally incapable person (ex/copy of a continuing power of attorney for property, or a Certificate of statutory guardianship);

\_\_\_\_\_ the estate of a deceased person (ex/Letters Probate, Letters of Administration or Certificate of Appointment as Estate Trustee).

## SECTION 5 – SIGNATURE

**PLEASE NOTE that if this form is being completed by a lawyer representing the Class Member or the Class Member's estate, both the lawyer and the Class Member or the Class Member's Estate Representative must sign this Opt Out Form.**

Date \_\_\_\_\_  
DD/MM/YYYY

Name of Class Member \_\_\_\_\_

Signature of Class Member \_\_\_\_\_

Name of legal representative (if applicable) \_\_\_\_\_

Signature of legal representative (if applicable) \_\_\_\_\_

**The deadline to submit an Opt Out Form is March 29, 2025.**

If you have questions about using or completing this Opt Out Form, please contact Class Counsel, free of charge, or your lawyer.

***This Opt Out Form has been approved by the Ontario Superior Court of Justice.***