

COMPENSATION REQUEST FORM
Dr. Solomon Class Action

To apply for compensation you **must** complete and submit this form to the address below by **July 1, 2020**. Prior to completing this Form, please ensure you have carefully read the Notice of Settlement.

PERSONAL INFORMATION

1. Name:_____
2. Date of birth:_____
3. Current address:_____
4. Email address:_____
5. Contact phone number:_____

CLASS MEMBER CONFIRMATION

I was notified by the police in or around _____ (*insert approximate date*) that I had been surreptitiously video recorded by Dr. Anthony Garry Solomon, deceased.

I believe that as a result of being notified by the police that I was surreptitiously video recorded by Dr. Anthony Garry Solomon I was negatively impacted by this information.

Date:_____

Signature

Please submit your completed Compensation Request Form by email to Lucy Jackson at ljackson@thomsonrogers.com

Questions for counsel from Class Members should be directed by email, fax or telephone to:

Lucy Jackson
Thomson, Rogers
390 Bay Street, Suite 3100
Toronto, Ontario, M5H 1W2
Toll free: 1-888-223-0448, Fax: 416-868-3134
ljackson@thomsonrogers.com