



FORM 34
(Rules 8-3(1), 13-1(3) and 17-1(2))

No. C976108
Vancouver Registry

IN THE SUPREME COURT OF BRITISH COLUMBIA

BETWEEN:

EDWARD KILLOUGH, PATRICIA NICHOLSON, IRENE FEAD,
DAPHNE MARTIN, DEBORAH LUTZ AND MELANIE CREHAN

PLAINTIFFS

AND:

THE CANADIAN RED CROSS SOCIETY, HER MAJESTY THE QUEEN IN RIGHT
OF BRITISH COLUMBIA AND THE ATTORNEY GENERAL OF CANADA

DEFENDANTS

Brought under the *Class Proceedings Act*, R.S.B.C. 1996, c. 50

CONSENT ORDER
(Deficient Claims)

BEFORE)	The Honourable)	this 3 rd day of
)	Chief Justice Bauman)	AUGUST, 2011
))	

ON THE APPLICATION of the Representative Plaintiffs without hearing and by
consent;

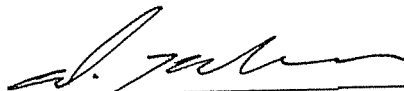
THIS COURT ORDERS that:

1. Where a claimant has submitted a claim but has failed to provide sufficient information or documentation for the Administrator to either approve or deny the claim, the Administrator shall send the claimant a "Deficiency Letter" in substantially the form attached to this Order as Schedule A. The Deficiency Letter will set out a deadline by which all of the deficiencies must be cured (the "Deficiency Deadline") of 90 days from the date of the Deficiency Letter. If 90 days from the date of the Deficiency Letter falls on a date that is not a Business Day (as defined in the Settlement Agreement), the Deficiency Deadline will be stipulated as the next succeeding day that is a Business Day.
2. A claimant may, prior to the Deficiency Deadline, request an extension of the claimant's Deficiency Deadline. An extension of a Deficiency Deadline may be granted only with leave of the Court. A request for an extension of a Deficiency Deadline must be submitted to the Administrator in writing using the "Request Form – Deficiency Deadline Extension" attached to this Order as Schedule B. The claimant must set out the steps taken to cure the deficiencies, the reason why the deficiencies have not been cured, and the steps the claimant proposes to take to cure the deficiencies. The Request Form – Deficiency Deadline Extension will be provided by the Administrator to claimants upon request, and will be available on the Administrator's web site.
3. Upon receipt of a Request Form – Deficiency Deadline Extension, the Administrator shall forthwith forward to the Court Monitor a copy of the Form, together with copies of the Deficiency Letter and the claim documentation. The Court Monitor shall provide this material to the appropriate case management judge for a decision on whether to grant an extension of the Deficiency Deadline and on what terms.
4. If the claimant has not, on or before the Deficiency Deadline, cured all of the deficiencies or submitted a Request Form – Deficiency Deadline Extension, the Administrator

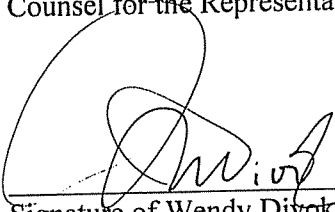
shall deny the claim and shall send the claimant a "Rejection Letter" substantially in the form attached to this Order as Schedule C. If a claimant has obtained an extension of the Deficiency Deadline but has failed to cure all of the deficiencies on or before the extended Deficiency Deadline, the Administrator shall deny the claim and shall send the claimant a Rejection Letter. A denial of a claim for failure to cure deficiencies is subject to appeal under the Rules for Appeals.

5. Nothing in this Order shall have the effect of extending any deadline stipulated in the Settlement Agreement, including, without limiting the generality of the foregoing, the deadlines referred to in article 5.01 of the Settlement Agreement.

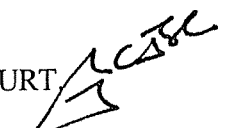
Consented to:



Signature of David A. Klein
Counsel for the Representative Plaintiffs



Signature of Wendy Divoky
Counsel for the Attorney General of Canada

BY THE COURT 

Registrar

Schedule "A"



Pre-1986/Post-1990 Hepatitis C Settlement Administration

**DEFICIENCY LETTER
90 DAY DEADLINE**

date

name

address

Dear Claimant:

Subject: Your file no.

After reviewing your file, we have insufficient information or documentation to approve your claim.

Your claim has the following deficiencies:

The Courts have set a 90 day deadline for curing deficiencies in claims made under this settlement. Accordingly, the above deficiencies must be cured by no later than ***. A denial of a claim for failure to cure deficiencies is subject to appeal under the Rules for Appeals.

Extensions of the deadline may be granted only by the Courts. If you wish to request an extension of the deadline, you must complete a Request Form - Deficiency Deadline Extension setting out the steps taken to cure deficiencies, the reason why the deficiencies have not been cured and the steps you propose to take to cure the deficiencies. The Request Form - Deficiency Deadline Extension can be obtained on our website at www.pre86post90settlement.ca or by contacting us at 1-866-334-3361. A request for an extension of your deadline must be submitted by no later than ***.

If you have not, by ***, cured all of the deficiencies or submitted a Request Form - Deficiency Deadline Extension, the claim will be **denied**.

If you have any questions regarding your claim, please contact the Settlement Administrator at 1 866 334-3361. All correspondence to the Administrator must include your file number and be mailed to the following address:

Pre-1986/Post-1990 Hepatitis C
Settlement Administrator
Suite 3 - 505, 133 Weber Street North
Waterloo (Ontario) N2J 3G9
Toll-free: 1 866 334-3361

Yours truly,

Pre-1986/Post-1990 Hepatitis C Settlement Administrator



Pre-1986/Post-1990 Hepatitis C Settlement

**REQUEST FORM
DEFICIENCY DEADLINE EXTENSION**

A claimant may apply in writing to the Claims Administrator, for an extension of the deadline to cure the deficiencies. The Claimant must set out the steps taken to cure the deficiencies, the reason why the deficiencies have not been cured and what steps the claimant proposes to take to cure the deficiencies. The Request will be sent to the Court for a decision on whether to grant an extension.

Section A – HCV INFECTED CLASS MEMBER or FAMILY MEMBER information

Last Name _____ First Name _____ Middle Initial _____
Home Address _____
City _____ Province/Territory _____ Postal Code _____
Country _____ Date of Birth (MM/DD/YYYY) _____
Home Phone _____ Work Phone _____

Section B – PERSONAL REPRESENTATIVE

Complete this Section about yourself if you are a Personal Representative submitting a claim on behalf of an HCV Infected Class Member or Family Member who is a minor, a mentally incompetent adult, or deceased.

Last Name _____ First Name _____ Middle Initial _____
Home Address _____
City _____ Province/Territory _____
Postal Code _____ Country _____
Home Phone _____ Work Phone _____

Section C – TYPE OF CLAIMANT

Check the appropriate box.

- HCV Infected Class Member
- Family Member

Section D – FILE NUMBER

Identify the file number this extension pertains to.

File Number _____

Specify the steps taken to cure the deficiencies:

Specify the reason why the deficiencies have not been cured:

Specify the steps the claimant proposes to take to cure the deficiencies:

Date Signed (Month Day Year)

Signature of the Claimant or Personal Representative

Please return both pages of this form to the Administrator if you are requesting an extension.

Schedule "C"



Pre-1986/Post-1990 Hepatitis C Settlement Administration

REJECTION LETTER
Deficiency Deadline

date

name

address

Dear Claimant:

Subject: Your file no.

We are writing to advise you that your claim for compensation under the Pre-1986/Post-1990 Hepatitis C Settlement Administration has been denied. The reasons for denial are set out below.

Deficiency Deadline

On [*insert date*], we sent you a letter providing you notice that you had until *** to cure all of the deficiencies in your claim or request a deadline extension. Because those deficiencies were not cured and no extension was requested, your claim has been denied.

Right of Appeal

As per Section 16.01 of the Agreement, you can appeal the decision of the Administrator within 30 days of receiving this letter:

A person who has submitted a claim may appeal any decision of the Administrator as to eligibility, deficiencies or amount of compensation with respect to that claim. An appeal of the Administrator's decision must be filed within 30 days of receipt of the decision appealed from, failing which the decision will be final and binding.

Please review the Rules of Appeal and Instructions for filing a Request for Review.

To request a review you must complete and return to the Administrator the enclosed "Request for Review Form" within 30 days from the date that you receive this letter. You must state your objections and the reasons supporting your objections.

If you do not mail a completed "Request for Review Form", the Administrator's decision to reject your claim will become final 30 days after you receive this letter.

If you have any questions, please do not hesitate to contact the Settlement Administrator at 1 866 334-3361 or visit our website at www.pre86post90settlement.ca.

Yours truly,

Pre-1986/Post-1990 Hepatitis C Settlement Administrator

Encl.

IN THE SUPREME COURT OF BRITISH COLUMBIA

BETWEEN:

EDWARD KILLOUGH, PATRICIA NICHOLSON, IRENE FEAD,
DAPHNE MARTIN, DEBORAH LUTZ AND MELANIE CREHAN

Plaintiffs

AND:

THE CANADIAN RED CROSS SOCIETY, HER MAJESTY THE QUEEN IN RIGHT
OF BRITISH COLUMBIA AND THE ATTORNEY GENERAL OF CANADA

Defendants

Brought under the *Class Proceedings Act*, R.S.B.C. 1996, c.50

CONSENT ORDER

KLEIN LYONS
1100 – 1333 West Broadway
Vancouver, British Columbia
V6H 4C1

Attention: Nicola C. Hartigan

Agent: Dye and Durham