

OPT-OUT FORM

Complete this opt-out form **ONLY** if you are a member of the Alberta (Child Welfare) Service Plan Class Action (as described in the Notice of Certification) **AND** you wish to be excluded or removed from participating in the class action [LC v Alberta, 2017 ABCA 284](#) of 2017 (“**Alberta (Child Welfare) Service Plan Class Action**”).

This form must be received by Robert P. Lee Professional Corporation (“**RPL-PC**”) via mail, courier, fax, or email on or before **December 31, 2024** at the following coordinates:

Alberta (Child Welfare) Service Plan Class Action
c/o Robert P. Lee Professional Corporation
11420 142 Street NW
Edmonton, AB T5M 1V1
Fax: (780) 800-5584
Email: assistant@victimsrightslaw.ca

Your Name: _____

Your Mailing Address: _____

Date of birth: _____
(Month) (Day) (Year)

Telephone Number: _____

Email Address: _____

By signing below, I certify that I do not wish to participate in the Alberta (Child Welfare) Service Plan Class Action and I understand that, by opting out, I will not receive any part of the money or benefits that may be obtained on behalf of Class Members by the Representative Plaintiffs. Furthermore, I acknowledge and agree that RPL-PC may disclose all information relating to this opt-out to the Court and to the lawyers for the Defendants.

Signature

Date