INDIAN RESIDENTIAL SCHOOLS ADJUDICATION SECRETARIAT

INDEPENDENT ASSESSMENT PROCESS

CLAIMANT:	
FILE NUMBER:	E5442 -10-_____
TRACK:	Standard
SCHOOL NAMED:	
ADJUDICATOR:	
HEARING DATE:	
HEARING LOCATION:	
DECISION DATE:	
ATTENDING:	
Lawyer for the Claimant:	
Claimant Supporter(s)/Interpreter:	
Canada's Representative:	
Church Representative:	
Resolution Health Support Worker:	

SHORT FORM DECISION

The hearing in this case was concluded today. Following the conclusion of the evidence, research, mandatory documents (where applicable), the production of a future care plan (where applicable), the receipt of waivers of medical or expert assessments (where applicable) and submissions:

(a) The Claimant has advised that he/she does not request a full decision, setting out a narrative of the evidence and the rationale for the adjudicator's findings; and

(b) The Parties have advised that they have consented to the use of a Short Form Decision.

Having heard the evidence and submissions, it is my decision that the Claimant has proven that he/she is entitled to the following compensation award under the Independent Assessment Process:

_____

Compensation Category	Level of Compensation	Points	Dollar Award
1. Acts Proven	Most serious abuse: _____ Abuse, Level _____ [Below, briefly describe the acts and state whether by staff, adult(s) lawfully on premises, or student(s)] _____ _____ _____	___ points	N/A
	Subsumed abuse: _____ Abuse, Level _____ [Below, briefly describe the acts – whether by staff, adult(s) lawfully on premises or student(s)] _____ _____ _____	0 points	N/A
2. Harms	_____ [insert heading of harms category] Harms Level _____	__ points	N/A
3. Aggravating Factors	Points for acts (_____) + harms (_____) = _____ x ____% for aggravating factors = ___ points (rounds up to _____ points)	___ points	N/A
4. Loss of Opportunity	_____ _____ [Above, insert description of Opportunity Loss as set out in IAP] Opportunity Loss, Level _____	__ points	N/A
Sub-total:		**___ points**	$_____.00
5. Future Care			$_____.00
Total compensation award, including care:			* $_____.00

* In addition, Canada will be responsible to contribute $_____.00 towards legal costs (based on 15% of the award) as well as reasonable and necessary disbursements, in an amount to be agreed on between Claimant Counsel and Canada or referred to the adjudicator for determination.

Dated at _____, _____, this _____day of _____, 20_____.

_____ (Signature)

[insert name]: _____, IAP Adjudicator

_____

Acceptance by Claimant

I certify that:
(a) I have received and fully understood the independent legal advice provided to me by my lawyer with respect to this Decision.
(b) I am aware that I have the right to ask for a full Decision from the Adjudicator, setting out the reasons for the Decision. However, I give up this right in order to allow for this Short Form Decision.

Dated at _____, _____, this ____ day of _____, 20___.

_____ (Claimant's Signature)

Certificate of Claimant Counsel

I hereby confirm that I have given independent legal advice to the Claimant in respect of this Short Form Decision.

Dated at _____, _____, this ____ day of _____, 20___.

_____ (Signature)

[insert name]: _____, Claimant Counsel

Consent by Canada's Representative.

I hereby certify that I consent to the production of this Decision in an abbreviated format on behalf of the Defendants (or on behalf of Canada, when the Church entity is represented at the hearing) and that neither the Adjudicator nor claimant counsel has influenced my consent.

Dated at _____, _____, this ____ day of _____, 20___.

_____ (Signature)

[insert name]: _____, Canada's Representative

Consent by Church Party (for use only when Church Party Representative attends the hearing)

I hereby certify that I consent to the production of this Decision in an abbreviated format on behalf of the Church Party and that neither the Adjudicator nor claimant counsel has influenced my consent.

Dated at _____, _____, this ____ day of _____, 20___.

_____ (Signature)

[insert name]: _____, Church Party Representative