affidavit of [*insert name*]
([*insert sworn or Affirmed*] [*insert date*])

I, [*insert affiant’s name*], of the City of [*insert city*], in the Province of [*insert province*],

**MAKE OATH AND SAY AS FOLLOWS:**

1. I am [*describe if the affiant is an OxyContin® and/or OxyNEO® User or relationship to User, as applicable*] and as such have knowledge of the matters to which I hereinafter depose. Where I make statements in this affidavit which are not within my personal knowledge, I have identified the source of that information and belief. All of the information I have deposed to, I verily believe to be true.
2. Capitalized terms used but not defined in this affidavit shall have the respective meanings assigned to such terms in the OxyContin®/OxyNEO® User Claim Form and/or Settlement Agreement.

(*Delete any paragraphs below that do not apply to your circumstances (i.e., where you have obtained pharmacy and/or other mandatory records), but ensure that you provide all other required information*)

**PRODUCT USE AND ADDICTION**

***Proof of Valid Prescription***

1. [*I/User*] was first prescribed and ingested [*insert OxyContin® and/or OxyNEO®, as applicable*] on or about [*insert date of first prescription; must be between January 1, 1996 and February 28, 2017*] to [*insert date of end of last prescription*] by [*insert name of prescribing health care provider. [I/User*] stopped using [*insert OxyContin® and/or OxyNEO®, as applicable*] on or about [*insert date*]. [*If OxyContin® and/or OxyNEO use completely stopped at any point and then restarted, please provide more details regarding the period of ingestion, providing specific dates where possible.*]
2. *[I/User*] was subsequently prescribed [*insert OxyContin® and/or OxyNEO®, as applicable*] on [*insert date*] by [*insert name of different prescribing health care provider, repeat as necessary*].
	1. I submit the following documentary record(s) as evidence of prescription(s):
		1. Attached as Exhibit A, is a true copy of [*insert name and/or description of record*], [*insert date of record*];
		2. [*repeat as necessary*]
3. [*Corresponds to Mandatory Evidence 1B:* *Required to be completed in the event that all relevant prescription records are requested but are unavailable*] [*Ensure details of prescription and subsequent use are described. In addition, provide true copies of record requests made and responses received*.] I submit the following documentary record(s) as evidence of record requests that were made, and responses received:
	* 1. I attempted to request records from [name provider / hospital / clinic]:
			1. Attached as Exhibit [*insert letter*], is a true copy of the [*insert name and/or description of record*] to request records from [*insert name of health care provider / hospital / clinic*], dated [*insert date of request*];
			2. Attached as Exhibit [*insert letter*], is a true copy of the response received from [*insert name health care provider / hospital / clinic*], dated [*insert date of response*];
		2. [*repeat as necessary*]

***Proof of Addiction***

[*Optional section, to be completed if Mandatory Evidence 2A or 2B is unavailable.* *Corresponds to Mandatory Evidence 2C. Explain the circumstances of the addiction to or psychological dependence on OxyContin® and/or OxyNEO®, including a description of any details that may not be available in medical records provided under 2A or 2B]*

1. [*I/User*] became addicted to [*insert OxyContin® and/or OxyNEO®*] beginning on or about [*insert date*].
2. The total length of [*insert “my” or the name of the person the affiant legally represents*] addiction to [*insert OxyContin® and/or OxyNEO®*] has been [*describe time period as accurately as possible, in months*].

***Medical and Pharmacy Records for 3 Years Prior to First Prescription***

[*Optional Section – Corresponds to 3A – in the event that medical and pharmacy records for the three years before the Class Member was* *first prescribed OxyContin® or OxyNEO® through to the end of the Period of Addiction (the “Material Time”) are unavailable, a Class Member must describe their use of OxyContin® and/or OxyNEO® for the timeframe that is not supported by records and provide, as exhibits, true copies of the record requests that were made and the responses received by the Class Member*.]

1. [*Describe use of OxyContin® and/or OxyNEO® for the three years prior to first prescription through to end of Period of Addiction that is not supported by records.*]
2. I submit the following documentary record(s) as evidence of record requests that were made, and responses received:
	* 1. I attempted to request records from [name provider / hospital / clinic]:
			1. Attached as Exhibit [*insert letter*], is a true copy of the [*insert name and/or description of record*] to request records from [*insert name of health care provider / hospital / clinic*], dated [*insert date of request*];
			2. Attached as Exhibit [*insert letter*], is a true copy of the response received from [*insert name health care provider / hospital / clinic*], dated [*insert date of response*];
		2. [*repeat as necessary*]

***[Required Section – Corresponds to Mandatory Evidence 3B – Delete Paragraphs as Applicable] Disclosure of Other Addictions during the Period of Addiction***

1. [*I/User*] **was** addicted to an opioid other than OxyContin® and/or OxyNEO® during my Period of Addiction.

***OR***

1. [*I/User*] **was not** addicted to an opioid other than OxyContin® and/or OxyNEO® during my Period of Addiction.

***AND***

1. [*I/User*] suffered **no** addiction and/or substance abuse problems during the **three years before [I*/User*] was first prescribed OxyContin® or OxyNEO®**. [*Relevant addiction and/or substance abuse problems here means any addiction/substance abuse problem from the following substances: alcohol, caffeine, cannabis, hallucinogens, inhalants, sedatives, hypnotics, or anxiolytics, stimulants (including amphetamine-type substances, cocaine, and other stimulants), and/or tobacco, which resulted in any of the following problems:*

*1. Taking the substances in larger amounts or for longer than you are meant to*

*2. Wanting to cut down or stop using the substance but not managing to*

*3. Spending a lot of time getting, using, or recovering from the use of the substance*

*4. Cravings and urges to use the substance*

*5. Not managing to do what you should at work, home, or school because of substance use*

*6. Continuing to use, even when it causes problems in relationships*

*7. Giving up important social, occupational, or recreational activities because of substance use*

*8. Using substances again and again, even when it puts you in danger*

*9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance*

*10. Needing more of the substance to get the effect you want (tolerance)*

*11. Development of withdrawal symptoms, which can be relieved by taking more of the substance*]

***OR***

1. [*I/User*] **was addicted to** and/or had substance abuse problems with [*describe substance other than OxyContin/OxyNEO*]less than three years but more than two years before [I*/User*] was first prescribed OxyContin® or OxyNEO®, from [*insert date*] to [*insert date*]. [*Describe the problems associated with the substance.*] [*Repeat paragraph as necessary*] [*Relevant addiction and/or substance abuse problems here are as explained in paragraph 13 of the Template Affidavit.*]

***OR***

1. [*I/User*] was addicted to and/or had substance abuse problems with [*describe substance other than OxyContin/OxyNEO*]less than two years but more than one year before [I*/User*] was first prescribed OxyContin® or OxyNEO®, from [*insert date*] to [*insert date*]. [*Describe the problems associated with the substance.*] [*Repeat paragraph as necessary*] [*Relevant addiction and/or substance abuse problems here are as explained in paragraph 13 of the Template Affidavit.*]

***OR***

1. [*I/User*] was addicted to and/or had substance abuse problems with [*describe substance other than OxyContin/OxyNEO*]less than one year before [I*/User*] was first prescribed OxyContin® or OxyNEO®, from [*insert date*] to [*insert date*]. [*Describe the problems associated with the substance.*] [*Repeat paragraph as necessary*] [*Relevant addiction and/or substance abuse problems here are as explained in paragraph 13 of the Template Affidavit.*]

**[***Optional Section – may be completed if User submits claim for Level 1-16 Injury, apart from addiction itself -* ***Delete Paragraphs as Applicable*]**

**Injuries Sustained from OxyContin® and/or OxyNEO®**

**PLEASE NOTE THAT PROVIDING THE FOLLOWING AFFIDAVIT EVIDENCE DOES NOT REPLACE THE NEED FOR LEVEL-SPECIFIC MANDATORY EVIDENCE REQUIRED BY THE SETTLEMENT AGREEMENT. THE FOLLOWING AFFIDAVIT EVIDENCE MAY BE PROVIDED FOR THE PURPOSE OF PROVIDING CONTEXT. MANDATORY SUPPORTING DOCUMENTATION MUST STILL BE PROVIDED TO THE CLAIMS ADMINISTRATOR IN ORDER TO BE ELIGIBLE FOR COMPENSATION.**

1. [Level 1] [*Insert name*] experienced a fatal overdose caused or contributed to by [*insert OxyContin® and/or OxyNEO®*] or suicide [describe means – other than fatal overdose] during the Period of Addiction. [*Provide any other relevant details for this claim, including any explanation of submitted documents if necessary*]*.*
2. [Level 2] [*insert “I” or the name of the person the affiant legally represents*] experienced a non-fatal overdose caused or contributed to by [*insert OxyContin® and/or OxyNEO®*] consumption, during the Period of Addiction. [*Provide any other relevant details for this claim, including any explanation of submitted documents if necessary*].
3. [Level 3] [*insert “I” or the name of the person the affiant legally represents*] attempted to commit suicide by means other than OxyContin® and/or OxyNEO® consumption, during the Period of Addiction. [*Provide any other relevant details for this claim, including any explanation of submitted documents if necessary*].
4. [Level 4] [*insert “I” or the name of the person the affiant legally represents*] participated in a treatment program for OxyContin® and/or OxyNEO® Addiction at [*insert clinic or hospital name*] from [*insert date*] to [*insert date*]. [*List multiple dates if attended multiple treatment program(s)*]. [*Provide any other relevant details for this claim, including details of treatment prescription(s) and use, including any explanation of submitted documents if necessary*].
5. [Level 5] [*insert “I” or the name of the person the affiant legally represents*] experienced a loss of employment during the Period of Addiction, from [*insert date*] to [*insert date*], which was mainly due to OxyContin® and/or OxyNEO® Addiction. At the time [*insert “I” or the name of the person the affiant legally represents*] experienced a loss of employment, [*insert “my” or “his/her/their” for the person the affiant legally represents*] income was [*describe the pay arrangement, i.e. salary or hourly pay with number of hours worked, include any information about bonuses or overtime pay if relevant*]. [*Describe the relation to Addiction any other relevant details for claim, including explanation of submitted documents if necessary*].
6. [Level 6] [*insert “I” or the name of the person the affiant legally represents*] lost [*insert “my” or “his/her/their” for the person the affiant legally represents*] professional [*insert name of profession*] licence during the Period of Addiction, on [*insert date*]. [*Describe the relation to Addiction and any other relevant details for claim, including explanation of submitted documents if necessary*].
7. [Level 7] [*insert “I” or the name of the person the affiant legally represents*] lost custody of [*insert “my” or “his/her/their” for the person whom you legally represent*] child(ren) during the Period of Addiction, on [*insert date*]. [*Describe the relation to Addiction and any other relevant details for claim, including explanation of submitted documents if necessary*].
8. [Level 8] [*insert “I” or the name of the person the affiant legally represents*] received a criminal conviction related to OxyContin® and/or OxyNEO® during the Period of Addiction, on [*insert date*], for [*describe the conviction*]. [*Describe the relation to Addiction and any other relevant details for claim, including explanation of submitted documents if necessary*].
9. [Level 9] [*insert “I” or the name of the person the affiant legally represents*] became separated and/or divorced from [inse*rt “my” or “his/her/their” for the person the affiant legally represents*] spouse or common law spouse during the Period of Addiction, on [*insert date*]. [*Describe the relation to Addiction and any other relevant details for claim, including explanation of submitted documents if necessary*].
10. [Level 10] [*insert “I” or the name of the person the affiant legally represents*] was criminally charged related to OxyContin® and/or OxyNEO® during the Period of Addiction, on [insert date], but it did not result in conviction. [*Describe criminal charge.*] [*Describe the relation to OxyContin® and/or OxyNEO® Addiction and any other relevant details for claim, including explanation of submitted documents if necessary*].
11. [Level 11] [*insert “I” or the name of the person the affiant legally represents*] became bankrupt during the Period of Addiction, on [*insert date*]. [*Describe the relation to OxyContin® and/or OxyNEO® Addiction and any other relevant details for claim, including explanation of submitted documents if necessary*].
12. [Level 12] [*insert “I” or the name of the person the affiant legally represents*] was evicted from or otherwise lost possession of [*insert “my” or “his/her/their” for the person the affiant legally represents*] principal residence during the Period of Addiction, on [*insert date*]. [*Describes the circumstances surrounding the eviction or loss of residence and any other relevant details for claim, including explanation of submitted documents if necessary*].
13. [Level 13] [*insert “I” or the name of the person the affiant legally represents*] was homeless during the Period of Addiction, from [*insert date*] to [*insert date*]. [*Describe the circumstances surrounding the homelessness and any other relevant details for claim, including explanation of filed documents if necessary*].
14. [Level 14] [*insert “My” or the name of the person the affiant legally represents*] post-secondary education was interrupted during the Period of Addiction, from [*insert date*] to [*insert date*]. [*Describe the relation to OxyContin® and/or OxyNEO® Addiction and any other relevant details for claim, including explanation of filed documents if necessary*].
15. [Level 16] [*insert “I” or the name of the person the affiant legally represents*] experienced hardship, not described elsewhere in this affidavit, as a result of consuming OxyContin® and/or OxyNEO®, the particulars of which include [*describe hardship and relation to OxyContin® and/or OxyNEO® Addiction and any other relevant details for claim, including explanation of filed documents if necessary*]. [*Describe and attach documents proving hardship*.]
16. I make this affidavit in support of [*insert “my” or the name of the person the affiant represents*] OxyContin®/OxyNEO® User claim and for no other improper purpose.

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| --- | --- | --- |
| **SWORN OR AFFIRMED** remotely by [*insert name*] stated as being located in the City of [*insert city*], in the Province of [*insert province*], before me at the City of [*insert city*], in the Province of [*insert province*], on [*insert date*], in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely. | ))))))) |  |
| [*insert title, i.e. A Commissioner, etc.*] | [*insert affiant’s name*] |