

UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF LOUISIANA

In re:)	
)	Case No. 20-10846
THE ROMAN CATHOLIC CHURCH OF)	
THE ARCHDIOCESE OF NEW ORLEANS)	Section "A"
)	
Debtor ¹ .)	Chapter 11

SEXUAL ABUSE SURVIVOR PROOF OF CLAIM

IMPORTANT:

THIS COMPLETED FORM MUST BE RECEIVED NO LATER THAN MARCH 1, 2021 AT 5:00 P.M. (CENTRAL TIME)

IMPORTANT - DO NOT FILE THIS DOCUMENT WITH THE COURT

This Sexual Abuse Survivor Proof of Claim must be received no later than **5:00 p.m. (Central Time)** on **March 1, 2021**. Please carefully read the following instructions included with this SEXUAL ABUSE SURVIVOR PROOF OF CLAIM and complete all applicable questions to the extent of your knowledge or recollection.

If you do not know the answer to an open-ended question, you can write "I don't recall" or "I don't know." If a question does not apply, please write "N/A." If you are completing this form in hard copy, please write or type clearly using blue or black ink.

This Sexual Abuse Survivor Proof of Claim must be mailed or submitted to Donlin, Recano & Company, Inc., the Court-approved agent for the Debtor (the "Claims Agent"), as follows:

- (i) If sent by mail, to Donlin, Recano & Company, Inc., Re: The Roman Catholic Church of the Archdiocese of New Orleans, P.O. Box 199043, Blythebourne Station, Brooklyn, NY 11219, or
- (ii) If sent by hand delivery or overnight courier, send to: Donlin, Recano & Company, Inc., Re: The Roman Catholic Church of the Archdiocese of New Orleans, 6201 15th Avenue, Brooklyn, NY 11219; or
- (iii) If submitted electronically, by using the interface available at:
<https://www.donlinrecano.com/Clients/rcano/FileSexualAbuseClaim>.

Sexual Abuse Survivor Proofs of Claim sent by any other means (such as facsimile transmission or email through a different manner than described in (iii) above) **will not** be accepted.

You May Wish To Consult An Attorney Regarding This Matter.

Failure To Complete And Return This Form May Result In Your Inability To Vote On A Plan Of Reorganization And Receive A Distribution From The Roman Catholic Church Of The Archdiocese Of New Orleans.

¹ The last four digits of the Debtor's federal tax identification number are 8966. The Debtor's principal place of business is located at 7887 Walmsley Ave., New Orleans, LA 70125.

“You” and/or “Sexual Abuse Survivor” refers to the person asserting a Sexual Abuse Claim against The Roman Catholic Church of the Archdiocese of New Orleans (the “Archdiocese”) related to the Sexual Abuse Survivor’s sexual abuse.

For this claim to be valid, the Sexual Abuse Survivor must sign this form. If the Sexual Abuse Survivor is deceased or incapacitated, the form must be signed by the Sexual Abuse Survivor’s representative or the attorney for the Sexual Abuse Survivor’s estate.

If the Sexual Abuse Survivor is a minor, the form must be signed by the survivor’s parent, legal guardian or attorney. Any Sexual Abuse Survivor Proof of Claim signed by a representative or legal guardian must attach documentation establishing such person’s authority to sign the claim for the Sexual Abuse Survivor.

Who Should File a Sexual Abuse Survivor Proof of Claim?

This Sexual Abuse Survivor Proof of Claim is only for people who have experienced sexual abuse (defined below) on or before May 1, 2020. This Sexual Abuse Survivor Proof of Claim is the way you can make a claim against the Archdiocese based on sexual abuse. Any person making a claim based on anything other than sexual abuse should consult the *Notice Of Bar Dates For Filing Of General Proofs Of Claim* and file a General Proof of Claim (Official Bankruptcy Form 410).

Who Is a Sexual Abuse Survivor?

The term Sexual Abuse Survivor refers to a person who experienced sexual abuse, as defined below.

What Is Sexual Abuse?

For the purposes of this Sexual Abuse Survivor Proof of Claim, **sexual abuse** is defined as any of the following acts:

- a. Touching by the abuser of the person’s intimate body parts (genitals, breasts, or buttocks), the touching by the person of the abuser’s intimate body parts, showing pictures of the person’s body or other persons’ bodies, taking pictures of the person’s body, showing pornography, or making images of the person while naked or engaged in any sexual activity, or any sexualized interaction including observing the person in bathing, toileting, or undressing that was made possible by the abuser’s position of authority, or by the inducement of the abuser, or;
- b. sexual intercourse, simulated intercourse, masturbation, cunnilingus, fellatio, anal intercourse, or any intrusion, however slight, to the genital or anal openings:
 - (i) Of the person’s body by any part of the abuser’s body or any object used by the abuser for this purpose;
 - (ii) Of the person’s body by any part of the body of the abuser or by any part of the body of another person, or by any object used by the abuser or another person for this purpose;
- c. Inappropriate physical contact and/or contact that infringes upon another’s personal, physical boundaries including but not limited to groping, kissing, extended hugging, and/or any unwelcomed touching;
- d. Grooming or trying to create a special relationship, including but not limited to: talk of a sexual nature, talk of a romantic nature, communications expressing individual love to the person, as opposed to a salutation, providing material resources or experiences that induce the person into a relationship where trust is then violated.

If you have a claim arising from other types of abuse, including non-sexual physical abuse, non-sexual emotional abuse, bullying or hazing, you should file a General Proof of Claim form (Official Bankruptcy Form 410)

You May Wish to Consult an Attorney Regarding This Matter.

You may also obtain information from the Claims Agent by: (1) calling toll free at 1(877) 476-4389, (2) emailing at rcanoinfo@donlinrecano.com, or (3) visiting the case website at www.NOLAchurchclaims.com (do not contact the Claims Agent for legal advice).

What If I Don't File on Time?

Failure to complete and return this Sexual Abuse Survivor Proof of Claim by March 1, 2021 at 5:00 p.m. (Central Time) may result in your inability to vote on a plan of reorganization and/or to receive compensation from this bankruptcy for sexual abuse related to the Archdiocese.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

PART 1: CONFIDENTIALITY

Unless you indicate below, your identity and your Sexual Abuse Survivor Proof of Claim will be kept **confidential**, under seal, and outside the public record. However, information in this Sexual Abuse Survivor Proof of Claim will be confidentially provided, pursuant to Court-approved guidelines, to the Debtor, the Debtor's counsel, certain insurers of the Archdiocese including authorized claims administrators of such insurers and their reinsurers and counsel, attorneys for the Official Creditors' Committee and members of the Official Creditors' Committee, attorneys at the Office of the United States Trustee for the Eastern District of Louisiana, any unknown claims representative appointed in the bankruptcy case, any special arbitrator, mediator, or claims reviewer appointed to review and resolve Sexual Abuse Survivor Proof of Claims, any trustee, or functional equivalent thereof, appointed to administer payments to holders of Sexual Abuse Survivor Proof of Claims, and confidentially to such other persons that the Court determines need the information in order to evaluate the claim. Information in this Sexual Abuse Survivor Proof of Claim may be required to be disclosed to governmental authorities under mandatory reporting laws in many jurisdictions.

This Sexual Abuse Survivor Proof of Claim (along with any accompanying exhibits and attachments) will be maintained as confidential unless you expressly request that it be publicly available by checking the "public" box and signing below.

PUBLIC: I want my identity and this Sexual Abuse Survivor Proof of Claim (together with any exhibits and attachments) to be made part of the official claims register in this case. **My claim will be available for review by any and all members of the public.**

Signature: _____

Print Name: _____

PART 2: IDENTIFYING INFORMATION

A. Identity of Sexual Abuse Survivor

First Name _____ Middle Initial _____ Last Name _____ Jr/Sr/III _____

Mailing Address (If Sexual Abuse Survivor is incapacitated, is a minor, or is deceased, provide the address of the individual submitting the claim. If you are in jail or prison, provide the address of your place of incarceration):

Number and Street:					
City:		State:		Zip Code:	

Country (not USA):		Email Address:	
Telephone (Home):		Telephone (Cell):	

For communications regarding this claim you may use (check the appropriate boxes):

Email US Mail Home Voicemail Cell Voicemail Counsel listed below

Social Security Number of Sexual Abuse Survivor (last four digits only): XXX-XX-____

If the Sexual Abuse Survivor is in jail or prison, provide the Sexual Abuse Survivor's identification number

Birthdate of Sexual Abuse Survivor (only the month and year): (MM/YYYY): ____ / ____

Any other name, or names, by which the Sexual Abuse Survivor has ever been known:

Gender of Sexual Abuse Survivor: Male Female Other (specify) _____

B. If you have hired an attorney relating to the sexual abuse described in this Sexual Abuse Survivor Proof of Claim, please provide his or her name and contact information:

Law Firm Name:					
Attorney's Name:					
Number and Street:					
City:		State:		Zip Code:	
Country (not USA):		Email Address:			
Telephone (Work):		Fax No.			

PART 4: NATURE OF THE SEXUAL ABUSE

(Attach additional sheets if necessary)

For each of the questions listed below, please complete your answers to the best of your recollection.

Note: If you have previously filed a lawsuit about your sexual abuse in state or federal court, you may attach a copy of the complaint. If you have not filed a lawsuit, or if the complaint does not contain all of the information requested below, you must provide the information below to the extent of your recollection.

Please answer each of the following questions as best you are able. **If you do not know or recall an answer, you may indicate that you do not know or recall the answer and move on to the next question.**

A. Were you sexually abused by more than one person? Yes No

B. Please identify each person who sexually abused you. If you do not remember the name of the sexual abuser(s), provide as much information about the individual that you recall and their relationship to the Archdiocese.

C. What was the sexual abuser's position, title, or relationship to you (if you know):

D. Where were you at the time you were sexually abused? Please be specific and provide all relevant information that you recall including the City and State, name of the religious Parish, or School, or Orphanage (if applicable) and/or the name of any other locations.

E. When did the first act of sexual abuse take place? If you do not remember the calendar date, approximately what season of the year was it (spring, summer, fall, winter), approximately what age were you when it started, and, if applicable, what school grade were you in at the time?

F. If the sexual abuse took place over a period of time, please state when it started and when it stopped. If you were sexually abused by more than one sexual abuser, indicate when the sexual abuse by each of the sexual abusers started and stopped. You may provide approximate dates if you do not recall the specific dates.

G. Please describe the sexual abuse in as much detail as you can recall in the lines below. You may attach additional pages if needed.

H. Did you or anyone on your behalf tell anyone involved with the Archdiocese about the sexual abuse?
Yes No

I. Have you ever reported the sexual abuse to law enforcement or investigators? This includes telling someone when you were a minor or when you were an adult. Yes No

J. Are you aware of anyone who knew about the sexual abuse? Yes No If your answer is "Yes", can you describe who they were and how they knew about the abuse?

K. If subsequent wrongful conduct by the Archdiocese or its employees or officials caused you further trauma, directly or indirectly, related to the sexual abuse, please describe:

a. What happened:

b. When it happened:

c. The name, title, position or relationship to you of any individual involved in the subsequent wrongful conduct (if you know):

PART 5: IMPACT OF SEXUAL ABUSE

(Attach additional pages if necessary)

(If you currently cannot describe any harm you have suffered on account of the sexual abuse, you may omit this section for now. However, you may be asked to provide the information requested at a later date.)

A. Please describe how you believe you were impacted, harmed, damaged, or injured as a result of the sexual abuse you described above. You can check the boxes, fill in the narrative, or both. **Please note that the boxes are not meant to limit the characterization or description of the impact(s) of your sexual abuse.** (Check all that apply.)

- Psychological / emotional health (including depression, anxiety, suicidal thoughts, feeling numb, difficulty managing or feeling emotions including anger)
- Post-traumatic stress reactions (including intrusive images, feelings from the abuse, numbing or avoidance behaviors)
- Physical health (including chronic disease, chronic undiagnosed pain, or physical problems)
- Education (not graduating high school, being unable to finish training or education)
- Employment (including difficulties with supervisors, difficulty maintaining steady employment, being fired from jobs)
- Intimate relationships (including difficulty maintaining emotional attachments, difficulty with sexual behavior, infidelity)
- Social relationships (including distrust of others, isolating yourself, not being able to keep healthy relationships)
- Alcohol and/or substance abuse (including other addictive behaviors such as gambling)
- Other (please explain and add any other information you remember to the categories above)

If you wish to provide a narrative description of how you were impacted, harmed, damaged, or injured as a result of the sexual abuse you described above, please provide it below. Please provide in as much detail as you can recall in the lines below. You may use additional pages if needed.

B. Have you ever sought counseling or other mental health treatment for any reason even if you did not connect that treatment as being related to the sexual abuse that you described above?

Yes No

If your response to the prior question is "Yes," please state with whom you sought counseling and when.

PART 6: ADDITIONAL INFORMATION

A. Prior Litigation.

Was a lawsuit regarding the sexual abuse you have described in this Sexual Abuse Survivor Proof of Claim filed by you or on your behalf?

Yes No (If "Yes," you are required to attach a copy of the complaint.)

B. Prior Bankruptcy Claims. Have you filed any claims in any other bankruptcy case relating to the sexual abuse you have described in this Sexual Abuse Survivor Proof of Claim? Yes No (If "Yes," you are required to attach a copy of any completed claim form.)

C. Settlements. Regardless of whether a complaint was ever filed against any party because of the sexual abuse, have you settled any claim relating to the sexual abuse you have described in this Sexual Abuse Survivor Proof of Claim? Yes No (If "Yes," please describe, including parties to the settlement. You are required to attach a copy of any settlement agreement.)

D. Current Bankruptcy Case. Are you currently a debtor in a bankruptcy case? Yes No

If yes, please provide the following information:

Name of Case: _____ Court: _____

Date filed: _____ Case No. _____

Chapter of your bankruptcy case. Chapter: 7 Chapter 11 Chapter 12 Chapter 13

Name of Trustee: _____]

SIGNATURE

To be valid, this Sexual Abuse Survivor Proof of Claim must be signed by you. If the Sexual Abuse Survivor is deceased or incapacitated, the form must be signed by the Sexual Abuse Survivor's representative or the attorney for

the Sexual Abuse Survivor’s estate. If the Sexual Abuse Survivor is a minor, the form must be signed by the Sexual Abuse Survivor’s parent or legal guardian, or the Sexual Abuse Survivor’s attorney. (Any form signed by a representative or legal guardian must attach documentation establishing such person’s authority to sign this form for the Sexual Abuse Survivor.)

Penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- I am the Sexual Abuse Survivor.
- I am the Sexual Abuse Survivor’s attorney, guardian, kinship (or other authorized) caretaker, executor, or authorized representative.
- Other (describe):

I have examined the information in this Sexual Abuse Survivor Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing statements are true and correct.

Date: _____

Signature: _____

Print Name: _____

Relationship to Sexual Abuse Survivor (if not signed by Sexual Abuse Survivor):

Address: _____

Contact Phone: _____

Email: _____