

THIS SPACE IS FOR COURT USE ONLY

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA
SACRAMENTO DIVISION

In re:

THE ROMAN CATHOLIC BISHOP
OF STOCKTON, a California
corporation sole,

Debtor-In-
Possession.

CASE NO. 14-20371-C-11

Chapter 11

**SEXUAL ABUSE
PROOF OF CLAIM FORM**

IMPORTANT:
THIS FORM MUST BE RECEIVED NO LATER THAN
AUGUST 15, 2014 AT 4:00 P.M. (PREVAILING PACIFIC TIME)

1. Carefully read the instructions included with this SEXUAL ABUSE PROOF OF CLAIM FORM and complete ALL applicable questions. Please print clearly and use blue or black ink. Send the *original together with two copies* to:

U.S. Bankruptcy Court
Attn: Diocese of Stockton Confidential Claim
501 I Street, Suite 3-200
Sacramento, CA 95814.

2. **YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER BEFORE COMPLETING THIS FORM.**
3. **TO BE VALID, THE PROOF OF CLAIM MUST BE SIGNED BY YOU OR YOUR ATTORNEY.** If the Sexual Abuse Claimant is deceased or incapacitated, the form may be signed by the Sexual Abuse Claimant’s representative or the attorney for the decedent’s estate. If the Sexual Abuse Claimant is a minor, the form may be signed by the Sexual Abuse Claimant’s parent or legal guardian or the Sexual Abuse Claimant’s attorney.
4. **THIS PROOF OF CLAIM IS FOR VICTIMS OF SEXUAL ABUSE ONLY.**

For purposes of filing a Sexual Abuse Claim:

- a. “Sexual Abuse” means: sexual conduct/touching or misconduct, sexual abuse, sexual misconduct or molestation, indecent assault and/or battery, rape, lascivious behavior, undue familiarity, pedophilia, ephebophilia, or sexually related psychological or emotional harm or contacts or interactions of a sexual nature between a child and an adult, or a non-consenting adult and another adult. “Sexually Abused” has a correlative meaning. A child or non-consenting adult may be Sexually Abused whether or not this activity involves explicit force, whether or not this activity involves genital or other physical contact and whether or not there is physical, psychological or emotional harm to the child or non-consenting adult.
- b. A “Sexual Abuse Claim” is a claim for any or all acts or omissions for which the Debtor may be legally responsible that in any way arise out of, are based upon, or involve Sexual Abuse.
- c. A “Sexual Abuse Claimant” is a person who asserts a Sexual Abuse Claim.

5. If you have questions about the debtor's bankruptcy case or procedures with respect to this form, you may contact counsel for the Official Committee of Unsecured Creditors by calling, toll free (888) 570-6217 or you may contact counsel to The Roman Catholic Bishop of Stockton at (916) 329-7400.

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 and 3571.

UNLESS YOU INDICATE OTHERWISE IN PART 1 BELOW, YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL AND OUTSIDE THE PUBLIC RECORD BY THE UNITED STATES BANKRUPTCY COURT, EXCEPT THAT THIS CLAIM WILL BE PROVIDED, PURSUANT TO COURT-APPROVED GUIDELINES, TO THE ROMAN CATHOLIC BISHOP OF STOCKTON, COUNSEL FOR THE ROMAN CATHOLIC BISHOP OF STOCKTON, COUNSEL FOR THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS, AND TO CERTAIN OTHER PERSONS THAT THE COURT HAS DETERMINED OR DETERMINES SHOULD HAVE THE INFORMATION IN ORDER TO EVALUATE SEXUAL ABUSE CLAIMS.

PART 1. CONFIDENTIALITY

THIS SEXUAL ABUSE PROOF OF CLAIM FORM (ALONG WITH ANY ACCOMPANYING EXHIBITS AND ATTACHMENTS) WILL BE MAINTAINED AS CONFIDENTIAL UNLESS YOU EXPRESSLY REQUEST THAT IT BE PUBLICLY AVAILABLE BY CHECKING THE BOX AND SIGNING BELOW.

IF YOU DO NOT CHECK THIS BOX, YOUR INFORMATION WILL BE KEPT CONFIDENTIAL.

I **do not want** this Proof of Claim Form (along with any accompanying exhibits and attachments) to be kept confidential. Please verify this election by signing directly below.

Signature: _____

Print Name: _____

PART 2. IDENTIFYING INFORMATION

A. Claimant

First Name Middle Initial Last Name Jr/Sr/III

Mailing Address: (If party is incapacitated, is a minor or is deceased, please provide the address of the individual submitting the claim. If you are in jail or prison, provide your current address.)

City State Zip Code Country (if other than USA)

Telephone Nos.
Home: _____ Work: _____ Cell: _____

Email address: _____

May we leave voicemails regarding your claim? yes no

May we send confidential information to your email? yes no

Birth Date: _____ Male Female
 Month Day Year

Any other names by which the Claimant has been known: _____

Social Security Number: _____

Prison Number (if currently incarcerated): _____

B. Claimant's Attorney (if any)

Law Firm Name

Attorney's First Name Middle Initial Last Name Jr/Sr/III

Street Address

City State Zip Code Country (if other than USA)

Telephone: _____ Fax: _____ Email address: _____

PART 3: NATURE OF THE SEXUAL ABUSE
(Attach additional sheets if necessary)

NOTE: IF YOU HAVE PREVIOUSLY FILED A LAWSUIT AGAINST THE ROMAN CATHOLIC BISHOP OF STOCKTON IN STATE OR FEDERAL COURT, YOU MAY ATTACH THE COMPLAINT. IF YOU DID NOT FILE A LAWSUIT, OR IF THE COMPLAINT DOES NOT CONTAIN ALL OF THE INFORMATION REQUESTED BELOW, YOU MUST PROVIDE THE INFORMATION BELOW.

a. Who committed the acts of Sexual Abuse or other wrongful conduct?

b. What was the abuser's position, title, or relationship to you (if you know)? (For example, was he or she your parish priest, teacher, coach, etc.?) _____

c. Where did the Sexual Abuse or other wrongful conduct take place? Please be specific. Include everything you can remember, including the city, state, church, school, and/or parish where the Sexual Abuse occurred. _____

d. When did the Sexual Abuse or other wrongful conduct take place?

1. If the Sexual Abuse or other wrongful conduct took place over a period of time (months or years), please state when it started, when it stopped, and how many times it occurred.

2. Please also state your age(s) and your grade(s) in school at the time the Sexual Abuse or other wrongful conduct took place.

e. Please describe what happened to you.

f. Did you tell anyone about the Sexual Abuse or other wrongful conduct? (You might have told your parents, relatives, a friend, the Diocese, your parish priest, a teacher, your doctor, a coach, an attorney, a counselor, a police officer or other law enforcement authorities, or someone else). If you did tell someone, please write down who you told and when you told them.

g. Did you ever write a letter to or contact the Diocese, your parish, your school, or anyone else about the Sexual Abuse? If so, and you have copies of any correspondence; please attach copies of the correspondence.

h. Are you aware of anyone else Sexually Abused by the abuser? Yes No

If "Yes", please provide the name(s) of those individuals

PART 4: IMPACT OF SEXUAL ABUSE
(attach additional sheets if necessary)

If you are uncertain how to respond to this Part 4, you may leave this Part 4 blank, but you may be required to complete this Part 4 after a written request is made for the information in this Part 4

1. How did the Sexual Abuse affect you? Specifically, have you sustained any injuries because of the Sexual Abuse? (For example, did the Sexual Abuse negatively affect your education, employment, personal relationships, or health? Did it cause you emotional, physical, or psychological injuries?) If so, please describe those injuries.

2. Have you sought counseling or other treatment for your injuries? If so, with whom and when? _____

PART 5. ADDITIONAL INFORMATION

1. Settlements: Have you ever agreed to settle the Sexual Abuse claim that is described in this proof of claim (whether or not you filed a lawsuit)?

Yes No

If "Yes", please describe the settlement (the amount that was or will be paid to you, when and how it was or will be paid, the date of the settlement, and the parties to the agreement). Please attach a copy of the settlement agreement if you have one.

2. Bankruptcy: Have you ever filed bankruptcy? Yes No
If "Yes", please provide the following information:

Name of Case: _____ Court: _____
Date Filed: _____ Case No.: _____

Chapter: 7 11 12 13 Name of Trustee: _____

Date: _____

Sign and print your name. If you are signing the claim on behalf of another person or an estate, print your title.

Under penalty of perjury, I declare the foregoing statements to be true and correct.

Signature: _____

Print Name: _____

Title: _____