

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

BOY SCOUTS OF AMERICA AND
DELAWARE BSA, LLC,¹

Debtors.

Chapter 11

Case No. 20-10343 (LSS)

(Jointly Administered)

SEXUAL ABUSE SURVIVOR PROOF OF CLAIM

This Sexual Abuse Survivor Proof of Claim must be submitted and received by **5:00 p.m. (Eastern Time) on November 16, 2020**. 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.

The Sexual Abuse Survivor Proof of Claim must be delivered to Omni Agent Solutions, the Court-approved claims and noticing agent (the “Claims Agent”), by either:

- (i) Hand delivery, first class mail, or courier the *original* proof of claim to: BSA Abuse Claims Processing, c/o Omni Agent Solutions, 5955 De Soto Ave., Suite 100, Woodland Hills, CA 91367, so that it is *received* on or before **November 16, 2020 at 5:00 p.m. (Eastern Time)**;² or
- (ii) Electronically using the interface available at: www.OfficialBSAClaims.com on or before **November 16, 2020 at 5:00 p.m. (Eastern Time)**.

Sexual Abuse Survivor Proofs of Claim sent by email or facsimile transmission **will not** be accepted.

“You” and/or “Sexual Abuse Survivor” refers to the person asserting a Sexual Abuse Claim against the Boy Scouts of America (“BSA”) 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 or 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 Is a Sexual Abuse Survivor?

For purposes of this Sexual Abuse Survivor Proof of Claim, the term **Sexual Abuse Survivor** refers to a person who was sexually abused *before* turning eighteen (18) years of age.

Who Should File a Sexual Abuse Survivor Proof of Claim?

This Sexual Abuse Survivor Proof of Claim is only for people who were sexually abused before turning eighteen (18) years of age and where the sexual abuse (defined below) occurred on or before February 18, 2020. This Sexual Abuse Survivor Proof of Claim

¹ The Debtors in these chapter 11 cases, together with the last four digits of each Debtor’s federal tax identification number, are as follows: Boy Scouts of America (6300) and Delaware BSA, LLC (4311). The Debtors’ mailing address is 1325 West Walnut Hill Lane, Irving, Texas 75038.

² If you are mailing your Sexual Abuse Survivor Proof of Claim, do not attach original documents with your Sexual Abuse Survivor Proof of Claim.

is the way you assert an unsecured claim against BSA seeking damages based on Scouting-related sexual abuse. Any person asserting a claim based on anything other than childhood sexual abuse should use the General Proof of Claim form (official bankruptcy form 410).

What Is Sexual Abuse?

For the purposes of this Sexual Abuse Survivor Proof of Claim, **sexual abuse** means, with respect to a child under the age of eighteen (18) at the time of the sexual abuse, sexual conduct or misconduct, sexual abuse or molestation, sexual exploitation, sexual touching, sexualized interaction, sexual comments about a person’s body, or other verbal or non-verbal behaviors that facilitated, contributed to, or led up to abuse, regardless of whether or not such behavior was itself sexual or against the law, and regardless of whether the child thought the behavior was sexual abuse at the time. Sexual abuse includes behavior between a child and an adult and between a child and another child, in each instance without regard to whether such activity involved explicit force, whether such activity involved genital or other physical contact, and whether the child associated the abuse with any physical, psychological, or emotional harm. It involves behaviors including penetration or fondling of the child’s body, other body-on-body contact, or non-contact, behaviors such as observing or making images of a child’s naked body, showing or making pornography, or having children behave in sexual behavior as a group.

If you have a claim arising from sexual abuse and you were at least eighteen (18) years of age at the time the sexual abuse began or 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 consult the *Notice of Deadlines Requiring Filing of Proof of Claim* and file a General Proof of Claim (Official Bankruptcy Form 410).

For the avoidance of doubt, if you have a claim for sexual abuse and you were a child under the age of eighteen (18) when the sexual abuse began you must complete this form.

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 866-907-2721, (2) emailing at BSAInquiries@omniagnt.com, or (3) visiting the case website at www.OfficialBSAClaims.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 November 16, 2020 at 5:00 p.m. (Eastern Time) may result in your inability to vote on a plan of reorganization and/or to receive a distribution from this bankruptcy for sexual abuse related to BSA.

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 Debtors, the Debtors’ counsel and retained advisors, certain insurers of BSA, the Tort Claimants’ Committee, counsel to the Ad Hoc Committee of Local Councils (with personally identifiable information redacted), individual Local Councils solely with respect to Sexual Abuse Claims asserted against them, attorneys at the Office of the United States Trustee for the District of Delaware, the Future Claimants’ Representative, the Court, 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 these cases. **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:					
Internal Claim or Claimant Identifier (if applicable):					
Number and Street:					
City:		State:		Zip Code:	
Country (not USA):		Email Address:			
Telephone (Work):		Fax No.			

PART 3: BACKGROUND INFORMATION FOR SEXUAL ABUSE SURVIVOR

A. Marital/Domestic Partner History:

- a. Have you ever been married? Yes No
- b. If yes, please provide:
 - i. Length of time you were/have been married: _____
 - ii. Current marital status: _____
- c. If your marriage has ended, please specify whether your marriage ended by: divorce or death of your spouse

B. Education History:

- a. What is your highest level of education completed or degree obtained?
High School Associates Bachelors Masters Doctoral Other _____
- b. Educational institution(s): _____

C. Employment:

- a. What is your current employment status:
 - Employed – Occupation: _____
 - Retired – Former Occupation: _____
 - Unemployed – Former Occupation: _____
 - Disabled – Former Occupation: _____
 - Other: _____

D. Military service:

- a. Have you ever served in the military? Yes No
- b. If yes, please provide the following information:
- c. Branch(es) of service: _____
- d. Years of service in each: _____
- e. Rank at discharge for each: _____
- f. Nature of discharge for each (e.g., honorable): _____

E. Involvement with Scouting:

- a. Have you ever been affiliated with Scouting and/or a Scouting program?

Yes No

b. When were you involved with Scouting? _____

c. What type of Scouting unit (i.e., troop) were you involved with, and, if you recall, when you were involved and what was your troop or unit number?

Boy Scouts _____

Cub Scouts _____

Exploring Scouts _____

Sea Scouts _____

Venturing _____

Other (please explain your involvement with Scouting):

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 Scouting-related 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 to your best ability. If you do not know or recall, please so indicate.

If you are the survivor of sexual abuse by more than one sexual abuser, please respond to each of the questions in this Part 4 for each sexual abuser.

A. Please answer “Yes” or “No” to each of the following:

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

ii. Were you sexually abused in more than one state? Yes No

B. Please name each person who sexually abused you in relation to your involvement in Scouting. (“Scouting” includes Cub Scouts, Boy Scouts, Exploring Scouts, Sea Scouts and Venturing.)

If you do not remember the name of the sexual abuser(s), provide as much identifying information about the sexual abuser(s) that you can recall, such as their approximate age and their relationship to Scouting (e.g., the Scoutmaster of Troop 100, another Troop member of Troop 200, camp staff member, etc.).

C. Other than the sexual abuser(s), please identify any person(s) you can remember who were leaders or other adults involved in your Scouting unit or the camp(s) you attended.

D. What was each sexual abuser's position, title, or relationship to you in Scouting (check all that apply)?

- Adult Scout leader in my Scouting unit
- Adult Scout leader not in my Scouting unit
- Youth Scout in my Scouting unit
- Youth Scout not in my Scouting unit
- Camp personnel (e.g., camp staff) not in my Scouting unit
- I don't know
- Other (please explain why you believe the person(s) who sexually abused you had a relationship with Scouting):

E. Where were you at the time you were sexually abused (city, state, territory and/or country)?

F. What was the type of Scouting you were involved with during the sexual abuse (check all that apply)?

- Boy Scouts
- Cub Scouts
- Exploring Scouts
- Venturing
- Sea Scouts
- Other (please explain why you believe you had a connection to Scouting during the sexual abuse):

G. What was the Scouting unit number and physical location (city, state, territory and/or country) of the Scouting unit(s) or provisional troop you were in during the time of the sexual abuse?

H. What was the name and location (city, state, territory and/or country) of the organization that chartered or sponsored your Scouting unit, including the organization that hosted meetings of your Scouting unit, during the time of the sexual abuse (e.g., church, school, religious institution, or civic group)?

(Note that such organizations are not currently parties to the bankruptcy so if you believe you may have a claim against any such organization you must take additional action to preserve and pursue any such claim.)

I. What was the name of the BSA Local Council(s) affiliated with your Scouting unit(s), any Boy Scout camp or other Scouting activity during the time of the sexual abuse?

(Note that such BSA Local Councils are not currently parties to the bankruptcy so if you believe you may have a claim against any such BSA Local Council(s) you must take additional action to preserve and pursue any such claim.)

J. In which of the following places did the sexual abuse take place? Check all that apply.

At or in connection with a Scout meeting.

At or in connection with a Scout camp.

At or in connection with another Scouting-related event or activity (please explain):

Other (please explain – for example, schools, churches, cars, homes or other locations):

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

L. Please describe what happened to you. You can provide a description in your own words and/or use the checkboxes below.

i. About how many times were you sexually abused?

- I was sexually abused once.
- I was sexually abused more than once.

If you were sexually abused more than once, please state how many times (if you recall): _____

M. Please describe what happened to you. You can provide a description in your own words and/or use the checkboxes below. (Check all that apply.) **Please note that the boxes are not meant to limit the characterization or description of your sexual abuse.**

i. What did the sexual abuse involve?

- The sexual abuse involved touching outside of my clothing.
- The sexual abuse involved touching my bare skin.
- The sexual abuse involved fondling or groping.
- The sexual abuse involved masturbation.
- The sexual abuse involved oral copulation / oral sex.
- The sexual abuse involved the penetration of some part of my body.

ii. Did any of the following occur in connection with the sexual abuse:

- The acts of sexual abuse against me also involved other youth.
- The sexual abuse involved photographs or video.
- Even though I did not want it, my body responded sexually to the sexual abuse.
- The sexual abuse involved actual or implied threats of violence or other adverse consequences if I disclosed the sexual abuse.
- The sexual abuse involved gifts, privileges, experiences, and other rewards or bribes in addition to the activities and awards normally part of Scouting.
- The sexual abuser(s) made my family think they could be trusted.
- At the time of the sexual abuse, my family or I had significant financial, social, behavioral or other challenges.

If you wish to provide a narrative, please describe the sexual abuse in as much detail as you can recall in the lines below. You may attach additional pages if needed.

N. Did you or anyone on your behalf tell anyone involved in Scouting about the sexual abuse at or about the time of the sexual abuse? Yes No

O. Did you or anyone on your behalf report the sexual abuse to law enforcement or investigators at or about the time of the sexual abuse? Yes No

P. If you can remember anyone you may have ever told about the sexual abuse at the time, including anyone involved with Scouting, friends, relatives, and/or law enforcement, please list their name and when you told them.

Q. Did you have any relationship with your sexual abuser outside of Scouting? Check all that apply:

Religious organization leader, member, volunteer

Family member or relative

Coach/athletics

Teacher

Neighbor

Other (please explain and add any other information you remember to the categories above):

R. Are you aware of anyone who knew about the sexual abuse?

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 were impacted, harmed, damaged, or injured in ways that you now connect as being related to the sexual abuse you described above. (Check all that apply.) You can provide a description in your own words and/or use the checkboxes below. **Please note that the boxes are not meant to limit the characterization or description of the impact(s) of your sexual abuse.**

- Psychological / emotional health (including depression, anxiety, 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 (including 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 behavior such as gambling)
- Other (please explain and add any other information you remember to the categories above)

If you wish to provide a narrative, please describe how you were impacted, harmed, damaged, or injured in ways that you now connect as being related to the sexual abuse you described above in as much detail as you can recall in the lines below. You may attach additional pages if needed.

B. Have you ever sought counseling or other mental health treatment for any reason?

Yes No

If your response to the prior question is “Yes,” please identify the name of each person who provided you with counseling or mental health treatment, their location, the type of counseling or treatment and the estimated dates/time period of counseling or treatment. If you were prescribed medication in connection with such counseling or mental health treatment, please list the name of the medication and how long you took that medication.

PART 6: ADDITIONAL INFORMATION

A. Prior Litigation.

i. 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. Payments. Have you received any payments related to the sexual abuse you have described in this Sexual Abuse Survivor Proof of Claim from any party, including BSA? Yes No

i. If yes, how much and from whom? _____

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

i. If yes, please provide the following information:

Name of Case: _____ Court: _____

Date filed: _____ Case No. _____

Chapter: 7 11 12 13 Name of Trustee: _____

[Signature page follows – you must complete and sign the next page]

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: _____