

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF NEW YORK**

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In re:

The Diocese of Rochester,

Case No.: 19-20905  
Chapter 11 Case

Debtor,

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**CONFIDENTIAL SEXUAL ABUSE PROOF OF CLAIM**

**THIS FORM MUST BE *RECEIVED* NO LATER THAN AUGUST 13, 2020  
AT 11:59 P.M. (PREVAILING EASTERN TIME) (THE "BAR DATE")**

Carefully read the instructions that are included with this **CONFIDENTIAL SEXUAL ABUSE PROOF OF CLAIM** and complete all applicable questions.

For purposes of this Proof of Claim, a "Sexual Abuse Claim" is any claim (as defined in section 101(5) of the Bankruptcy Code) against The Diocese of Rochester (the "Diocese") resulting or arising in whole or in part, directly or indirectly from any actual or alleged sexual conduct or misconduct, sexual abuse or molestation, indecent assault and/or battery, rape, pedophilia, ephebophilia, or sexually-related physical, sexually-related psychological, or sexually-related emotional harm, or contacts, or interactions of a sexual nature between a child and an adult, or a nonconsenting adult and another adult, sexual assault, sexual battery, sexual psychological or emotional abuse, humiliation, or intimidation, or any other conduct constituting a sexual offense, incest, or use of a child in a sexual performance (as such terms are defined in the New York Penal Law), and seeking monetary damages or any other relief, under any theory of liability, including vicarious liability, any negligence-based theory, contribution, indemnity, or any other theory based on any acts or failures to act by the Diocese or any other person or entity for whose acts or failures to act the Diocese is or was allegedly responsible. A "Sexual Abuse Claimant" is the person asserting a Sexual Abuse Claim against the Diocese. If the Sexual Abuse Claimant is a minor, a parent or legal guardian may complete this Sexual Abuse Proof of Claim on the minor's behalf. If the Sexual Abuse Claimant is deceased or incapacitated, the Sexual Abuse Claimant's legal representative or executor of the decedent's estate may complete this Sexual Abuse Proof of Claim on their behalf.

**THIS PROOF OF CLAIM IS FOR SEXUAL ABUSE CLAIMS ONLY.**

**TO BE VALID, THIS SEXUAL ABUSE PROOF OF CLAIM MUST:**

- (A) Be written in English or include a translation if responses are in a language other than English;
- (B) Provide responses that are complete and accurate to the best of your knowledge;
- (C) Be signed by the Sexual Abuse Claimant, except that if the Sexual Abuse Claimant is a minor, incapacitated or deceased, this Sexual Abuse Proof of Claim may be signed by the Sexual Abuse Claimant's parent, legal guardian, or executor, as applicable; and
- (D) Be actually received by Stretto, the Diocese's claims and noticing agent, on or prior to the bar date, either:
  - (i) electronically using the interface available at:  
<https://cases.stretto.com/rochesterdiocese>; or
  - (ii) via hand delivery, U.S. Mail or overnight courier to The Diocese of Rochester, Stretto Claims Processing 8269 E. 23rd Avenue, Ste. 275, Denver, CO 80238. **PROOFS OF CLAIM SENT BY FACSIMILE, TELECOPY, OR E-MAIL WILL NOT BE ACCEPTED.**

**YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER.**

**YOU MAY ALSO OBTAIN INFORMATION FROM THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS BY CALLING TOLL FREE AT 888-570-5925.**

**FAILURE TO COMPLETE AND RETURN THIS FORM IN A TIMELY MANNER MAY RESULT IN YOUR INABILITY TO VOTE ON A PLAN OF REORGANIZATION AND INELIGIBILITY TO RECEIVE A DISTRIBUTION IN THE ABOVE-CAPTIONED CHAPTER 11 CASE.**

**THIS PROOF OF CLAIM FORM IS NOT SUFFICIENT TO ASSERT A SEXUAL ABUSE CLAIM AGAINST ANY ENTITY OTHER THAN THE DIOCESE.**

**ANSWER THESE QUESTIONS TO THE BEST OF YOUR KNOWLEDGE AND ABILITY AT THE TIME YOU COMPLETE THIS FORM.**

**A PERSON WHO FILES A FRAUDULENT CLAIM COULD BE FINED UP TO \$500,000, IMPRISONED FOR UP TO 5 YEARS, OR BOTH. 18 U.S.C. §§ 152, 157, and 3571.**

**PART 1: CONFIDENTIALITY**

Unless the Sexual Abuse Claimant indicates below that the Sexual Abuse Claimant wants this document to be part of the public record, the Sexual Abuse Claimant’s identity will be kept strictly confidential, under seal, and outside the public record pursuant to an Order of the United States Bankruptcy Court for the Western District of New York (the “Bankruptcy Court”). However, this Sexual Abuse Proof of Claim and the information in this Sexual Abuse Proof of Claim may be provided, pursuant to confidentiality procedures approved by the Bankruptcy Court, to the Diocese, certain insurers of the Diocese, the Official Committee of Unsecured Creditors (the “Committee”), their respective counsel, the United States Trustee, and to such other persons as the Bankruptcy Court may authorize.

**ONLY THE SEXUAL ABUSE CLAIMANT MAY WAIVE THE CONFIDENTIALITY OF THIS PROOF OF CLAIM.**

Please select only <b><u>one</u></b> option below:	
<input type="checkbox"/> I wish to keep my identity and this proof of claim CONFIDENTIAL.	<input type="checkbox"/> I want my identity and this proof of claim (together with any exhibits and attachments) to be made PUBLICLY AVAILABLE AND PART OF THE PUBLIC RECORD.
<b>Signature:</b>	
<b>Print Name:</b>	

**IF YOU DO NOT CHECK EITHER BOX, IF YOU CHECK BOTH BOXES, OR IF YOU DO NOT PROVIDE YOUR NAME AND SIGNATURE ABOVE, YOUR CLAIM WILL REMAIN CONFIDENTIAL.**

**PART 2: IDENTIFYING INFORMATION**

a. **Sexual Abuse Claimant**

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First Name                                      Middle Initial                                      Last Name                                      Suffix (if any)

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

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City    State/Prov.    Zip Code (Postal Code)

Telephone No(s):  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

If you are represented by counsel, you may provide your attorney’s work phone number instead of your own.

Email address: \_\_\_\_\_

If you are represented by counsel, you may provide your attorney’s email address instead of your own.

Social Security Number (last four digits only): \_\_\_\_\_

If you are in jail or prison, your identification number and location of incarceration:

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May the Diocese, the Committee, and their respective counsel of record in this chapter 11 case leave voicemails for you regarding your claim?                                       Yes                                       No

May the Diocese, the Committee, and their respective counsel of record in this chapter 11 case send confidential information to your email?                                       Yes                                       No

Birth Date: \_\_\_\_\_  
                                    Month                                      Day                                      Year

Any other name, or names, by which the Sexual Abuse Claimant has been known (including maiden name, if applicable):

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b. **Sexual Abuse Claimant's Attorney (if any):**

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Law Firm Name

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Attorney's      First Name                      Middle Initial                      Last Name

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Street Address

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City                                      State/Prov.                      Zip Code (Postal Code)                      Country  
(if other than U.S.A.)

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Telephone No.                      Fax No.                      E-mail address

**PART 3: BACKGROUND INFORMATION**

- a. Please describe your marital history, including the date(s) you were married, and provide your current marital status. You do not need to identify the name(s) of your spouse(s) unless you want to.

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- b. What schools have you attended? For each school, please identify the months and years of your attendance. If you cannot recall the exact months when you began or ended each school year, please identify the season (fall, winter, spring, summer).

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- c. Are you currently employed? To the best of your recollection, please describe your employment history, including the name(s) of your current and past employers, the dates you were employed, the locations of your employment, and your job(s)/title(s).

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**PART 4: NATURE OF COMPLAINT**

**(Attach additional separate sheets if necessary)**

**NOTE: IF YOU HAVE PREVIOUSLY FILED A LAWSUIT AGAINST THE DIOCESE IN STATE OR FEDERAL COURT, PLEASE ATTACH THE COMPLAINT.**

- a. Who committed the acts of Sexual Abuse against you? Individuals identified in this section will be referred to as the “abuser” in questions below. If applicable, you may identify more than one abuser. Please provide the complete name(s) of each abuser to the best of your recollection. If you do not know the name(s) of each abuser, please identify them by title, position or other description.

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- b. How did you know the abuser? For example, was the abuser at your church, school or part of another group with which you were involved? Was the abuser a relative or family friend?

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- c. If the abuser was affiliated with a church, parish, school, or Diocesan organization, please identify such church, parish, school or organization.

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- d. Where did the Sexual Abuse take place? Please be specific and complete all relevant information to the best of your recollection, including the names of locations and addresses, if known.

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- e. When did the Sexual Abuse take place? Please be as specific as possible. If you do not recall the exact date, provide as much information as possible, including the year and season (fall, winter, spring, or summer).

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1. How old were you at the time the Sexual Abuse began? Please be as specific as possible. If you do not recall the exact date, provide as much information as possible, including the year and season (fall, winter, spring, or summer).

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2. How old were you at the time the Sexual Abuse ended? Please be as specific as possible. If you do not recall the exact date, provide as much information as possible, including the year and season (fall, winter, spring, or summer).

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- f. What happened (describe the nature of the Sexual Abuse against you, including the circumstances, frequency, and type(s) of Sexual Abuse):

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- g. Did you tell anyone about the Sexual Abuse and, if so, whom did you tell (this would include parents, relatives, friends, representatives of the Diocese, counselors, therapists, doctors, and law enforcement authorities). If you did tell anyone, what did you tell them, and when? You do not need to disclose any communications you may have had with an attorney.

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- h. Were there any witnesses to the Sexual Abuse? If there were any witnesses, please list their name(s).

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**PART 5: IMPACT OF COMPLAINT**

**(Attach additional separate sheets if necessary)**

- a. What injuries and/or damages have you experienced because of the act or acts of Sexual Abuse described above? Please provide as much detail as possible. For example, describe any injuries or damages, as well as any effect on your education, employment, personal relationships, health, or faith.

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- b. Have you sought counseling or other medical or mental health treatment for your injuries? If so, with whom and when?

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**PART 6: ADDITIONAL INFORMATION**

- a. Prior Claims: Have you ever asserted a claim against the Diocese, or against any entity or individual other than the Diocese (including, but not limited to, any parish, church, school, or other organization) relating to the Sexual Abuse described in this claim? If you have, please state when you asserted the claim, against whom the claim was asserted, the manner in which the claim was asserted (for example, a complaint made to law enforcement, a lawsuit or demand letter, participation in the Diocese’s Independent Reconciliation and Compensation Program (IRCP) or a similar program sponsored by an entity other than the Diocese, an informal request for compensation, etc.), and the result of such claim (including, for example, whether such claim resulted in a settlement or was adjudicated and, if so, the terms of any non-confidential settlement or the outcome of such adjudication).

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- b. Bankruptcy: Have you ever filed bankruptcy?

Yes

No

**Sign and print your name. If you are signing the claim on behalf of a minor, decedent or incapacitated person, state your relationship to the Sexual Abuse Claimant.**

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to the Sexual Abuse Claimant: \_\_\_\_\_