

Fill in this information to identify the case:

The Diocese of Buffalo, N.Y.
Case Number: 20-10322 (CLB)

United States Bankruptcy Court for the Western District of New York

Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

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.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?		
Name of the current creditor (the person or entity to be paid for this claim) _____		
Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
Name _____	Name _____	
Street Address _____	Street Address _____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	
Contact phone _____	Contact phone _____	
Contact email _____	Contact email _____	
4. Does this claim amend one already filed?		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____		
		Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes. Who made the earlier filing? _____		

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$_____. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

Motor vehicle

Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$_____

Amount of the claim that is secured: \$_____

Amount of the claim that is unsecured: \$_____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$_____

Annual Interest Rate (when case was filed) _____%

Fixed

Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$_____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- No
 Yes. *Check all that apply:*

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).
- Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).
- Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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

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

Executed on date _____
 MM / DD / YYYY

 Signature

Print the name of the person who is completing and signing this claim:

Name _____
 First name Middle name Last name

Title _____

Company _____
 Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
 Number Street

City State ZIP Code

Contact phone _____ Email _____

Supporting Documents

Confidential Sexual Abuse Claim Supplement

When submitting your Proof of Claim in this case, you are strongly encouraged to complete this supplemental form, and include it as an attachment to your claim. Submitting this supplemental form at the outset will help streamline the process of identifying claims and all applicable insurance coverage and expedite a distribution to creditors.

Please read all questions and instructions carefully, and answer to the best of your ability.

If you have an attorney, you should complete this form with the assistance of counsel.

This supplement applies to claims based on Sexual Abuse, which is defined as:

Any claim (as defined in section 101(5) of the Bankruptcy Code) against The Diocese of Buffalo, N.Y. (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.

Counsel may sign this Questionnaire on behalf of their clients.

(Form begins on the next page)

PART 1: CONFIDENTIALITY

The information you share in this Questionnaire will be kept strictly confidential if it is submitted to Stretto, the Diocese's claims agent at the following address:

The Diocese of Buffalo N.Y., Claims Processing c/o Stretto, 8269 E. 23rd Avenue, Suite 275, Denver, Colorado 80238

Only parties authorized by the Court, including the Diocese, the Official Committee of Unsecured Creditors (comprised of survivors of sexual abuse), insurers, and counsel to these parties, will be authorized to review the forms on a confidential basis.

PART 2: IDENTIFYING INFORMATION

Sexual Abuse Claimant

First Name	Middle Initial	Last Name	Suffix (if any)
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Mailing Address

City	State/Province	Zip Code (Postal Code)
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(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, list your current address).

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 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:

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: _____

Have you been known by any other names (including maiden name, if applicable)?

(Form continues on the next page)

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

Attorney & Law Firm Name:

Address:

Telephone & Email Address:

(Form continues on the next page)

PART 3: INFORMATION REGARDING SEXUAL ABUSE

(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 or provide the name of the court and case number. Also please respond to the questions below.*

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.

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?

c. If the abuser was affiliated with a parish, please identify the parish.

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

e. 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.

f. 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, or school year and grade).

g. How old you were when the Sexual Abuse began and ended? If you do not recall the exact date, please try to provide as much information as possible, such as the year and season (fall, winter, spring, or summer, or school year and grade).

h. Please describe the nature of the abuse. If you are able, please specify what happened (e.g., the circumstances, approximate number of occurrences, frequency, duration, and type(s) of Sexual Abuse).

i. 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 emotions, education, employment, personal relationships, health, or faith.

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

k. 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 describe, in as much detail as possible, who the claim was asserted against, when the claim was asserted, and the result of such claim?

l. Did you tell anyone about the Sexual Abuse (including parents, relatives, friends, counselors, teachers, doctors, therapists, law enforcement, or representatives of the Diocese or any school or parish) and, if so, whom did you tell? If you did tell anyone, what did you tell that person? You do not need to disclose any communications you had with an attorney.

PART 4: BACKGROUND INFORMATION

- a. Education – Please list all educational institutions you have attended including the names of the school, city and state.
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- b. Marital History – 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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- c. Employment – Please list your employment history for the past 10 years including name of employer and position.
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(Form continues on the next page)

PART 5: CERTIFICATION

Under penalty of perjury, I declare the foregoing statements to be true and correct to the best of my knowledge. Counsel may sign this Questionnaire on behalf of a client.

Print Name: _____

Sign Name: _____

Print Date: _____

If you are signing the claim on behalf of a minor, decedent or incapacitated person, please state your relationship to the Sexual Abuse Claimant below:
