

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:
