

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF VERMONT**

In re:

Roman Catholic Diocese of Burlington,
Vermont,

Case No.: 24-10205-HZC
Chapter 11 Case

Debtor.

CONFIDENTIAL SURVIVOR CLAIM FORM AND OPTIONAL SUPPLEMENT

IMPORTANT:
THIS FORM MUST BE RECEIVED BY NO LATER THAN
APRIL 4, 2025

This Confidential Survivor Proof of Claim has two separate components: (1) a mandatory three-page “Official Form 410” attached hereto (“Proof of Claim”), and (2) an optional Confidential Survivor Supplement, also attached hereto (“Supplement”). When submitting your Proof of Claim in this case, you are also strongly encouraged also to complete the Supplement and include it as an attachment to your Proof of Claim. Submitting the completed Supplement at the outset will help streamline the process of identifying claims and all potential applicable insurance and expedite distributions to creditors. Filling out the Supplement in full will allow for a better understanding of the facts supporting your sexual abuse claim against the Roman Catholic Diocese of Burlington, Vermont (the “Diocese”). This information will be used in, among other things, efforts to consensually resolve the issues in this chapter 11 case. Additionally, providing the information requested in this Supplement may reduce the likelihood that the parties to the bankruptcy case will need to seek more information from you through a deposition, written interrogatories, or other methods of discovery.

Carefully read the instructions included with this Proof of Claim and complete ALL applicable questions. Please print clearly and use blue or black ink. Please send the **original** to the Claims and Noticing Agent for this case, Stretto, Inc., at the following address:

Roman Catholic Diocese of Burlington, Vermont
Claims Processing
c/o Stretto, Inc.
410 Exchange, Suite 100
Irvine, CA 92602.

Alternatively, you may submit the Proof of Claim electronically through Stretto Inc.’s case website at: <https://case.stretto.com/dioceseofburlington/fileclaim>.

THIS PROOF OF CLAIM IS FOR SURVIVORS OF SEXUAL ABUSE ONLY. YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER.

A sexual abuse claim includes any claim arising from “childhood sexual abuse” or “childhood physical abuse” as those terms are defined in 12 V.S.A. § 522 for which such persons believe that the Diocese may be liable.

TO BE VALID, THIS PROOF OF CLAIM MUST BE SIGNED BY YOU OR YOUR ATTORNEY. IF THE SURVIVOR IS DECEASED OR INCAPACITATED, THE FORM MAY BE SIGNED BY THE SURVIVOR’S REPRESENTATIVE OR THE ATTORNEY FOR THE ESTATE. IF THE SURVIVOR IS A MINOR, THE FORM MAY BE SIGNED BY THE SURVIVOR’S PARENT OR LEGAL GUARDIAN, OR THE SURVIVOR’S ATTORNEY. IF THE SURVIVOR DIES AFTER THE SUBMISSION OF THIS FORM, BUT BEFORE THE CLAIM IS RESOLVED, NOTIFICATION OF THE DEATH MUST BE PROVIDED TO STRETTO, INC. AT THE ADDRESS ABOVE.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152, 3571.

UNLESS YOU INDICATE OTHERWISE IN PART I BELOW, YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL, AND OUTSIDE THE PUBLIC RECORD. HOWEVER, INFORMATION IN THIS CLAIM WILL BE PROVIDED, PURSUANT TO COURT-APPROVED CONFIDENTIAL GUIDELINES, TO COUNSEL FOR THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS AND OTHER COURT-APPROVED THIRD PARTIES, IN ORDER TO EVALUATE THE CLAIM.

YOUR PROOF OF CLAIM MAY BE DISPUTED OR HONORED IN WHOLE OR IN PART. THE DIOCESE RESERVES THE RIGHT TO OBJECT OR TO ASSERT OFFSETS OR DEFENSES AGAINST ANY FILED PROOF OF CLAIM.

PART I: CONFIDENTIALITY

THIS 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 BOX AND SIGNING BELOW.

I want my Proof of Claim (along with any accompanying exhibits and attachments) to be made public.

Fill in this information to identify the case:

Debtor:

Roman Catholic Diocese of Burlington, Vermont

Case Number:

24-10205

United States Bankruptcy Court for the District of Vermont

Official Form 410

Proof of Claim

12/24

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?**

No

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 _____

Number Street _____

Number Street _____

City State ZIP Code _____

City State ZIP Code _____

Contact phone _____

Contact phone _____

Contact email _____

Contact email _____

Uniform claim identifier (if you use one):

4. **Does this claim amend one already filed?**

No

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?**

No

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 one:*

- | | |
|---|--|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | Amount entitled to priority
\$ _____ |
| <input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) 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). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/25 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)(3) 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 _____

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF VERMONT**

In re:

Roman Catholic Diocese of Burlington,
Vermont,

Case No.: 24-10205-HZC
Chapter 11 Case

Debtor.

OPTIONAL CONFIDENTIAL SURVIVOR SUPPLEMENT TO OFFICIAL FORM 410

DO NOT FILE THIS DOCUMENT WITH THE COURT

This supplement to Official Form 410 (“Supplement”) is not required to be filed in order for holders of Survivor Claims to be deemed properly submitted. However, the Diocese recommends that any person asserting a Survivor Claim voluntarily complete this form in full and submit it with the Confidential Survivor Proof of Claim (designated “Official Form 410”). Completing this Supplement in full will allow for a better understanding of the facts supporting your Survivor Claim against the Diocese. This information will be used by the Diocese, the Committee, and other parties in interest bound by strict confidentiality agreements in, among other things, their efforts to consensually resolve the issues in this Bankruptcy Case. Additionally, providing the information requested in this Supplement may reduce the likelihood that parties to the Bankruptcy Case will need to seek more information from you at some later date under more formal procedures (e.g., deposition, written interrogatories, or other methods of discovery).

PART 1: CONFIDENTIALITY

The information you share will be kept strictly confidential. This form and the information in it may be provided, pursuant to confidentiality procedures approved by the Bankruptcy Court, to the Diocese, the Official Committee of Unsecured Creditors, and to such other persons as the Bankruptcy Court may authorize. Please be assured that these parties have agreed and are required to keep your information strictly confidential.

PART 2: IDENTIFYING INFORMATION

A. Survivor

First Name	Middle Initial	Last Name	Jr/Sr/III
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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, your current address.)

City	Sate/Prov.	Zip Code (Postal Code)	Country (if other than USA)
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Telephone No(s):
Home: _____ Work: _____ Cell: _____

Email address: _____

If you are in jail or prison, your identification number: _____

May we leave voicemails for you regarding your claim: Yes No

May we send confidential information to your email: Yes No

Birth Date: _____
 Month Day Year

Gender: _____

Last Four Digits of Social Security Number: XXX-XX- _____

Any other name(s) or alias(es) by which the Survivor has been known:

B. Survivor's Attorney (if any – do not list counsel for the Diocese or the Official Creditors Committee):

Law Firm Name

Attorney's First Name	Middle Initial	Last Name
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Street Address

City	Sate/Prov.	Zip Code (Postal Code)	Country (if other than USA)
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Telephone No.	Fax No.	Email Address
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PART 3: NATURE OF ABUSE
(Attach additional separate sheets if necessary)

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

1. Who committed each act of sexual abuse?

2. 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?

4. If the abuser was affiliated with a church, parish, school, or Diocesan organization, please identify such church, parish, school, or organization (please include city or neighborhood if possible).

4. Where did the sexual abuse take place? Please be specific and complete all relevant information that you know, including the City and State, name of the parish or school (if applicable), and/or the names of any other location.

5. When did the sexual abuse take place?

a. Please be as specific as possible. If you can, please indicate the day, month, and year. If you cannot recall the month, please try to recall the season (fall, winter, spring, summer).

b. If you were sexually abused on more than one occasion, please state when the abuse started, when it stopped, and how many times it occurred.

c. Please also state your age(s) and your grade(s) in school (if applicable) at the time the abuse took place.

6. Please provide a detailed description of the nature of the abuse. What happened? Please use additional pages and attach them to this Supplement, if necessary.

7. Did you tell anyone about the sexual abuse (this would include parents, relatives, friends, the Diocese, attorneys, counselors, and law enforcement authorities), even if not in its entirety? You do not need to disclose any communications you had with your attorney.

a. If "Yes," who did you tell?

b. What did you say?

c. When did you tell this person or persons about the abuse?

d. If you know, what did the person or persons do in response?

7. Where there any witnesses? If so, please list their name(s) and any contact information you have, including addresses.

PART 5: IMPACT OF ABUSE
(Attach additional separate sheets if necessary)

1. Please describe in detail what injuries (including physical, mental, and/or emotional) have occurred to you because of the act or acts of abuse or other wrongful conduct that resulted in the claim (for example, the effect on your education, employment, personal relationships, health, and any physical injuries)?

2. Have you sought counseling or other treatment for your injuries? If “Yes,” with whom and when?

PART 6: ADDITIONAL INFORMATION

1. Prior Non-Bankruptcy Claims: Have you previously filed any lawsuit seeking damages for the sexual abuse described in this claim?

Yes No (if “Yes,” please answer the questions below and attach a copy of any filed complaint)

- a. Where and when did you file the lawsuit?

- b. Who were the parties to the lawsuit and what was the case number?

- c. What was the result of that lawsuit?

2. Prior Bankruptcy Claims: Have you filed any claims in any other bankruptcy case relating to the sexual abuse described in this claim?

Yes No (if “Yes,” please attach a copy of any completed claim form)

3. Any Settlements: Regardless of whether a complaint was ever filed against any party because of the sexual abuse, have you settled any claim or demand relating to the sexual abuse described in this claim?

Yes No (if "Yes," please describe, including parties to, the settlement and attach a copy of any settlement agreement)

4. 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: _____