| Fill in this information to identify the case:                       |              |  |  |  |  |  |  |
|--|--------------|--|--|--|--|--|--|
| Debtor:  | Case Number: |  |  |  |  |  |  |
| The Roman Catholic Diocese of Ogdensburg, New York                   | 23-60507     |  |  |  |  |  |  |
| United States Bankruptcy Court for the Northern District of New York |              |  |  |  |  |  |  |

## Official Form 410

Proof of Claim 04/22

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 ☐ No acquired from ☐ Yes. From whom? someone else? 3. Where should notices Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if and payments to the different) creditor be sent? Federal Rule of Name Name Bankruptcy Procedure (FRBP) 2002(g) Number Number Street Street City State ZIP Code State ZIP Code Contact phone Contact phone Contact email Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one): Does this claim amend ☐ No one already filed? ☐ Yes. Claim number on court claims registry (if known) \_\_\_\_ Filed on MM / DD / YYYY ☐ No 5. Do you know if anyone else has filed a proof ☐ Yes. Who made the earlier filing? \_ of claim for this claim?

| 6. Do you have any number you use to identify 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? | ipal residence, file a Mortgage Proof of Claim<br>Proof of Claim.  |  |  |  |  |  |  |
|  |                                      | Basis for perfection:  Attach redacted copies of documexample, a mortgage, lien, certification been filed or recorded.)  | ence of perfection of a security interest (for ment, or other document that shows the lien has |  |  |  |  |  |
|  |                                      | Value of property:   | \$   |  |  |  |  |  |
|  |                                      |  |  |  |  |  |  |  |
|  |                                      | Amount of the claim that is see  | cured: \$  |  |  |  |  |  |
|  |                                      | Amount of the claim that is see  | secured: \$  | (The sum of the secured and unsecured  |  |  |  |  |
|  |                                      |  | secured: \$  | (The sum of the secured and unsecured amounts should match the amount in line 7.                   |  |  |  |  |
|  |                                      | Amount of the claim that is un   | secured: \$ default as of the date of  | (The sum of the secured and unsecured amounts should match the amount in line 7.                   |  |  |  |  |
| 10   | Is this claim based on a lease?      | Amount of the claim that is un  Amount necessary to cure any  Annual Interest Rate (when cas   | default as of the date of e was filed)%  | (The sum of the secured and unsecured amounts should match the amount in line 7.  the petition: \$ |  |  |  |  |

| 12. Is all or part of the claim   | ☐ No  |                  |                   |  |                |           |                             |
|---|---|------------------|-------------------|--|----------------|-----------|-----------------------------|
| entitled to priority under 11 U.S.C. § 507(a)?  | ☐ Yes. Check  | one:             |                   |  |                |           | Amount entitled to priority |
| A claim may be partly priority and partly   | Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).                                     |                  |                   |  |                |           | \$                          |
| nonpriority. For example, in some categories, the law limits the amount entitled to priority.   | 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). |                  |                   |  |                |           |                             |
| challed to phonly.  | ☐ Wages,<br>bankrup<br>11 U.S.  | \$               |                   |  |                |           |                             |
|   | ☐ Taxes o   | r penalties owe  | d to governmer    | governmental units. 11 U.S.C. § 507(a)(8). |                |           | \$                          |
|   | ☐ Contribu  | ıtions to an emp | oloyee benefit p  | olan. 11 U.S.C. § 507                      | 7(a)(5).       |           | \$                          |
|   | _   |                  |                   | . § 507(a)() that a                        |                |           | \$                          |
|   | * 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  | Check the appro   | priate box:      |                   |  |                |           |                             |
| sign and date it.   | ☐ I am the cre  | ditor.           |                   |  |                |           |                             |
| FRBP 9011(b).   | ☐ I am the cre  | ditor's attorney | or authorized a   | agent.                                     |                |           |                             |
| If you file this claim  | ☐ I am the tru  | stee, or the deb | tor, or their aut | horized agent. Bank                        | ruptcy Rule 30 | 04.       |                             |
| electronically, FRBP<br>5005(a)(2) authorizes courts<br>to establish local rules  | ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.  |                  |                   |  |                |           |                             |
| specifying what a signature is.  I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that whe amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. |   |                  |                   |  |                |           |                             |
| A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5  | I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.                |                  |                   |  |                |           |                             |
| years, or both.  18 U.S.C. §§ 152, 157, and  3571.  |   |                  |                   |  |                |           |                             |
| 3371.   | Executed on date  MM / DD / YYYY  |                  |                   |  |                |           |                             |
|   |   |                  |                   |  |                |           |                             |
|   | Signature   |                  |                   |  |                | -         |                             |
| Print the name of the person who is completing and signing this claim:  |   |                  |                   |  |                |           |                             |
|   | Name  | <del></del>      |                   |  |                |           |                             |
|   |   | 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          |           |                             |