

Fill in this information to identify the case:

# The Roman Catholic Diocese of Syracuse, New York

## Case Number: 20-30663

United States Bankruptcy Court for the Northern 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?	<input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10. Is this claim based on a lease?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$_____
11. Is this claim subject to a right of setoff?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input type="checkbox"/> No	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Yes. Check all that apply:	
	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<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 4/01/22 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

**United States Bankruptcy Court  
Northern District of New York  
Chief Judge Margaret Cangilos-Ruiz  
In re Roman Catholic Diocese of Syracuse  
Case Number 20-30663**

**Confidential Sexual Abuse Claim Supplement**

When submitting your Proof of Claim in this case, the court strongly encourages you to complete this supplemental form, which the court has approved, 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 do not complete and include this supplemental form as an attachment to your filed claim, your failure to do so may be the basis for a valid objection to your claim.**

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

Knowingly and fraudulently submitting false information to a court is a crime punishable by fine, imprisonment, or both. 18 U.S.C. §§ 152, 157, 3571.

*(Form begins on the next page)*

## **PART 1: CONFIDENTIALITY**

The information you share will be kept strictly confidential. You may indicate below that you waive this confidentiality.

However, this form and the information in it 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.

Please be assured that these parties have agreed to keep your information strictly confidential.

Check **only one** below:

- I wish to keep my identity and this proof of claim CONFIDENTIAL.
- I authorize my name, identity and this proof of claim (together with any exhibits and attachments) to be made PUBLICLY AVAILABLE AND PART OF THE PUBLIC RECORD.

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

Sign Name: \_\_\_\_\_

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

**If you do not check either box, if you check both boxes, or if you do not provide your name and signature, your claim and this form will remain confidential.**

*(Form continues on the next page)*

## PART 2: IDENTIFYING INFORMATION

### Sexual Abuse Claimant

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

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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:

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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: \_\_\_\_\_

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

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

Attorney & Law Firm Name:  
\_\_\_\_\_  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone & Fax Numbers:  
\_\_\_\_\_  
\_\_\_\_\_

*(Form continues on the next page)*

### **PART 3: NATURE OF COMPLAINT**

(Attach additional separate sheets if necessary. If you are filling out this form electronically, please use the program to add more sheets if you need them.)

**NOTE:** *If you have previously filed a lawsuit against the Diocese in State or Federal Court, please attach the complaint and 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.

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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, or school year and grade).

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**f. Do you know 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).

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**g. 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).

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**h. Have you experienced injury and/or damages 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.

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**i. 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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**j. Did you tell anyone about the Sexual Abuse 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.

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#### **PART 4: CERTIFICATION**

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

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

Sign Name: \_\_\_\_\_

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:**

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