

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

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)?

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.

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 church, parish, school, or Diocesan organization, please identify such church, parish, school or organization.

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.

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).

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).

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).

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.

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).

j. Did you tell anyone of the 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.

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:

