

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF MINNESOTA

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In re:

Case No.: 15-50792

Diocese of Duluth,

Chapter 11

Debtor-in-Possession.

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**SEXUAL ABUSE PROOF OF CLAIM**

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**IMPORTANT:**  
**THIS FORM MUST BE RECEIVED NO LATER THAN**  
**MAY 25, 2016**

Carefully read the instructions included with this SEXUAL ABUSE PROOF OF CLAIM and complete ALL applicable questions. Please print clearly and use blue or black ink. Send the **original** to the U.S. Bankruptcy Court Clerk at the following address: Office of the Clerk of Court, U.S. Bankruptcy Court District of Minnesota, 301 U.S. Courthouse, 300 South Fourth Street, Minneapolis, MN 55415 Attention: Heidi.

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

A sexual abuse claim includes any claim arising from sexual abuse as that term is defined in Minnesota Statutes § 541.073(1), as well as from molestation, rape, undue familiarity, sexually-related physical, psychological or emotional harm, or contacts or interactions of a sexual nature between a child and an adult, or a non-consenting adult and another adult 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 SEXUAL ABUSE CLAIMANT IS DECEASED OR INCAPACITATED, THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE CLAIMANT'S REPRESENTATIVE OR THE ATTORNEY FOR THE ESTATE. IF THE SEXUAL ABUSE CLAIMANT IS A MINOR, THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE CLAIMANT'S PARENT OR LEGAL GUARDIAN, OR THE SEXUAL ABUSE CLAIMANT'S ATTORNEY. IF THE SEXUAL ABUSE CLAIMANT DIES AFTER THE SUBMISSION OF THIS FORM, BUT BEFORE THE CLAIM IS RESOLVED, NOTIFICATION OF THE DEATH MUST BE PROVIDED TO THE COURT 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 and 3571.

**UNLESS YOU INDICATE OTHERWISE IN PART 1 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 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 DEBTOR RESERVES THE RIGHT TO OBJECT OR TO ASSERT OFFSETS OR DEFENSES AGAINST ANY FILED PROOF OF CLAIM FORM**

**PART 1: CONFIDENTIALITY**

**THIS SEXUAL ABUSE 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 kept **confidential**.
- I want my Proof of Claim (along with any accompanying exhibits and attachments) to be made **public**.

Please verify this election by signing directly below.

Signature: \_\_\_\_\_

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

**PART 2: IDENTIFYING INFORMATION**

**A. Sexual Abuse Claimant**

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name                      Jr/Sr/III

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                      State/Prov.                      Zip Code (Postal Code)                      Country  
(if other than USA)

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: \_\_\_\_\_     Male     Female  
                    Month                      Day                      Year

Last Four Digits of Social Security Number: XXX-XX- \_\_\_\_\_

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

**B. Sexual Abuse Claimant’s Attorney (if any. Do not list counsel for the Debtors or the Official Creditors Committee):**

\_\_\_\_\_  
Law Firm Name

\_\_\_\_\_  
Attorney’s First Name                      Middle Initial                      Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State/Prov.                      Zip Code (Postal Code)                      Country  
(if other than USA)

\_\_\_\_\_  
Telephone No.                      Fax No.                      E-mail address

**PART 3: BACKGROUND INFORMATION**

1. Are you currently married?  
 Yes     No (If “Yes,” please identify the name of your spouse and marriage date.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you previously been married?  
 Yes     No (If “Yes,” please identify your former spouse and, as applicable, the date(s) of any dissolution, divorce, separation or widowhood.)

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3. Do you have children?

Yes  No (If “Yes,” please identify their names and birthdates. If any children have died, please provide their date of death.)

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4. What schools have you attended? For each school, please identify the months and years of your attendance. If you cannot recall the exact months when you began or ended each school year, please identify the season (fall, winter, spring, summer).

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5. Have you received a diploma or degree from any of the schools listed above?

Yes  No (If “Yes,” please identify each diploma or degree that you received and the year you received it.)

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6. Have you served in the armed forces?

Yes  No (If “Yes,” please identify the branch of service, the dates you served and, if you have been discharged, the type of discharge you received.)

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7. Are you currently employed?

Yes  No (If “Yes,” please identify the name of the organization where you are employed, the date that your employment began and your job title.)

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8. What is your employment history? Please provide the following information about each place you have previously been employed: (i) the name of the organization where you were employed; (ii) the dates of employment; (iii) your job title(s); and (iv) your reason for leaving the place of employment.

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9. Have you been self-employed?

Yes  No (If “Yes,” please provide your job responsibilities and any business name you used. Please also provide the dates of this business.)

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10. Are you retired?

Yes  No (If “Yes,” when did you retire? )

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11. Part 4 below will ask you about the nature of your complaint against the Diocese of Duluth. Other than the incident(s) of sexual abuse described in Part 4, have you ever been sexually abused by anyone else? If “Yes,” please describe this abuse, including the date of the abuse and the identity of the abuser.

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**PART 4: NATURE OF ABUSE**  
**(Attach additional separate sheets if necessary)**

**NOTE: IF YOU HAVE PREVIOUSLY FILED A LAWSUIT AGAINST THE DEBTOR IN STATE OR FEDERAL COURT, YOU MAY ATTACH THE COMPLAINT. IF YOU DID NOT FILE A LAWSUIT, OR IF THE COMPLAINT DOES NOT CONTAIN**

**ALL OF THE INFORMATION REQUESTED BELOW, YOU MUST PROVIDE THE INFORMATION BELOW.**

1. Who committed each act of sexual abuse?

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2. What is the position, title or relationship to you of the abuser or individual who committed these acts?

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3. 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, school (if applicable) and/or the names of any other location.

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4. 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 of year (fall, winter, spring summer).

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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.

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

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5. Please describe in as much detail as possible the nature of the sexual abuse. What happened?

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6. Did you tell anyone about the sexual abuse (this would include parents, relatives, friends, the Diocese of Duluth, attorneys, counselors, and law enforcement authorities)?

a. If “Yes,” who did you tell? Please list the name(s) and any contact information you have.

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b. What did you say?

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

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

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

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8. Do you personally know or have reason to believe that the Diocese of Duluth knew that your abuser was abusing you or others before or during the period when such abuse occurred? If “Yes”, please provide all information that supports your conclusion, including the information requested in items 8(a) through 8(e) below.

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a. Who at the Diocese knew that your abuser was abusing you or others?

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b. How did such person or persons at the Diocese learn this information? For example, did you report the abuse to someone from the Diocese? Did someone else tell you they reported it to someone from the Diocese? Did someone from the Diocese witness the abuse?

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c. When did such person or persons at the Diocese learn this information?

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d. What exactly was the person or persons from the Diocese told or what exactly did they observe?

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e. How did you come to have the information you provided in response to the questions above?

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**PART 5: IMPACT OF ABUSE**

(Attach additional separate sheets if necessary)

1. What injuries have occurred to you because of the act or acts of sexual abuse that resulted in the claim (for example, the effect on your education, employment, personal relationships, health, and any physical injuries)?

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



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**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.)

a. Where and when did you file the lawsuit?

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

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c. What was the result of that lawsuit?

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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,” you are required to attach a copy of any completed claim form.)

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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. You are required to attach a copy of any settlement agreement.)

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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:** \_\_\_\_\_