

Fill in this information to identify the case:Debtor Franciscan Friars of California, Inc.

United States Bankruptcy Court for the Northern District of California

Case number 23-41723**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 or 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?**

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Country _____

Contact phone _____

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____

Where should payments to the creditor be sent? (if different)

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Country _____

Contact phone _____

Contact email _____

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 amount 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 all that apply:

Amount entitled to priority

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ 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).

\$ _____

☐ 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).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ 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)(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 acknowledgement 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 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 Country

Contact phone _____ Email _____

Instructions for Proof of Claim

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

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

How to fill out this form

■ **Fill in all of the information about the claim as of the date the case was filed.**

■ **Fill in the caption at the top of the form.**

■ **If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.**

■ **Attach any supporting documents to this form.**

Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* on the next page.)

Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).

■ **Do not attach original documents because attachments may be destroyed after scanning.**

■ **If the claim is based on delivery health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.**

PLEASE SEND COMPLETED PROOF(S) OF CLAIM TO:**IF BY U.S. POSTAL SERVICE MAIL**

Donlin, Recano & Company, LLC
Re: Franciscan Friars of California, Inc.
P.O. Box 2053
New York, NY 10272-2042

IF BY HAND DELIVERY OR OVERNIGHT DELIVERY:

Donlin, Recano & Company, LLC
c/o Angeion Group
Re: Franciscan Friars of California, Inc.
200 Vesey Street, 24th Floor
New York, NY 10281

Alternatively, your claim can be filed electronically at

- (i) <https://www.donlinrecano.com/Clients/ffc/FileClaim> for General Claims (defined in the *Order Establishing Deadlines For Filing Proofs Of Claim And Approving The Form And Manner Of Notice Thereof*), or
- (ii) <https://www.donlinrecano.com/Clients/ffc/FileSurvivorClaim> for Sexual Abuse Claims (defined in the *Order Establishing Deadlines For Filing Proofs Of Claim And Approving The Form And Manner Of Notice Thereof*).

■ **A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth.** See Bankruptcy Rule 9037.

■ **For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian.** For example, write A.B., a minor child (*John Doe, parent, 123 Main St., City, State*). See Bankruptcy Rule 9037.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, either enclose a stamped self-addressed envelope and a copy of this form or you may view a list of filed claims in this case by visiting the Claims and Noticing and Agent's website at <https://www.donlinrecano.com/Clients/ffc/ClaimsSearch>.

Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing that bankruptcy estate. 11 U.S.C. § 503.

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. §101 (10).

Debtor: A person, corporation, or other entity to who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. §101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. §507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

Redaction of information: Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

Do not file these instructions with your form.

Secured claim under 11 U.S.C. §506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION

In re:

FRANCISCAN FRIARS OF CALIFORNIA,
INC.,
Debtor.

Case No. 23-41723 WJL

Chapter 11

Judge: Hon. William J. Lafferty

**OPTIONAL SUPPLEMENT TO OFFICIAL FORM 410 FOR
USE BY SEXUAL ABUSE CLAIMANTS**

DO NOT FILE THIS DOCUMENT WITH THE COURT

This supplement to Official Form 410 (this “**Supplement**”) is *not* required to be filed by holders of claims arising out of sexual abuse against the Franciscan Friars of California, Inc. (the “**Debtor**”) in order to properly file a claim against the Debtor. ***But the Debtor and the Official Committee of Unsecured Creditors (the “Committee”) strongly recommend that any person asserting a sexual abuse claim fill out this form in full and file it with Official Form 410 no later than August 30, 2024 at 5:00 pm PT.*** Filling out this Supplement in full will allow the Debtor and the Committee to understand the facts supporting your sexual abuse claim against the Debtor. This information will be used by the Debtor and the Committee in, among other things, their 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. If you choose not to complete this form, then it may be more likely that you will be asked to provide additional information regarding your claim, or that there may be an objection to your claim.

Please carefully read the following instructions included with this Supplement and complete all applicable questions to the extent of your knowledge or recollection. If you do not know the answer to an open-ended question, you can write “I don’t know” or “I don’t recall” if either is the case. If a question does not apply, please write “N/A.” If you are completing this form in hard copy, please write or type clearly using blue or black ink.

If you choose to complete and submit this Supplement, the Debtor and the Committee strongly recommend that it be completed at the same time that you complete the official proof of claim form, Official Form 410. However, the failure to file this Supplement with your official proof of claim form will not be a basis upon which to disallow your claim.

Claims properly filed in accordance with these instructions may later be amended to, among other things, supplement, modify, correct, or clarify the information provided herein by properly filing a subsequent Supplement and referring back to the originally filed claim.

1 To file this Supplement, it must be actually received by Donlin Recano & Company, Inc.,
2 the claims and noticing agent (the "**Claims Agent**") for the Debtor by either filing it:

3 (i) Electronically using the interface available at:
4 <https://www.donlinrecano.com/Clients/ffc/FileSurvivorClaim>;

5 (ii) by mail to the Claims Agent at the following address: Donlin, Recano &
6 Company, LLC, Re: Franciscan Friars of California, Inc., P.O. Box 2053,
7 New York, NY 10272-2042; or

8 (iii) by overnight mail or hand-delivery to the Claims Agent at the following
9 address: Donlin, Recano & Company, LLC, c/o Angeion Group, Re:
10 Franciscan Friars of California, Inc., 200 Vesey Street, 24th Floor, New
11 York, NY 10281.

12 Supplements sent by any other means (such as facsimile transmission or email, or through
13 a different manner than described in (i), (ii) and (iii) above) **will not** be accepted.
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1 For this Supplement to be valid, the Sexual Abuse Claimant, or his/her attorney, must sign
2 this form. If the Sexual Abuse Claimant is deceased or incapacitated, the Supplement must be
3 signed by the Sexual Abuse Claimant's representative or the attorney for the Sexual Abuse
Claimant's estate.

4 If the Sexual Abuse Claimant is a minor, the Supplement must be signed by the Sexual
5 Abuse Claimant's parent, legal guardian, or attorney. Any Supplement signed by a representative
6 or legal guardian must attach documentation establishing such person's authority to sign the claim
for the Sexual Abuse Claimant.

7 Who Should File a Supplement?

8 This Supplement should only be filed by Sexual Abuse Claimants who allege Sexual Abuse
9 (defined below) on or before the date the Debtor filed for bankruptcy protection, December 31,
10 2023.

11 Who Is a Sexual Abuse Claimant?

12 The term "**Sexual Abuse Claimant**" refers to the person asserting a Sexual Abuse Claim
13 against the Debtor related to the Sexual Abuse Claimant's Sexual Abuse.

14 What is a Sexual Abuse Claim?

15 For the purposes of this Supplement, "**Sexual Abuse**" is any actual or alleged sexual
16 conduct or misconduct, sexual abuse or molestation, indecent assault and/or battery, rape,
17 pedophilia, ephebophilia, or sexually-related physical, sexually-related psychological, or sexually-
18 related emotional harm, or contacts, or interactions of a sexual nature between a child and an adult,
19 or an adult and another adult regardless of whether consensual or nonconsensual, sexual assault,
sexual battery, sexual psychological or emotional abuse, humiliation, or intimidation, or any other
conduct constituting a sexual offense of any type, kind, nature or description, incest, or use of a
child in a sexual performance.

20 A "**Sexual Abuse Claim**" is any claim (as "claim" is defined in section 101(5) of the
21 Bankruptcy Code) against the Debtor resulting or arising from, in whole or in part, directly or
22 indirectly, any Sexual Abuse and seeking monetary damages or any other relief, under any theory
23 of liability, including vicarious liability, any negligence-based theory, contribution, indemnity, or
any other theory based on any acts or failures to act by the Debtor or any other person or entity for
whose acts or failures to act the Debtor is or was allegedly responsible.

24 If you have a claim arising from other types of abuse, including non-sexual physical abuse,
25 non-sexual emotional abuse, bullying or hazing, you do not need to complete this Supplement.

Additional Information.

You may obtain additional information from the Claims Agent by: (1) calling toll free at (888) 444-4055 or (2) emailing inquiries to ffcinfo@drc.equiniti.com. You may wish to consult an attorney regarding this matter. The Claims Agent may not provide you with legal advice.

You may also obtain information from counsel for the Committee, Lowenstein Sandler LLP, by sending an email to: jprol@lowenstein.com or bweisenberg@lowenstein.com.

PART 1: CONFIDENTIALITY

This Supplement and the information contained herein will be kept confidential under the *Order Establishing Deadlines For Filing Proofs Of Claim And Approving The Form And Manner Of Notice Thereof* entered by the United States Bankruptcy Court for the Northern District of California (the “**Bankruptcy Court**”).

However, this Supplement may be provided, pursuant to confidentiality procedures approved by the Bankruptcy Court, to the Debtor, the Committee, the Debtor’s insurers, their respective counsel, the United States Trustee, and to such other persons as the Bankruptcy Court may authorize on a confidential basis. In addition, this Supplement may be required to be disclosed to governmental authorities under mandatory reporting laws in many jurisdictions. If any such disclosure is made to a governmental authority, Sexual Abuse Claimants will be notified at the time of the disclosure of their Supplement.

PART 2: IDENTIFYING INFORMATION

A. Identity of Sexual Abuse Claimant

First Name ___ Middle Initial ___ Last Name ___ Jr/Sr/III _____

Mailing Address (If the Sexual Abuse Claimant is incapacitated, is a minor, or is deceased, provide the address of the individual submitting the claim. If you are in jail or prison, provide the address of your place of incarceration):

Number and Street:					
City:		State:		Zip Code:	
Country (not USA):			Email Address:		
Telephone (Home):			Telephone (Cell):		
Attorney Email:			Attorney Phone:		

Social Security Number of Sexual Abuse Claimant (last four digits only): XXX- XX- _____

If the Sexual Abuse Claimant is in jail or prison, provide the Sexual Abuse Claimant's identification number:

For communications regarding this claim you may use (check the appropriate boxes):

Email ☐ US Mail ☐ Home Voicemail ☐ Cell Voicemail ☐

Birthdate of Sexual Abuse Claimant (only the month and year): (MM/YYYY): ____/____

Any other name, or names, by which the Sexual Abuse Claimant has ever been known:

Gender of Sexual Abuse Claimant: Male ☐ Female ☐ Other (specify) _____

B. If you have hired an attorney relating to the Sexual Abuse described in this Supplement, please provide his or her name and contact information

Law Firm Name:					
Attorney's Name:					
Number and Street:					
City:		State:		Zip Code:	
Country (not USA):			Email Address #1:		
Telephone (Work):			Email Address #2:		
Telephone (Cell):			Fax No.:		

PART 3: NATURE OF THE SEXUAL ABUSE

(Attach additional sheets if necessary)

For each of the questions listed below, please complete your answers to the best of your recollection.

Note: If you have previously filed a lawsuit about your Sexual Abuse in state or federal court, you must attach a copy of the complaint. If you have not filed a lawsuit, or if the complaint does not contain all of the information requested below, you should provide the information below to the extent of your recollection.

Please answer each of the following questions as best as you are able. **If you do not know or recall an answer, you may indicate that you do not know or recall the answer and move on to the next question.**

- A. Please identify each person who sexually abused you. If you do not remember the name of the sexual abuser(s), provide as much information about the individual that you recall and their relationship to the Debtor. Please identify the sexual abuser's position, title, or role.

- B. If you know whether the abuser was affiliated with a school, church, parish or religious organization, please identify such church, parish, school or organization. Please include the city or neighborhood if possible.

- C. Where did the Sexual Abuse occur? Please be as specific as possible and provide all relevant information that you recall, including the City and State, name of the religious parish, school, orphanage (if applicable) or any other location. Did it occur in more than one location? If so, please be as specific as possible and provide all relevant information that you recall including the City and State, names of the religious parish or school or orphanage (if applicable) or any other locations.

D. When did the first act of Sexual Abuse take place? If you do not remember the calendar date, please provide a range of dates or time of year (Fall, Spring, Winter, Summer).

E. If the Sexual Abuse took place on more than one date, please state approximately how many times it occurred and when it stopped. If you do not remember the calendar date(s), please provide a range of dates or time of year (Fall, Spring, Winter, Summer).

F. If you were sexually abused by more than one sexual abuser, indicate when the Sexual Abuse by each of the sexual abusers started and stopped. If you do not remember the calendar date, please provide a range of dates or time of year (Fall, Spring, Winter, Summer).

G. Please describe how you believe you were impacted, harmed, damaged, or injured as a result of the Sexual Abuse you described above. You can check the boxes, fill in the narrative, or both. **Please note that the boxes are not meant to limit the characterization or description of the impact(s) of your Sexual Abuse (Check all that apply).**

☐ Psychological / emotional health (including depression, anxiety, shame, suicidal thoughts, feeling numb, feeling of worthlessness, difficulty managing or feeling emotions including anger)

☐ Post-traumatic stress reactions (including intrusive images, feelings from the abuse, numbing or avoidance behaviors, emotion dissociation behaviors)

☐ Mental Health diagnoses (including Obsessive Compulsive

Disorder-OCD, Bipolar Disorder, Borderline Personality, Post Traumatic Stress Disorder- PTSD, Severe Depression, Generalized Anxiety)

- ☐ Physical health (including chronic disease, chronic undiagnosed pain or physical problems)
- ☐ Education (failing grades, not graduating high school, or being unable to finish other training or education)

If this box is checked, please also indicate your highest level of education completed or degree obtained:

No High School Degree or GED ☐

High School/GED ☐ Some College ☐

Associate's Degree ☐ Bachelor's

Degree ☐ Masters, PhD, MD, JD, or other higher education ☐

- ☐ Employment (including difficulties with supervisors, difficulty maintaining steady employment, being fired from jobs)

If this box is checked please also indicate:

Are you currently employed: Yes ☐ No ☐

If yes, please provide your current occupation and employer:

If no, please provide your former occupation:

- ☐ Intimate relationships (including difficulty maintaining emotional attachments with significant others, difficulty with sexual behavior, marriage, or infidelity)

If this box is checked, please also indicate:

Are you currently married: Yes ☐ No ☐

Have you ever been divorced: Yes ☐ No ☐

- ☐ Difficulties with parenting children, whether through challenges to attachment or overly protective parental behaviors

- ☐ Social relationships (including distrust of others, isolating yourself,

not being able to keep healthy relationships)

- ☐ Alcohol, prescription or illegal drug use, narcotics, self-harm (i.e. cutting), and/or substance abuse
- ☐ Other addictive behaviors, including gambling and sex addiction
- ☐ Loss of faith, religion, and/or spirituality
- ☐ Other (please explain and add any other information you remember to the categories above)

H. NARRATIVE SUMMARY: Please describe the Sexual Abuse in as much detail as you can recall in the lines below. You may attach additional pages if needed.

PART 4: ADDITIONAL INFORMATION

- A. Prior Litigation.** Was a lawsuit regarding the Sexual Abuse you have described in this Supplement filed by you or on your behalf?

Yes ☐ No ☐

If “Yes”, please identify the lawsuit. **You are also required to attach a copy of any filed lawsuit.**

If you previously filed a lawsuit, please indicate whether you filed a certificate of merit by checking the applicable box below:

Yes ☐ No ☐

- B. Prior Bankruptcy Claims.** Have you filed any claims in any other bankruptcy case relating to the Sexual Abuse you have described in this Supplement?

Yes ☐ No ☐

If “Yes”, please identify the bankruptcy case. You are also required to attach a copy of any completed claim form.

- C. Settlements.** Have you settled any claim, lawsuit or any other formal or informal claim relating to the Sexual Abuse you have described in this Supplement?

Yes ☐ No ☐

If “Yes,” please describe the settlement, including parties to the settlement. You are also required to attach a copy of any settlement agreement.

1 **D. Payments.** Have you ever received any payment from the Debtor or any
2 other person or entity on account of the Sexual Abuse you have described
3 in this Supplement, including by having the Debtor pay for therapy you
 received on account of the Sexual Abuse you have described in this
 Supplement?

4 ☐ Yes ☐ No (If “Yes,” please describe who paid you, when they paid you, and how much they
5 paid you.)

SIGNATURE

Check the appropriate box:

- ☐ I am the Sexual Abuse Claimant.
- ☐ I am the Sexual Abuse Claimant's attorney, guardian, kinship (or other authorized) caretaker, executor, or authorized representative.
- ☐ Other (describe):

I have examined the information in this Supplement and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing statements are true and correct.

Date: _____

Signature: _____

Print Name: _____

Relationship to Sexual Abuse Claimant (if not signed by the Sexual Abuse Claimant):

Address: _____

Contact Phone: _____

Email: _____