

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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

- 4 (i) Electronically using the interface available at:
5 <https://www.donlinrecano.com/Clients/fcc/FileSurvivorClaim>;
- 6 (ii) by mail to the Claims Agent at the following address: Donlin, Recano &
7 Company, LLC, Re: Franciscan Friars of California, Inc., P.O. Box 2053,
8 New York, NY 10272-2042; or
- 9 (iii) by overnight mail or hand-delivery to the Claims Agent at the following
10 address: Donlin, Recano & Company, LLC, c/o Angeion Group, Re:
11 Franciscan Friars of California, Inc., 200 Vesey Street, 24th Floor, New
12 York, NY 10281.

13 Supplements sent by any other means (such as facsimile transmission or email, or through
14 a different manner than described in (i), (ii) and (iii) above) **will not** be accepted.
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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
7 for the Sexual Abuse Claimant.

8 Who Should File a Supplement?

9 This Supplement should only be filed by Sexual Abuse Claimants who allege Sexual Abuse
10 (defined below) on or before the date the Debtor filed for bankruptcy protection, December 31,
11 2023.

12 Who Is a Sexual Abuse Claimant?

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

15 What is a Sexual Abuse Claim?

16 For the purposes of this Supplement, "**Sexual Abuse**" is any actual or alleged sexual
17 conduct or misconduct, sexual abuse or molestation, indecent assault and/or battery, rape,
18 pedophilia, ephebophilia, or sexually-related physical, sexually-related psychological, or sexually-
19 related emotional harm, or contacts, or interactions of a sexual nature between a child and an adult,
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.