

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA, FRESNO DIVISION

In re THE ROMAN CATHOLIC BISHOP OF FRESNO, Debtor-In-Possession	Case No. 25-12231-B-11 Chapter 11 INSTRUCTIONS FOR SURVIVOR CLAIM FORM
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IMPORTANT

**PLEASE COMPLETE THIS FORM SO THAT IT IS RECEIVED BY FEBRUARY 2, 2026
(THE “BAR DATE”)**

DO NOT FILE THIS DOCUMENT WITH THE BANKRUPTCY COURT

The Survivor Claim Form is for Survivor Claimants only. The Survivor Claim Form has two components: (1) a mandatory three-page “Official Form 410” (“Survivor Proof of Claim”), and (2) an optional Survivor Supplement (“Survivor Supplement” and together with the Survivor Proof of Claim, the “Survivor Claim Form”), both of which are attached hereto and **strictly confidential**. When submitting your Survivor Proof of Claim, you are **strongly encouraged** to also complete the optional Survivor Supplement and include it as an attachment to your Survivor Proof of Claim. Submitting the completed Survivor Supplement at the outset will help streamline the process of identifying claims and all applicable insurance and expedite distributions to creditors. Providing all of the information requested in this Survivor Supplement will allow for a better understanding of the facts supporting your sexual abuse claim against the Debtor. This information will be used in, among other things, efforts to consensually resolve the issues in this chapter 11 case. Additionally, providing the information requested in the Survivor 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.

Please carefully read the Notice included with the Survivor Claim Form and respond to all applicable questions to the best of your ability. If you have an attorney, you should complete this form with the assistance of counsel. Send the executed and completed Survivor Claim Form as follows:

If by mail, to:

Donlin, Recano & Company, LLC
Re: The Roman Catholic Bishop of Fresno
P.O. Box 2053
New York, NY 10272-2042

If by hand-delivery or overnight courier, to:

Donlin, Recano & Company, LLC
c/o Angeion Group
Re: The Roman Catholic Bishop of Fresno
200 Vesey Street, 24th Floor
New York, NY 10281

You may also submit your claim electronically at:

<https://bankruptcy.angeiongroup.com/Clients/rcbf/FileSurvivorClaim>.

Your Survivor Claim Form (the Survivor Proof of Claim and, if you choose, Survivor Supplement) must be mailed, delivered, or electronically submitted to Donlin, Recano & Company, LLC (“DRC”) so that it is received no later than February 2, 2026. Please note that a Survivor Claim Form submitted by facsimile, telecopy, or electronic mail transmission will not be accepted and will not be deemed filed.

FAILURE TO COMPLETE AND RETURN A PROOF OF CLAIM MAY RESULT IN YOUR INABILITY TO RECEIVE A DISTRIBUTION FROM THE ROMAN CATHOLIC BISHOP OF FRESNO, ALSO KNOWN AS THE DIOCESE OF FRESNO (REFERRED TO HERE AS THE “DEBTOR”), AND VOTE ON A PLAN OF REORGANIZATION.

YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL AND OUTSIDE THE PUBLIC RECORD OF THE BANKRUPTCY COURT. HOWEVER, THE SURVIVOR PROOF OF CLAIM AND THE INFORMATION IN THE SURVIVOR SUPPLEMENT WILL BE PROVIDED TO THE DEBTOR, THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS, CERTAIN INSURERS OF THE DEBTOR, AND TO SUCH OTHER PERSONS AS THE BANKRUPTCY COURT DETERMINES NEED THE INFORMATION IN ORDER TO EVALUATE THE CLAIM, ONLY UNDER STRICT, COURT-APPROVED CONFIDENTIALITY PROTOCOLS.

For the purposes of the Survivor Claim Form a **Survivor Claim** is defined as any claim (as defined in 11 U.S.C. § 101(5)) against the Debtor resulting or arising or related to in whole or in part, directly or indirectly from any actual or alleged sexual conduct or misconduct, grooming, sexual abuse or molestation, indecent assault and/or battery, rape, pedophilia, ephebophilia, or sexually-related physical, psychological, or emotional harm, or contacts, or interactions of a sexual nature between a child and an adult, or a nonconsenting adult and another adult, sexual assault, sexual battery, sexual psychological or emotional abuse, humiliation, intimidation, any other conduct constituting a sexual offense, or any other sexual misconduct, and seeking monetary damages or any other relief based upon the conduct described above, under any theory of liability, including but not limited to, vicarious liability, any negligence-based theory, conspiracy, fraudulent concealment, intentional tort, continuing tort, public nuisance, invasion of privacy, breach of alleged duties imposed by *The Charter for the Protection of Children and Young People*, Canon Law, or other Catholic Church documents or principles, contribution, indemnity, or any other theory based upon 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 may be responsible, including but not limited to, claims against clergy, deacons, seminarians, employees, teachers, or volunteers. A Survivor Claim includes all claims for Childhood Sexual Assault, as that term is defined by California Code of Civil Procedure § 340.1(c).

A **Survivor Claimant** is defined as the person asserting a Survivor Claim against the Debtor, or if a minor or legally incapacitated adult, then his/her/their parent or legal guardian or custodian.

Abuse is defined as conduct giving rise to a Survivor Claim.

To be valid, the Survivor Claim Form must be signed by you or your attorney (if you are represented by one). If the Survivor Claimant is deceased or incapacitated, the Survivor Claim Form may be signed by the Survivor Claimant’s representative, executor of the estate, or the attorney for the estate. If the Survivor Claimant is a minor or legally incapacitated adult, the Survivor Claim Form may be signed by the Survivor Claimant’s parent or legal guardian or legal custodian, or the Survivor Claimant’s attorney.

If you need more space to answer any of the below questions, please attach additional sheets of paper and indicate what question to which your answer applies.

SURVIVOR PROOF OF CLAIM

Fill in this information to identify the case:

Debtor 1 The Roman Catholic Bishop of Fresno

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of California

Case number 25-12231-B-11

DO NOT FILE THIS DOCUMENT WITH THE BANKRUPTCY COURT. SEND A SIGNED ORIGINAL BY MAIL, HAND DELIVERY, OR OVERNIGHT COURIER TO: The Roman Catholic Bishop of Fresno, c/o Angeion Group, 200 Vesey Street, 24th Floor, New York, NY 10281; OR ELECTRONICALLY AT: <https://bankruptcy.angeiongroup.com/Clients/rcbf/FileSurvivorClaim>.

Official Form 410

Proof of Claim

04/25

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?

☐ No

☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Name

Number Street

City

State

ZIP Code

Contact phone

Contact email

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

Name

Number Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier (if you use one):

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?

SURVIVOR PROOF OF CLAIM

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 <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . ☐ 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 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) _____ % ☐ 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: _____

SURVIVOR PROOF OF CLAIM

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☐ No

☐ Yes. *Check one:*

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 \$3,800* 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 \$17,150*) 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 4/01/28 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)(3) 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 _____

SURVIVOR SUPPLEMENT

UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF CALIFORNIA, FRESNO DIVISION

In re

THE ROMAN CATHOLIC BISHOP OF
FRESNO,

Debtor-In-Possession

Case No. 25-12231-B-11

Chapter 11

**SURVIVOR SUPPLEMENT TO SURVIVOR
PROOF OF CLAIM (FOR USE BY SURVIVOR
CLAIMANTS TO ASSERT A SURVIVOR CLAIM)**

IMPORTANT

DO NOT FILE THIS DOCUMENT WITH THE BANKRUPTCY COURT

This **optional** supplement (“Survivor Supplement”) to Official Form 410 (“Survivor Proof of Claim”) is not required to be filed for holders of Survivor Claims¹ to have their Survivor Proofs of Claim be deemed properly submitted. However, any person asserting a Survivor Claim is encouraged to voluntarily complete this form in full and submit it with the Survivor Proof of Claim. Completing this Survivor Supplement in full will allow for a better understanding of the facts supporting your Survivor Claim against The Roman Catholic Bishop of Fresno, also known as the Diocese of Fresno (referred to here as the “Debtor”). This information will be used by the Debtor, the Committee, and other parties in interest, **who are all bound by strict confidentiality agreements** to, among other things, assist in their efforts to consensually resolve the issues in this Bankruptcy Case. Additionally, providing the information requested in this Survivor Supplement may reduce the likelihood that parties to the Bankruptcy Case will need to seek more information from you at some later date under more formal procedures (e.g., deposition, written interrogatories, or other methods of discovery). You may complete none, all, or any portion of this Survivor Supplement.

PART 1: CONFIDENTIALITY

The information you share will be kept strictly confidential. This Survivor Supplement and the information in it will be provided, pursuant to confidentiality procedures approved by the Bankruptcy Court, to the Debtor, certain insurers of the Debtor, the Official Committee of Unsecured Creditors, the United States Trustee, and to such other persons as the Bankruptcy Court may authorize. Please be assured that these parties have agreed and are required to keep your information strictly confidential.

¹ Undefined capitalized terms in this Survivor Supplement shall have the same meanings ascribed to them in the Instructions for Survivor Claim Form and Survivor Bar Date Notice.

SURVIVOR SUPPLEMENT

PART 2: IDENTIFYING INFORMATION

A. Survivor Claimant

First Name	Middle Initial	Last Name	Suffix
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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/Postal Code	Country (if other than USA)
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Telephone No(s):

Home: _____ Work: _____ Cell: _____

Email address: _____

Last 4 digits of Social Security Number: _____

If you are incarcerated, your jail or prison 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: _____ Gender: _____
Month Day Year

Any other name(s) by which the Claimant has been known: _____

B. Survivor Claimant's Attorney (if any)

Law Firm Name

Attorney's First Name	Middle Initial	Last Name
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Street Address

City	State/Prov.	Zip/Postal Code	Country (if other than USA)
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Telephone	Fax Number	Email Address
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SURVIVOR SUPPLEMENT

PART 3: NATURE OF COMPLAINT

(Attach additional sheets if necessary)

Note: If you have filed a lawsuit against The Roman Catholic Bishop of Fresno, also known as the Diocese of Fresno (the “Debtor”), in state or federal court, please attach the complaint with any Fact Sheets and Notices of Adoptions filed in that lawsuit. If you did not file a lawsuit, or if the complaint does not contain all of the information requested below, please provide the information below.

Please fill out this Part 3 and Part 4 for each Debtor-affiliated perpetrator.

- a. Who committed the acts of Abuse or other wrongful conduct? Please identify the person by complete name(s) or other description of each perpetrator to the best of your recollection. If you do not know the name(s) of each perpetrator, please identify them by title, position, or other description (*e.g.*, approximate age, height, weight, hair color, clothing worn, identifying marks, etc.).

- b. What was the perpetrator’s position, title, or relationship (professional or other) to you (if known)?

- c. Where did the Abuse or other wrongful conduct take place? Please be specific and complete all relevant information that you know, including the City and State, name of church, school, or parish (if applicable), and/or the name of any other location(s).

- d. When did the Abuse or other wrongful conduct take place? (Please be as specific as possible here. If you can, please indicate the month and year, grade level, etc. If you cannot recall the month, please try to recall the season (fall, winter, spring, or summer).)

1. If the Abuse or other wrongful conduct took place over a period of time (months or years), please state when it first started and when it stopped. (Please be as specific as possible. If you can, please indicate the month and year. If you cannot recall the month, please try to recall the season (fall, winter, spring, or summer).)

SURVIVOR SUPPLEMENT

2. If the Abuse or other wrongful conduct took place more than once, please state how many times it occurred. If you do not recall the exact number, please estimate.

3. Please state your age(s) and your grade(s) in school (if applicable) at the time the Abuse or other wrongful conduct took place. Please be as specific as possible.

- e. Please describe in as much detail as you can the nature of the Abuse and what happened (*e.g.*, circumstances, approximate number of occurrences, frequency, duration, and types of Abuse. Please use additional pages and attach them to this Proof of Claim as necessary).

- f. Were there any witnesses to the Abuse? If so, please identify the witnesses and their present location and contact information, if known.

- g. Are there any other individuals whom you believe knew about the Abuse and/or would be able to corroborate the Abuse, including persons currently or formerly employed by the Debtor? If so, what are their names?

- h. Did you tell anyone about the Abuse or other wrongful conduct, even if not in its entirety? If so, who did you tell, when, and what did you tell that person (this would include parents, relatives, friends, the Debtor, counselors, and law enforcement authorities)? You do not need to disclose any communications you had with your attorney.

SURVIVOR SUPPLEMENT

- i. Do you know if anyone told the Debtor or a church, school, parish, or organization affiliated with the Debtor about your abuse? If so, identify who told, who was told, and when.

- j. If subsequent wrongful conduct by the Debtor or its employees or officials caused you further trauma directly or indirectly related to the Abuse, please state:

1. When the conduct occurred:

2. What happened:

3. If known, identify by name, title, position, and/or relationship to you any individual involved in the conduct:

PART 4: IMPACT OF ABUSE

(Attach additional sheets if necessary)

Note: If more than one perpetrator is alleged, please answer the questions separately as to each perpetrator.

- a. Please describe in detail, being as specific as you can, what injuries (including physical, mental, and/or emotional) have occurred to you because of the act(s) of Abuse or other wrongful conduct that resulted in the claim (for example, the effect on your education, employment, personal relationships, health, physical injuries, or anything else).

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

SURVIVOR SUPPLEMENT

PART 5: ADDITIONAL INFORMATION

- a. **Prior Bankruptcy Claims:** Have you, or has anyone on your behalf, filed any claims in any other bankruptcy case relating to the Abuse described in this claim?

☐ Yes ☐ No (If Yes, please attach a copy of any completed claim form.)

If Yes, which case(s): _____

- b. **Prior Non-Bankruptcy Claims:** Have you, or anyone on your behalf, asserted or filed any claim or lawsuit seeking damages for the Abuse described in this claim?

☐ Yes ☐ No (If Yes, please attach a copy of any complaint in such lawsuit.)

If Yes, which case(s): _____

If Yes, did you file a certificate of merit (described in Cal. Code of Civ. Proc. § 340.1(f))?

☐ Yes ☐ No

- c. **Other Claims or Settlements:** Have you ever asserted a claim against the Debtor, or against any entity or individual other than the Debtor (including, but not limited to, any parish, church, school, or other organization) relating to Abuse or other wrongful conduct described in this claim?

☐ Yes ☐ No

If yes, please describe: when you asserted the claim, against whom the claim was asserted, the manner in which the claim was asserted (*e.g.*, a complaint made to law enforcement, a lawsuit, a demand letter, participation in a settlement program, etc.), the result of such claim (including, for example, whether such claim resulted in a settlement, payment for counseling, or was adjudicated, and the outcome of such adjudication). You are required to attach a copy of any settlement agreement.

- d. **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: _____

SURVIVOR SUPPLEMENT

Sign and print your name. If you are signing the claim on behalf of another person or estate, print your title.

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

Date: _____

Signature: _____

Print Name: _____

Title: _____

(Relationship of signer to party on behalf of whom claim is being made, *e.g.*, parent, family member, guardian, custodian, attorney, executor of estate)

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to five years, or both. 18 U.S.C. §§ 152 and 3571.