

****CONFIDENTIAL SURVIVOR PROOF OF CLAIM ****

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA
SACRAMENTO DIVISION

In re:

THE ROMAN CATHOLIC BISHOP OF
SACRAMENTO,

Debtor and
Debtor In Possession.

Case No. 24-21326

Chapter 11

**OPTIONAL CONFIDENTIAL SURVIVOR SUPPLEMENT TO OFFICIAL FORM 410
FOR USE BY SURVIVOR CLAIMANTS TO ASSERT A SURVIVOR CLAIM**

DO NOT FILE THIS DOCUMENT WITH THE COURT

This supplement to Official Form 410 (“Supplement”) is not required to be filed in order for holders of Survivor Claims¹ to 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 Confidential Survivor Proof of Claim (designated “Official Form 410”). Completing this Supplement in full will allow for a better understanding of the facts supporting your Survivor Claims against 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 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 Supplement.

PART 1: CONFIDENTIALITY

The information you share will be kept strictly confidential. 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 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 Capitalized terms not defined in this Supplement shall have the same meanings given to them in the Instructions to Confidential Survivor Proof of Claim and Confidential Survivor Supplement provided with this Supplement.

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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 Code (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 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: _____
Month Day Year

Gender: _____

Any other name, or names, by which the Claimant has been known: _____

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B. Survivor Claimant's Attorney (if any):

Law Firm Name

Attorney's First Name

Middle Initial

Last Name

Street Address

City

State/Prov.

Zip Code (Postal Code)

Country

(If other than U.S.A.)

Telephone

Fax Number

Email Address

PART 3: NATURE OF COMPLAINT

(Attach additional sheets if necessary)

Note: If you have previously filed a lawsuit against The Roman Catholic Bishop of Sacramento, also known as Diocese of Sacramento ("Diocese") in state or federal court, please attach the complaint, as well as 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 Diocese 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 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 (for example, approximate age, height, weight, hair color, clothing worn, identifying marks, etc.).

- b. What is the position, title or relationship to you (if known) of the abuser or individual who committed these acts?

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- 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, providing exact dates, grade levels, and/or season of the year (spring, summer, fall, winter), if you remember.)

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, summer).

2. If the Abuse or other wrongful conduct took place more than once, please state how many times it occurred.

3. Please also 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 and include what season of the school year (if applicable) it was (fall, winter, spring, summer).

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

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- f. Were there any witnesses to the abuse? If so, please identify the witnesses and their present location 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 as the Diocese? 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 Diocese, counselors, and law enforcement authorities)? You do not need to disclose any communications you had with your attorney.

- i. If subsequent wrongful conduct by the Diocese or its employees or officials caused you further trauma directly or indirectly related to the Abuse state:

1. When the conduct occurred.

2. What happened (describe what happened).

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

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PART 4: IMPACT OF ABUSE

(Attach additional sheets if necessary)

Where 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 or acts of Abuse or other wrongful conduct that resulted in the claim (for example, the effect on your education, employment, personal relationships, health, and any physical injuries).

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

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, you are required to 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 sexual abuse described in this claim?

☐ Yes ☐ No

If Yes, which case(s): _____ (Please attach a copy of any complaint in such lawsuit).

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

☐ Yes ☐ No

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- c. Other Claims or Settlements: 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 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 (for example, a complaint made to law enforcement, a lawsuit, a demand letter, or participation in a settlement program), 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: _____

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.

Date: _____

Signature: _____

Print Name: _____

Title: _____

(Relationship of signer to party on behalf of whom claim is being made, such as 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 5 years, or both. 18 U.S.C. §§ 152 and 3571.