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Attorneys for Debtor
The Roman Catholic Bishop of San Diego

UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF CALIFORNIA

In re:

THE ROMAN CATHOLIC BISHOP OF SAN
DIEGO, a California Corporation Sole,

Debtor.

Case No. 24-02202

Chapter 11

**CONFIDENTIAL SURVIVOR
CLAIM FORM**

Dept.: 1

Courtroom: 218

Judge: Hon. Christopher B. Latham

IMPORTANT:

PLEASE COMPLETE THIS FORM SO THAT IT IS RECEIVED NO LATER THAN

FEBRUARY 3, 2025 (“BAR DATE”)

PLEASE DO NOT FILE THIS DOCUMENT WITH OR SUBMIT IT TO THE
BANKRUPTCY COURT

Important Instructions

This Survivor Claim Form is for Survivor Claimants only. The Survivor Claim Form has two separate components: (1) a mandatory three-page “Official Form 410 attached hereto (“Survivor Proof of Claim”) and (2) a voluntary Confidential Survivor Supplement, also attached hereto (“Survivor Supplement” and together, with the Survivor Proof of Claim, the “Survivor Claim Form”). If you fail to complete and submit the Survivor Supplement by the Survivor Bar Date, your claim may be subject to objection and disallowance unless you thereafter furnish additional

information in support of your Survivor Claim.

Please carefully read the Notice and Instructions that are included with this Survivor Claim Form and respond to all applicable questions. As stated in the Supplement, you may attach and incorporate your prior answers to claim questionnaires that you may have provided for most of the requested information. If you have an attorney, you should complete this form with the assistance of counsel.

Send a signed original of both parts of the completed Survivor Claim Form (the Survivor Proof of Claim and the Survivor Supplement) and one copy as follows:

If by mail, to:

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

If by hand-delivery or overnight carrier, to:

Donlin, Recano & Company, LLC
C/O Angeion Group
Re: The Roman Catholic Bishop of San Diego
200 Vesey Street, 24th Floor
New York, NY 10281

You may submit a claim **electronically** at:

<https://www.donlinrecano.com/Clients/rcbsd/FileSurvivorClaim>.

The Survivor Proof of Claim form must be mailed, delivered or electronically submitted to Donlin Recano (“Donlin”) so that it is received no later than February 3, 2025.

Please note that a Survivor Proof of 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 BOTH PARTS OF THE SURVIVOR CLAIM FORM MAY BE A BASIS FOR AN OBJECTION TO SUCH CLAIM AND, UNLESS YOU THEREAFTER FURNISH ADDITIONAL INFORMATION IN SUPPORT OF THE SURVIVOR CLAIM, MAY RESULT IN YOUR INABILITY TO VOTE ON A PLAN OF REORGANIZATION AND RECEIVE A DISTRIBUTION FROM THE ROMAN CATHOLIC BISHOP OF SAN DIEGO SOMETIMES REFERRED TO AS THE DIOCESE OF SAN DIEGO, REFERRED TO HERE AS “RCBSD” OR “DEBTOR.”

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 DEBTOR, THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS, RCBSD’S INSURER(S) 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 GUIDELINES.

For purposes of this Survivor Proof of Claim, a Survivor Claim is defined as any Claim (as defined in section 101(5) of the Bankruptcy Code) against RCBSD 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 non-consenting 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, Canon Law or other Catholic Church documents or principles, contribution, indemnity, or any other theory based on any acts or failures to act by the RCBSD or any other person or entity for whose acts or failures to act the RCBSD is or was allegedly responsible, including but not limited to, claims against clergy, deacons, seminaries, employees, teachers, or volunteers.

As part of a chapter 11 plan, the RCBSD may seek Court approval to release claims held by Survivor Claimants against other entities that may be related to the RCBSD but that are not debtors in this case, such as parishes and high schools.

For purposes of this Survivor Proof of Claim, a Survivor Claimant is defined as the person asserting a Survivor Claim against the RCBSD, or, if a minor, then his/her parent or legal guardian.

To be valid, the Survivor Claim must be signed by you or your attorney (if represented by one). If the Survivor Claimant is deceased or incapacitated, the Survivor Claim may be signed by the Survivor Claimant's representative or the executor or attorney for the Survivor Claimant's estate. If the Survivor Claimant is a minor, the Survivor Claim may be signed by the Survivor Claimant's parent or legal guardian, 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 to which question your answer applies.

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

Fill in this information to identify the case:

Debtor name: The Roman Catholic Bishop of San Diego

United States Bankruptcy Court for the: Southern District of California

Case number: 24-02202

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 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?

Where should notices to the creditor be sent?

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

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

Name

Name

Address

Address

City State Zip Code

City State Zip Code

Contact Phone

Contact Phone

Contact Email

Contact Email

Uniform claim identifier for electronic payments in chapter 13 (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? _____

Part 2: Give Information About the Claim as of the Date the Case was Filed

page 2

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

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.

* 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.

☐ No

☐ Yes. Check one:

☐ 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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 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 _____

IN RE THE ROMAN CATHOLIC BISHOP OF SAN DIEGO
CASE NO. 24-02202

CONFIDENTIAL SURVIVOR 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 RCBSD, RCBSD's insurer(s), the Official Committee of Unsecured Creditors and its members, the United States Trustee, any unknown claims representative appointed under a plan of reorganization, any settlement trustee appointed to administer payments to Survivor claimants, 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 and your disclosure of information herein is not a waiver of your right to confidentiality or privilege.

**PART 2: OPTION TO INCORPORATE RESPONSES IN
PLAINTIFF SETTLEMENT QUESTIONNAIRE**

If you submitted a Confidential Plaintiff Questionnaire for Settlement Purposes (a "Questionnaire") in the action entitled *In re Diocese of San Diego Cases*, JCCP No 5105 in the Superior Court of the State of California, County of San Diego you may attach the Questionnaire and respond to any question in Parts 4 through 7 of this Confidential Supplement by stating "See Questionnaire" and reference the section/portion of the Questionnaire containing your response to the Supplement. You also may supplement your prior responses to the Questionnaire in the space provided below, but the answers from the Questionnaire that you reference will be incorporated into your sworn Supplement to your Proof of Claim unless you expressly state your intention to modify those answers in the Confidential Survivor Supplement.

You are strongly encouraged to answer all the questions in the Supplement, including by referencing portions of an attached Questionnaire, and sign and return the Supplement as stated in the instructions and the order of the Bankruptcy Court. If you fail to complete and submit the Survivor Supplement, your claim may be subject to objection and disallowance unless you thereafter furnish additional information in support of your Survivor Claim.

PART 3: 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 not USA)
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Telephone No(s):

Home: _____ Work: _____ Cell: _____

Email address: _____

Last 4 digits of Social Security Number of Claimant: _____

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

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

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 Code (Postal Code)	Country (If other than U.S.A.)
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Telephone	Fax Number	Email Address
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PART 4: BACKGROUND INFORMATION

- a. Please describe your present and past marital and family status, including the names and date of marriages of spouses or partners and ages of any children.

- b. Please describe your educational history, including years of attendance and degrees received.

- c. Please describe your attendances at churches or schools within the Diocese, including years of attendance and priests, deacons or other employees with whom you interacted.

- d. Please describe your military service and your employment history, including date(s), rank(s) or job title(s), reason for leaving an employer (including retirement) and type of discharge from the military.

PART 5: NATURE OF COMPLAINT

(Attach additional sheets if necessary)

Note: If you have previously filed a lawsuit against The Roman Catholic Bishop of San Diego, also known as the Diocese of San Diego (“RCBSD”) in state or federal court, attach the complaint.

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

a. Were you sexually abused by more than one person?

☐ Yes ☐ No

If you answered “yes” to the question above because you were abused by more than one person, each of the questions in this Part 5 must be answered separately as to any claimant alleging abuse by one or more RCBSD affiliated perpetrators. Part 6 must also be answered separately for each complaint related to separate RCBSD affiliated perpetrators.

b. Who committed the acts of abuse or other wrongful conduct? Please identify each abuser by complete name(s) or other description to the best of your recollection. Please identify the title, position, or role of each abuser to the best of your recollection and the abuser’s relationship to the Diocese of San Diego. 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.).

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

d. Where did the Abuse or other wrongful conduct take place? Please be specific and provide all relevant information that you know, including the City and State, name of the church, school or parish (if applicable) and/or the name of any other location(s) such as the abuser’s home or car, etc. If the Abuse or other wrongful conduct took place in more than one location, please describe each location to the best of your recollection.

- e. When did the Abuse or other wrongful conduct take place? (Please be as specific as possible here for each instance of Abuse, providing exact dates, your age, grade levels, and/or season of the year (spring, summer, fall, winter), if you remember).

1. If the Abuse or 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 year and/or season (fall, winter, spring, summer, grade and/or your age), if you remember.)

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

3. Please also state your age(s) and your grade(s) in school (if applicable) at the time the abuse or other wrongful conduct first took place. (Please be as specific as possible and include what season of the school year (if applicable) was it (fall, winter, spring, summer), if you remember.)

- f. 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 wrongful acts/abuse). If the abuse or other wrongful conduct took place on more than one occasion, please provide the requested information for each occasion. (Please use additional pages and attach them to this Proof of Claim, if necessary):

- g. Are there any other individuals whom you believe witnessed the abuse or otherwise knew about the abuse and/or would be able to corroborate the abuse, including persons at the RCBSD? If so, what are their names and contact information, if known?

- h. Did you tell anyone about the Abuse or other wrongful conduct (either at the time or any time since the Abuse took place), 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 RCBSD, priests, deacons, counselors, teachers, and law enforcement authorities)? You should not disclose the substance of any communications you had with your attorney.

- i. If subsequent conduct by RCBSD or its employees or officials caused you further trauma or damage 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.

- j. Do you know if anyone told the Diocese or a church, school, parish, or Diocesan organization about your abuse? This would include any employee or official of the Diocese or of a church, school, parish, or Diocesan organization (such as a clergy member, teacher, administrator, or other associated person). If so, identify who told, who was told and when.

PART 6: 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 acts or acts of Abuse or other wrongful conduct that resulted in the claim (for example, the effect on your education, employment, personal relationships, mental and physical health, and any physical injuries)? You may elect to provide either a narrative description in this part or reference an attached Questionnaire (or both).

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

PART 7: ADDITIONAL INFORMATION

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

☐ Yes ☐ No (if “Yes,” attach a copy of any completed claim form).

If “Yes,” which case(s): _____

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

☐ Yes ☐ No (if “Yes,” attach a copy of any completed claim form, and, if a lawsuit was filed, a copy of the complaint).

Please also describe the resolution of such claim (including whether such claim was settled, released, dismissed, or otherwise adjudicated or resolved).

If you previously filed a lawsuit, did you file a certificate of merit as required by California Code of Civil Procedure § 340.1?

☐ Yes ☐ No

- c. **Settlements:** Regardless of whether a complaint was ever filed against any party because of any abuse as described in this claim, have you settled any claim relating to abuse described in this claim?

☐ Yes ☐ No

If “Yes,” please describe, including parties to the settlement and any payments received.

If “Yes,” which case(s): _____

- d. Regardless of whether you entered into any settlement, did you ever receive any payment from the RCBSD or any other person or entity because of the abuse described in this claim.

☐ Yes ☐ No

If “Yes,” please describe who paid you, when they paid you, and how much they paid you.

- e. **Bankruptcy:** Have you ever filed bankruptcy?

☐ Yes ☐ No (if “Yes,” please provide the following information:

Name of Case: _____ Court: _____

Date Filed: _____ Case No. _____

Chapter: _____

Sign and print your name. If you are signing the claim on behalf of a minor or an estate of a Survivor Claimant who is deceased or incapacitated, print your title.

Under penalty of perjury, I declare the foregoing statements and those reference in any attached Questionnaire to be true and correct.

Date: _____

Signature: _____

Print Name: _____

Title: _____

(Relationship of signer to Survivor Claimant, e.g., parent, family member, guardian, 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.