

JEFFREY D. CAWDREY (SBN: 120488)  
MEGAN M. ADEYEMO TX BN: 24099595) (*PRO HAC VICE*)  
KATHRYN M.S. CATHERWOOD (SBN: 149170)  
KATHLEEN M. PATRICK (NY BN: 5638572)(*PRO HAC VICE*)  
ANNIE CARTER MATTHEWS (TX BN: 24115058) (*PRO HAC VICE*)  
GORDON REES SCULLY MANSUKHANI, LLP  
101 W. Broadway, Suite 2000  
San Diego, California 92101  
Telephone: (619) 696-6700  
Facsimile: (619) 696-7124  
jcawdrey@grsm.com  
madeyemo@grsm.com  
kcatherwood@grsm.com  
kpatrick@grsm.com  
amatthews@grsm.com

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.