

1 JEFFREY D. CAWDREY (SBN: 120488)  
MEGAN M. ADEYEMO TX BN: 24099595) (*PRO HAC VICE*)  
2 KATHRYN M.S. CATHERWOOD (SBN: 149170)  
KATHLEEN M. PATRICK (NY BN: 5638572)(*PRO HAC VICE*)  
3 ANNIE CARTER MATTHEWS (TX BN: 24115058) (*PRO HAC VICE*)  
GORDON REES SCULLY MANSUKHANI, LLP  
4 101 W. Broadway, Suite 2000  
San Diego, California 92101  
5 Telephone: (619) 696-6700  
Facsimile: (619) 696-7124  
6 jcauldrey@grsm.com  
madeyemo@grsm.com  
7 kcatherwood@grsm.com  
kpatrick@grsm.com  
8 amatthews@grsm.com

9 Attorneys for Debtor  
The Roman Catholic Bishop of San Diego

10 **UNITED STATES BANKRUPTCY COURT**  
11 **FOR THE SOUTHERN DISTRICT OF CALIFORNIA**

12 In re:  
13 THE ROMAN CATHOLIC BISHOP OF  
14 SAN DIEGO, a California Corporation Sole,  
15 Debtor.

Case No. 24-02202

Chapter 11

**NOTICE OF DEADLINE FOR FILING  
CLAIMS RELATING TO OR ARISING  
FROM ABUSE**

Dept.: 1

Courtroom: 218

Judge: Hon. Christopher B. Latham

16  
17  
18  
19  
20 **TO ALL PERSONS AND ENTITIES WITH CLAIMS ARISING FROM ABUSE FOR**  
21 **WHICH THE ROMAN CATHOLIC BISHOP OF SAN DIEGO MAY BE LIABLE:**

22 **FEBRUARY 3, 2025 IS THE LAST DATE TO FILE PROOFS OF CLAIM FOR ABUSE.**

23 On June 17, 2024, The Roman Catholic Bishop of San Diego sometimes referred to as The  
24 Diocese of San Diego (“Debtor” or “RCBSD”) filed a voluntary petition for relief under chapter  
25 11 of Title 11 of the United States Code (the “Bankruptcy Code”) in the United States Bankruptcy  
26 Court for the Southern District of California (the “Court”). Debtor, its address, case number, proof  
27 of claim forms and other relevant information related to this Bankruptcy Case may be obtained at:  
28 <https://www.donlinrecano.com/rcbsd>. Any person who believes that he or she has, or may have,  
a claim arising from abuse (described below) for which the person believes the Debtor may be  
liable (each a “Survivor Claim” and collectively “Survivor Claims”) should carefully read this  
notice.

1 For the purposes of this proof of claim, a Survivor Claim is defined as: any Claim (as defined  
2 in section 101(5) of the Bankruptcy Code) against RCBSD resulting or arising or related to in whole  
3 or in part, directly or indirectly from any actual or alleged sexual conduct or misconduct, grooming,  
4 sexual abuse or molestation, indecent assault and/or battery, rape, pedophilia, ephebophilia, or  
5 sexually-related physical, psychological, or emotional harm, or contacts, or interactions of a sexual  
6 nature between a child and an adult, or a nonconsenting adult and another adult, sexual assault,  
7 sexual battery, sexual psychological or emotional abuse, humiliation, intimidation, any other  
8 conduct constituting a sexual offense, or any other sexual misconduct, and seeking monetary  
9 damages or any other relief based upon the conduct described above, under any theory of liability,  
10 including, but not limited to, vicarious liability, any negligence-based theory, conspiracy, fraudulent  
11 concealment, intentional tort, continuing tort, public nuisance, invasion of privacy, breach of alleged  
12 duties imposed by Canon Law or other Catholic Church documents or principles, contribution,  
13 indemnity, or any other theory based on any acts or failures to act by the RCBSD or any other person  
14 or entity for whose acts or failures to act the RCBSD is or was allegedly responsible, including but  
15 not limited to, claims against clergy, deacons, seminarians, employees, teachers, or volunteers.

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

19 A list of credibly accused priests in the Diocese is available on Debtor's website  
20 ([www.safeinourdiocese.org/accused-priests/](http://www.safeinourdiocese.org/accused-priests/)). The fact that this list may not include the name of  
21 the priest who sexually abused you does not mean that you should not file a Survivor Claim Form.  
22 This is a list of priests in the Diocese against whom Debtor has vetted reports of Sexual Abuse  
23 through the internal processes of Debtor.

### 24 **FILING DEADLINE**

25 THE COURT ENTERED AN ORDER (THE "BAR DATE ORDER") ESTABLISHING  
26 **FEBRUARY 3, 2025**, AS THE LAST DATE (THE "SURVIVOR BAR DATE") FOR EACH  
27 SURVIVOR CLAIMANT TO FILE A PROOF OF CLAIM FORM (THE "SURVIVOR PROOF  
28 OF CLAIM"). THE SURVIVOR BAR DATE AND THE PROCEDURES SET FORTH BELOW  
FOR FILING PROOFS OF CLAIM APPLY TO ALL SURVIVOR CLAIMS ASSERTED  
AGAINST DEBTOR.

### 29 **WHO MUST FILE**

30 If you believe that you have a Survivor Claim, you must file a Survivor Proof of Claim by  
31 the Survivor Bar Date to maintain and/or preserve any claims that you have against RCBSD. Even  
32 if you have already filed a lawsuit against RCBSD alleging abuse, you must still file a Survivor  
33 Proof of Claim to maintain and/or preserve your rights in RCBSD's chapter 11 case. You are also  
34 strongly encouraged to complete and submit a Confidential Survivor Supplement (the "Survivor  
35 Supplement" and together with the Survivor Proof of Claim, the "Survivor Claim Form") together  
36 with the Survivor Proof of Claim. If you fail to complete and submit the Survivor Supplement by  
37 the Survivor Bar Date, your claim may be subject to objection and disallowance unless you  
38 thereafter furnish additional information in support of your Survivor Claim.

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

**WHAT TO FILE**

**FILE A CONFIDENTIAL SURVIVOR PROOF OF CLAIM AND A VOLUNTARY CONFIDENTIAL SURVIVOR SUPPLEMENT, COPIES OF WHICH ARE ENCLOSED, AND ANY ADDITIONAL INFORMATION YOU WISH TO ATTACH TO THE SUPPLEMENT. YOU MAY ALSO OBTAIN A COPY OF THE SURVIVOR PROOF OF CLAIM AND THE CONFIDENTIAL SURVIVOR SUPPLEMENT BY FOLLOWING THE INSTRUCTIONS BELOW.**

**PROCEDURES FOR FILING A SURVIVOR CLAIM FORM**

To file a Survivor Claim Form:

- Fill out the confidential Survivor Proof of Claim, and the Confidential Survivor Supplement, together with any additional information you wish to submit. A copy of the Survivor Proof of Claim and the Confidential Survivor Supplement is provided with this Survivor Claims Bar Date Notice, and can also be obtained here: <https://www.donlinrecano.com/Clients/rcbsd/Static/SurvivorClaims>.
- 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 reference the Questionnaire in response to any question in Parts 4 through 7 of the Confidential Survivor Supplement, rather than answering those questions again in the Survivor Supplement. You also may supplement your prior responses to the Questionnaire in the space provided in the Confidential Survivor Supplement, but the answers from the Questionnaire that you reference will be incorporated into your sworn Confidential Survivor Supplement unless you expressly state your intention to modify those answers in your responses to the Survivor Supplement.
- For additional copies of the confidential Survivor Claim Form: (a) photocopy the confidential Survivor Claim Form; (b) contact the Debtor’s claims agent Donlin Recano via email at [rcbsdinfo@drc.equiniti.com](mailto:rcbsdinfo@drc.equiniti.com) or by phone at 1-866-521-4424 (U.S. and Canada toll free) or 1-212-771-1128 (International), between the hours of 9:00 a.m. and 5:00 p.m. (prevailing Eastern Time), Monday through Friday, or (c) visit the website at: <https://www.donlinrecano.com/rcbsd>.
- **Please note that Debtor’s staff is not permitted to give legal advice. You should consult your own attorney for assistance regarding any other inquiries, such as questions concerning the completion or filing of a proof of claim.**
- Return the original completed Survivor Proof of Claim **so as to be received** by **February 3, 2025**, as follows:

If Survivor Claim Form is sent by mail:

Donlin, Recano & Company, Inc.  
Re: The Roman Catholic Bishop of San Diego

1 P.O. Box 2053  
2 New York, NY 10272- 2042

3 If Survivor Claim Form is sent via hand delivery or overnight courier

4 Donlin, Recano & Company, Inc.  
5 C/O Equiniti  
6 Re: The Roman Catholic Bishop of San Diego  
7 48 Wall Street, 22nd Floor  
8 New York, NY 10005

9 Or electronically at:

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

- 11 • **Do not file the Survivor Proof of Claim or the Confidential Survivor Supplement with the Bankruptcy Court.**
- 12 • Survivor Claim Form will be deemed timely filed only if received by Donlin Recano by **February 3, 2025**.
- 13 • 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.

14 **CONSEQUENCES OF FAILURE TO FILE A PROOF OF CLAIM**

15 **THE DEADLINE FOR FILING A SURVIVOR CLAIM FORM IS FEBRUARY 3, 2025. ANY PERSON WHO HAS A SURVIVOR CLAIM AND DOES NOT FILE A SURVIVOR PROOF OF CLAIM BY THAT DATE MAY NOT BE TREATED AS A CREDITOR FOR VOTING OR DISTRIBUTION PURPOSES UNDER ANY PLAN OF REORGANIZATION AND SUCH CLAIM WILL BE SUBJECT TO DISCHARGE. FAILURE TO FILE A SURVIVOR PROOF OF CLAIM MAY PREVENT SUCH PERSON FROM VOTING ON ANY PLAN OF REORGANIZATION IN THIS CASE. FURTHER, IF SUCH SURVIVOR CLAIM IS DISCHARGED, THE SURVIVOR CLAIMANT MAY BE FOREVER BARRED AND PREVENTED FROM ASSERTING HIS OR HER SURVIVOR CLAIM AGAINST RCBSD OR ITS PROPERTY, AND MAY NOT RECEIVE ANY PAYMENT OR DISTRIBUTION IN CONNECTION WITH SUCH SURVIVOR CLAIM. ANY PERSON SUBMITTING A SURVIVOR PROOF OF CLAIM IS STRONGLY ENCOURAGED TO ATTACH A SURVIVOR SUPPLEMENT. IF A SURVIVOR FILES A SURVIVOR PROOF OF CLAIM WITHOUT ATTACHING A SURVIVOR SUPPLEMENT, THE CLAIM MAY BE SUBJECT TO OBJECTION AND DISALLOWANCE UNLESS ADDITIONAL INFORMATION IN SUPPORT OF THE CLAIM IS THEREAFTER PROVIDED.**

25 **CONFIDENTIALITY**

26 Pursuant to the Bar Date Order, all Survivor Proofs of Claim and the Confidential Survivor Supplements and any attachments thereto shall remain confidential in this bankruptcy case. Therefore, the Survivor Claim Form, including the Confidential Survivor Supplement, that you file will not be available to the general public, but will be kept confidential, except that as specified by

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

court order, information will be provided to Debtor, Debtor’s attorneys, the United States Trustee, Debtor’s insurer(s), attorneys for the Official Committee of Unsecured Creditors and its members, any unknown claims representative appointed under a plan of reorganization, any settlement trustee appointed to administer payments to Survivor Claimants, and such other persons as the Court determines should have the information in order to evaluate the Survivor Claim, all of whom will agree to keep the information provided by you confidential.

Dated: November 15, 2024

GORDON REES SCULLY MANSUKHANI,  
LLP

BY: /s/ Jeffrey D. Cawdrey  
Jeffrey D. Cawdrey  
Megan M. Adeyemo  
Kathryn M.S. Catherwood  
Annie Carter Matthews  
Attorneys for Debtor  
The Roman Catholic Bishop of San Diego

**Re: Important Deadline for Submission of Sexual Abuse Claims in the  
Bankruptcy Case of The Roman Catholic Bishop of San Diego**

Dear Survivor:

On June 17, 2024, the Roman Catholic Bishop of San Diego (the “**Diocese**”) filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code in the United States Bankruptcy Court for the Southern District of California (the “**Bankruptcy Court**”) commencing the Diocese’s chapter 11 bankruptcy case (the “**Bankruptcy Case**”). On July 1, 2024, the Office of the United States Trustee appointed an official committee of unsecured creditors (the “**Committee**”) to represent the interests of all the Diocese’s unsecured creditors, including any person who may assert a claim for sexual abuse for which the Diocese may be responsible (collectively, “**Survivors**”). The Committee is comprised of nine Survivors. On September 6, 2024, the Bankruptcy Court approved the Committee’s application to employ KTBS Law LLP as bankruptcy counsel for the Committee in the Bankruptcy Case.

You are receiving this letter because the Diocese has identified you as a Survivor who may be entitled to assert a sexual abuse claim against the Diocese in the Bankruptcy Case. The Bankruptcy Court has required that all persons holding claims against the Diocese must submit proofs of claim so that they are received no later than 11:59 p.m. PT on **February 3, 2025**.

This letter is being delivered to you (or your counsel) as part of a package of materials that includes a notice of the claims bar date, a copy of a proof of claim form, and a confidential Survivor Supplement. If you believe that you have a claim against the Diocese and/or its related entities or agents (such as priests or other personnel, schools, or parishes) on account of sexual abuse **you must complete and submit the proof of claim form by February 3, 2025** in accordance with the procedures outlined in the enclosed package of materials.

**It is very important that you timely complete and submit the proof of claim form and the Survivor Supplement.** Even if you have already filed a lawsuit alleging sexual abuse, you must still submit the proof of claim form to maintain and/or preserve your rights to assert a claim against the Diocese in the Bankruptcy Case. If you fail to complete and submit a proof of claim by February 3, 2025, you may not be treated as a creditor for voting or distribution purposes under any plan of reorganization, meaning your claim may be subject to discharge without any payment or recovery. If you fail to complete and submit the confidential Survivor Supplement by February 3, 2025, your claim may be subject to objection and disallowance unless you thereafter furnish additional information to support your claim.

**The Committee strongly encourages you to complete and submit the confidential Survivor Supplement together with your proof of claim.** The information requested in the Survivor Supplement will assist the Diocese, the Committee, and the Diocese's insurers in negotiating a resolution of the Bankruptcy Case and will facilitate the processing of your sexual abuse claim against the Diocese.

As explained in the enclosed materials, you can submit the proof of claim form and Survivor Supplement online at <https://www.donlinrecano.com/Clients/rcbsd/FileSurvivorClaim>. Please be assured that any information you provide in the proof of claim form and the Survivor Supplement will be kept strictly **confidential** and will only be shared with parties who are bound to confidentiality pursuant to procedures approved by the Bankruptcy Court. If you are represented by an attorney, you should work closely with your attorney to complete and submit the proof of claim form and the Survivor Supplement. If you are not represented by an attorney, you are strongly encouraged to consider consulting an attorney.

If you have any questions regarding the proof of claim form or the Survivor Supplement, please do not hesitate to contact counsel to the Committee at 310-407-4022.

Sincerely,



Thomas E. Patterson



Sasha M. Gurvitz

**KTBS Law LLP**  
*Counsel to the Official Committee  
of Unsecured Creditors*

1 JEFFREY D. CAWDREY (SBN: 120488)  
2 MEGAN M. ADEYEMO TX BN: 24099595) (*PRO HAC VICE*)  
3 KATHRYN M.S. CATHERWOOD (SBN: 149170)  
4 KATHLEEN M. PATRICK (NY BN: 5638572)(*PRO HAC VICE*)  
5 ANNIE CARTER MATTHEWS (TX BN: 24115058) (*PRO HAC VICE*)  
6 GORDON REES SCULLY MANSUKHANI, LLP  
7 101 W. Broadway, Suite 2000  
8 San Diego, California 92101  
9 Telephone: (619) 696-6700  
10 Facsimile: (619) 696-7124  
11 jcawdrey@grsm.com  
12 madeyemo@grsm.com  
13 kcatherwood@grsm.com  
14 kpatrick@grsm.com  
15 amatthews@grsm.com

16 Attorneys for Debtor  
17 The Roman Catholic Bishop of San Diego

18 **UNITED STATES BANKRUPTCY COURT**  
19 **FOR THE SOUTHERN DISTRICT OF CALIFORNIA**

20 In re:

21 THE ROMAN CATHOLIC BISHOP OF SAN  
22 DIEGO, a California Corporation Sole,  
23 Debtor.

24 Case No. 24-02202

25 Chapter 11

26 **CONFIDENTIAL SURVIVOR  
27 CLAIM FORM**

28 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



1 information in support of your Survivor Claim.

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

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

9 **If by mail, to:**

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

14 **If by hand-delivery or overnight carrier, to:**

15 Donlin, Recano & Company, Inc.  
16 C/O Equiniti  
17 Re: The Roman Catholic Bishop of San Diego  
18 48 Wall Street, 22nd Floor  
19 New York, NY 10005

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

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

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

24 **Please note that a Survivor Proof of Claim form submitted by facsimile, telecopy or  
25 electronic mail transmission will not be accepted and will not be deemed filed.**

26 FAILURE TO COMPLETE AND RETURN BOTH PARTS OF THE SURVIVOR CLAIM  
27 FORM MAY BE A BASIS FOR AN OBJECTION TO SUCH CLAIM AND, UNLESS YOU  
28 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.

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

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, ephhebophilia, 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**

6. Do you have any number you use to identify the debtor?     No  
 Yes. Last 4 digits of the debtor's account or any identification number used 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 *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 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: \_\_\_\_\_

**\*\*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
------------	----------------	-----------	--------

---

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)
------	-------------	------------------------	----------------------

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
-----------------------	----------------	-----------

---

Street Address

---

City	State/Prov.	Zip Code (Postal Code)	Country (If other than U.S.A.)
------	-------------	------------------------	-----------------------------------

---

Telephone	Fax Number	Email Address
-----------	------------	---------------

---

**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.

DOCID: DOCPROPERTY DOCXDOCID DMS=FileSystem Format=<<NAME>> DATE