

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA**

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In re: Chapter 11  
THE DIOCESE OF ST. CLOUD, a Minnesota Case No. 20-60337  
religious corporation,  
Debtor.

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**CONFIDENTIAL PROOF OF CLAIM (SEXUAL ABUSE)**

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**IMPORTANT: THIS FORM MUST BE RECEIVED  
NO LATER THAN 5:00 P.M. CT, OCTOBER 21, 2020**

Carefully read the Notice and Instructions that are included with this CONFIDENTIAL PROOF OF CLAIM and complete ALL applicable questions. Send the **original** to: **Office of the Clerk of the Court, Attention Heidi Jackson, U.S. Bankruptcy Court District of Minnesota, 301 Diana E. Murphy United States Courthouse, 300 South Fourth Street, Minneapolis, Minnesota 55415. If you mail or deliver the Confidential Proof of Claim form it must be received by the Clerk no later than 5:00 p.m. Central Time on October 21, 2020.**

**YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER.**

**UNLESS YOU EXPRESSLY REQUEST THAT YOUR PROOF OF CLAIM BE MADE PUBLIC, YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL, AND OUTSIDE THE PUBLIC RECORD BY THE UNITED STATES BANKRUPTCY COURT. INFORMATION IN THIS CLAIM WILL BE PROVIDED PURSUANT TO COURT-APPROVED CONFIDENTIALITY GUIDELINES TO THE DEBTOR, DEBTOR'S COUNSEL, COUNSEL FOR THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS, AND TO SUCH OTHER PERSONS AS THE BANKRUPTCY COURT DETERMINES NEED THE INFORMATION IN ORDER TO EVALUATE THE CLAIM.**

TO BE VALID, THIS CONFIDENTIAL PROOF OF CLAIM MUST BE SIGNED BY THE CLAIMANT, A PERSON SUBMITTING THE CLAIM ON BEHALF OF A CLAIMANT, OR THE CLAIMANT'S ATTORNEY.  
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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Please print clearly and use blue or black ink.

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**PART 1: CONFIDENTIALITY**

**THIS PROOF OF CLAIM (ALONG WITH ANY ACCOMPANYING EXHIBITS AND ATTACHMENTS) WILL BE MAINTAINED AS CONFIDENTIAL UNLESS YOU EXPRESSLY REQUEST THAT IT BE PUBLICLY AVAILABLE BY CHECKING THE BOX AND SIGNING BELOW.**

I want my Proof of Claim (along with any accompanying exhibits and attachments) to be made **public**.

Please verify this election by signing directly below.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**PART 2: IDENTIFYING INFORMATION**

**A. Claimant**

\_\_\_\_\_  
**First Name                    Middle Initial                    Last Name                    Jr/Sr/III**

\_\_\_\_\_  
**Street Address: (If party is incapacitated, provide the address of the party submitting the claim.)**

\_\_\_\_\_  
**City    State/Prov.                          Zip Code (Postal Code)                  Country (if other than U.S.A.)**

**Telephone No.**

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Birth Date**      -   -      
                                 **Month Day Year**                                       **Male**                                       **Female**

**Last Four Digits of Social Security Number: XXX-XX-\_\_\_\_\_**

**Any other name or names by which Claimant has been known:** \_\_\_\_\_

**B. 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 No.    Fax No.    E-mail address**

**PART 3: BACKGROUND INFORMATION**

1. Are you currently married?

Yes  No (If “Yes,” please identify the name of your spouse and marriage date.)

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2. Have you been previously married?

Yes  No (If “Yes,” please identify the name of your former spouse and, as applicable, the date(s) of any dissolution, divorce, separation, or widowhood.)

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3. Do you have children?

Yes  No (If “Yes,” please identify their names and birthdates. If any children have died, please provide their date of death.)

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4. Part 4 below will ask you about the nature of your complaint against The Diocese of St. Cloud. Other than the incident(s) of sexual abuse described in Part 4, have you ever been sexually abused by anyone else? If “Yes,” please describe this abuse, including the date of the abuse and identify the abuser.

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**PART 4: NATURE OF COMPLAINT**  
**(Attach additional separate sheets if necessary)**

1. Who committed the acts of sexual abuse? \_\_\_\_\_

2. Position, Title or Relationship to You (if known).

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3. Where did the sexual abuse take place? Please be specific and complete all relevant information that you know, including the City and State, name of the Parish, Mission or School (if applicable) and/or the name of any other location.

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4. When did the sexual abuse take place?

a. If the sexual abuse took place over a period of time (months or years) please state when it started, when it stopped, and if it happened all during that time.

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b. Please also state your age(s) and your grade(s) in school at the time the sexual abuse took place.

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5. What happened (describe what happened):

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6. Did you tell anyone about the sexual abuse (this would include parents, relatives, friends, the Diocese, attorneys, counselors, and law enforcement authorities)?

a. If "Yes," who did you tell? Please list the name(s) and any contact information you have.

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b. What did you say?

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c. When did you tell this person or persons about the abuse?

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**PART 5: IMPACT OF COMPLAINT**  
**(Attach additional separate sheets if necessary)**

*(If you are uncertain how to respond to the first question in this Part 5, you presently may leave the first question in this Part 5 blank, but you will be required to complete the first question in this Part 5 within thirty (30) days after a written request is made for the information requested in the first question of this Part 5.)*

1. What injuries have occurred to you because of the act or acts of sexual abuse that resulted in the claim (for example, the effect on your education, employment, personal relationships, and health)?

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2. Have you sought counseling or other treatment? If so, with whom and when?

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**PART 6: ADDITIONAL INFORMATION**

1. Prior Non-Bankruptcy Claims: Have you previously filed any lawsuit seeking damages for the sexual abuse described in this claim?

Yes  No (If "Yes," please answer the questions below.)

- a. Where and when did you file the lawsuit?

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- b. Who were the parties to the lawsuit and what was the case number?

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- c. What was the result of that lawsuit?

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2. Prior or Current Bankruptcy Claims: Have you filed any claims in any other bankruptcy case relating to the sexual abuse described in this claim?

Yes  No (If "Yes," you are required to attach a copy of any completed claim form filed in any other bankruptcy case.)

a. Did you receive any money on the claim you filed in any other bankruptcy case for sexual abuse?  
 Yes  No

b. If "Yes" how much did you receive and when.  
 \_\_\_\_\_

c. If you have not received any money on the claim you filed in any other bankruptcy, have you been told you will receive money?  
 Yes  No (if "Yes" how much do you expect to receive? \_\_\_\_\_)

3. Any Settlements: Regardless of whether a complaint was ever filed against any party because of the sexual abuse, have you settled any claim or demand relating to the sexual abuse described in this claim?  
 Yes  No (If "Yes," please describe, including parties to the settlement, and you are required to attach a copy of any settlement agreement.):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Date:** \_\_\_\_\_

Sign and print the name and title, if any, of the Claimant or other person authorized to file this claim. If you are signing this claim on behalf of a Claimant you must list your relationship to the Claimant.

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Claimant (if not signed by Claimant): \_\_\_\_\_