

**UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF MARYLAND**

In re:

ROMAN CATHOLIC ARCHBISHOP OF  
BALTIMORE,

Debtor.<sup>1</sup>

Chapter 11

Case No. 23-16969-MMH

**SEXUAL ABUSE CLAIM SUPPLEMENT**

**This Sexual Abuse Claim Supplement is optional, but the Debtor strongly encourages any holder of a sexual abuse claim to complete it to the best of their ability. If you do not complete this Sexual Abuse Claim Supplement or otherwise provide sufficient information to substantiate your claim, your claim may be subject to objection.** Carefully read the instructions included with this Sexual Abuse Claim Supplement and complete ALL applicable questions. You may complete this form and the proof of claim form (Official Form 410) online by logging on to the following website: <https://dm.epiq11.com/RCABaltimore>, clicking on the “File a Claim” link in Case Actions and creating an account. If you do not want to submit this supplement and the proof of claim form electronically, please use blue or black ink, print clearly, and send the **original** to the Debtor’s claims and noticing agent at the following address:

***If by First Class Mail:***

Roman Catholic Archbishop of Baltimore,  
Claims Processing Center  
c/o Epiq Corporate Restructuring, LLC  
P.O. Box 4420  
Beaverton, OR 97076-4420

***If by Hand Delivery or Overnight Mail:***

Roman Catholic Archbishop of Baltimore,  
Claims Processing Center  
c/o Epiq Corporate Restructuring, LLC  
10300 SW Allen Blvd.  
Beaverton, OR 97005

**THIS SUPPLEMENT IS FOR CLAIMANTS OF SEXUAL ABUSE ONLY.  
YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER.**

A sexual abuse claim includes, but is not limited to, any claim (as defined in section 101(5) of the Bankruptcy Code) resulting or arising in whole or in part, directly or indirectly from any actual or alleged sexual offense as laid out in Subtitle 3 of Title 3 of the Maryland Statutes as well as any sexual conduct or misconduct, sexual abuse or molestation, indecent assault and/or battery, rape, pedophilia, ephebophilia, or sexually-related physical, sexually-related psychological, or sexually-related emotional harm, or contacts, or interactions of a sexual nature between a child and an adult, or a nonconsenting adult and another adult, sexual assault, sexual battery, sexual psychological or emotional abuse, humiliation, or intimidation, or any other conduct constituting a sexual offense, incest, or use of a child in a sexual performance, and seeking monetary damages

<sup>1</sup> The last four digits of the Debtor’s federal tax identification number are 1535. The Debtor’s principal place of business is located at 320 Cathedral Street, Baltimore, Maryland 21201.

or any other relief, under any theory of liability, including vicarious liability, any negligence-based theory, contribution, indemnity, or any other theory based on any acts or failures to act by the Roman Catholic Archbishop of Baltimore, also known as the Roman Catholic Archdiocese of Baltimore (the “*Debtor*”), or any other person or entity for whose acts or failure to act the Debtor is or was allegedly responsible, including but not limited to, claims against clergy, deacons, seminarians, employees, teachers, volunteers, parishes, schools, or other entities related to the Debtor.

While this Sexual Abuse Claim Supplement is optional, to increase the chances that you will meet your burden to establish your claim under the Bankruptcy Code, you are strongly encouraged to complete this Sexual Abuse Claim Supplement or to otherwise provide information that is substantially similar to the information requested in this supplement. However, the completion of the Sexual Abuse Claim Supplement does not foreclose the filing of objections or requests for discovery.

**THIS SUPPLEMENT SHOULD: (A) BE WRITTEN IN ENGLISH OR INCLUDE A TRANSLATION IF RESPONSES ARE IN A LANGUAGE OTHER THAN ENGLISH; (B) PROVIDE RESPONSES THAT ARE COMPLETE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE; AND (C) BE SIGNED BY THE SEXUAL ABUSE CLAIMANT, EXCEPT THAT IF THE SEXUAL ABUSE CLAIMANT IS A MINOR, INCAPACITATED, OR DECEASED, THIS SEXUAL ABUSE PROOF OF CLAIM MAY BE SIGNED BY THE SEXUAL ABUSE CLAIMANT’S PARENT, LEGAL GUARDIAN, OR EXECUTOR, AS APPLICABLE. IF THE SEXUAL ABUSE CLAIMANT DIES AFTER THE SUBMISSION OF THIS FORM, BUT BEFORE THE CLAIM IS RESOLVED, NOTIFICATION OF THE DEATH MUST BE PROVIDED AT THE ADDRESS LISTED ABOVE.**

The penalty for presenting a fraudulent claim: fine of up to \$250,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152, 3571.

**UNLESS YOU INDICATE OTHERWISE IN PART I BELOW, YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL, AND OUTSIDE THE PUBLIC RECORD. HOWEVER, INFORMATION IN THIS CLAIM WILL BE PROVIDED, PURSUANT TO COURT-APPROVED CONFIDENTIALITY GUIDELINES, TO COUNSEL FOR THE COMMITTEE AND OTHER COURT-APPROVED THIRD PARTIES IN ORDER TO EVALUATE THE CLAIM.**

**YOUR CLAIM MAY BE DISPUTED OR HONORED IN WHOLE OR IN PART. THE DEBTOR RESERVES THE RIGHT TO OBJECT OR TO ASSERT OFFSETS OR DEFENSES AGAINST ANY FILED PROOF OF CLAIM.**

### **PART I: CONFIDENTIALITY**

**THIS SEXUAL ABUSE CLAIM SUPPLEMENT (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.**



May we send confidential information to your email:

Yes

No

Birth Date: \_\_\_\_\_

Month

Day

Year

Male

Female

Last four digits of your Social Security Number: XXX-XX-\_\_\_\_\_

Any other name(s) or alias(es) by which you have been known:

**B. Attorney Information (if applicable)**

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Law Firm Name

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Attorney's First Name

Middle Initial

Last Name

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Street Address

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City

State/Prov.

Zip Code (Postal Code)

County

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Telephone No.

Fax No.

Email Address

**PART 3: NATURE OF ABUSE**

**(Attach additional separate sheets if necessary)**

**NOTE: IF YOU HAVE PREVIOUSLY FILED A LAWSUIT AGAINST THE DEBTOR IN STATE OR FEDERAL COURT, YOU MAY ATTACH THE COMPLAINT. IF YOU DID NOT FILE A LAWSUIT OR IF THE COMPLAINT DOES NOT CONTAIN ALL OF THE INFORMATION REQUESTED BELOW, YOU MUST PROVIDE THE INFORMATION BELOW.**

1. Who committed each act of sexual abuse?

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2. What is the position, title, or relationship to you of the individual who committed these acts?

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

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4. When did the sexual abuse take place?

a. Please be as specific as possible. If you can, please indicate the day, month, and year. If you cannot recall the month, please try to recall the season (winter, spring, summer, or fall).

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b. If you were sexually abused on more than one occasion, please state when the abuse started, when it stopped, and how many times it occurred.

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c. Please also state your age(s) and your grade(s) in school (if applicable) at the time the abuse took place.

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5. Please describe in as much detail as possible the nature of the sexual abuse. What happened?

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6. Did you tell anyone about the sexual abuse (this would include parents, relatives, friends, anybody affiliated with the Debtor, attorneys, counselors, 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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d. If you know, what did the person or persons do in response?

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7. Were there any witnesses to the sexual abuse described in question (5)? If so, please list their name(s) and any contact information you have, including addresses.

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8. Do you personally know or have reason to believe that the Debtor knew that your abuser was abusing you or others before or during the period when such abuse occurred? If "Yes", please provide all information that supports your conclusion, including the information requested in items 8(a) through 8(e) below.

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a. Who at the Debtor knew that your abuser was abusing you or others?

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b. How did such person or persons at the Debtor learn this information?

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c. When did such person or persons at the Debtor learn this information?

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d. What exactly was the person or persons from the Debtor told or what exactly did they observe?

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- e. How did you come to have the information you provided in response to the questions above?

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**PART 4: ADDITIONAL INFORMATION**

1. Other than the incident(s) of sexual abuse described in Part 3 above, have you ever been sexually abused by anyone else? If “Yes”, please describe this abuse, including the date(s) of the abuse, and identify the abuser (if not by name then by relationship to abuser).

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2. 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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3. Prior Bankruptcy Claim: 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)

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4. 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)

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5. 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: \_\_\_\_\_

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

**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 forgoing statements to be true and correct:**

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

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

**Title:** \_\_\_\_\_