

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW MEXICO**

In re:

ROMAN CATHOLIC CHURCH OF THE
DIOCESE OF GALLUP, a New Mexico
corporation sole,

Debtor.

Jointly Administered with:

BISHOP OF THE ROMAN CATHOLIC
CHURCH OF THE DIOCESE OF GALLUP,
an Arizona corporation sole.

This pleading applies to:

- All Debtors.
 Specified Debtor.

Chapter 11

Case No. 13-13676-t11

Jointly Administered with:

Case No. 13-13677-t11

CONFIDENTIAL PROOF OF CLAIM (SEXUAL ABUSE)

**IMPORTANT THIS FORM MUST BE RECEIVED
NO LATER THAN 5:00 P.M., MDT, AUGUST 11, 2014**

PARA ESPANOL, LLAME 1-888-570-6269.

Carefully read the Notice and Instructions that are included with this CONFIDENTIAL PROOF OF CLAIM and complete ALL applicable questions. Send *together with one copy* to: **Clerk of the United States Bankruptcy Court, District of New Mexico, P.O. Box 546, Albuquerque, New Mexico 87103.** If you prefer to hand deliver the completed Confidential Proof of Claim form to the Clerk, the physical address for hand delivery is **Clerk of the United States Bankruptcy Court, District of New Mexico, 500 Gold Avenue SW, Tenth Floor, Albuquerque, New Mexico.** 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. Mountain Daylight Time on August 11, 2014.

YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER, AND YOU MAY ALSO OBTAIN INFORMATION FROM THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS BY CALLING TOLL FREE AT 1-888-570-6269. FAILURE TO COMPLETE AND RETURN THIS FORM MAY RESULT IN YOUR INABILITY TO VOTE ON A PLAN OF REORGANIZATION AND RECEIVE A DISTRIBUTION FROM THE BISHOP OF THE ROMAN CATHOLIC CHURCH OF THE DIOCESE OF GALLUP OR THE ROMAN CATHOLIC CHURCH OF THE DIOCESE OF GALLUP, COMMONLY KNOWN AS THE DIOCESE OF GALLUP.

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 GUIDELINES TO THE DIOCESE OF GALLUP 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 MUST BE SIGNED BY 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.

Please print clearly and use blue or black ink.

PART 1: 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 - - Male Female
 Month Day Year

Complete Social Security Number: _____ - _____ - _____

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 2: NATURE OF COMPLAINT
(Attach additional separate sheets if necessary)

NOTE: IF YOU HAVE PREVIOUSLY FILED A COMPLAINT AGAINST THE DEBTOR IN THE ARIZONA OR NEW MEXICO STATE COURTS, YOU MAY ATTACH THE COMPLAINT IN LIEU OF PROVIDING THE INFORMATION BELOW SO LONG AS THE INFORMATION BELOW IS CONTAINED IN THE COMPLAINT. IF THE INFORMATION BELOW IS NOT CONTAINED IN THE COMPLAINT OR YOU DID NOT FILE A COMPLAINT, YOU MUST COMPLETE THE INFORMATION BELOW.

1. Who committed the acts of sexual abuse? _____

2. Position, Title or Relationship to You (if known) (e.g., Parish, Priest, Teacher, Coach, etc.)

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.

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.

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

5. What happened (describe what happened):

6. Did you tell anyone about the sexual abuse and, if so, who did you tell and when (this would include parents, relatives, friends, the Diocese of Gallup and law enforcement authorities).

PART 3: IMPACT OF COMPLAINT
(Attach additional separate sheets if necessary)

(If you are uncertain how to respond to the first question in this Part 3, you presently may leave the first question in this Part 3 blank, but you will be required to complete the first question in this Part 3 within thirty (30) days after a written request is made for the information requested in the first question of this Part 3.)

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)?

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

3. Are you interested in being contacted by the Diocese of Gallup's Victim Assistance Coordinator about receiving counseling? Yes No

PART 4: ADDITIONAL INFORMATION

1. Settlements: Regardless of whether a complaint was ever filed against any party because of the sexual abuse, have you settled any claim relating to the sexual abuse described in this claim? Yes No

If "Yes", please describe the terms of the settlement including parties to the settlement, and attach a copy of any settlement agreement.

2. I am submitting this claim against:

- Roman Catholic Church Of The Diocese Of Gallup, a New Mexico corporation sole
- Bishop Of The Roman Catholic Church Of The Diocese Of Gallup, an Arizona corporation sole

(Failure to check one of these two boxes, or checking both boxes, will not alone be grounds for objection to or disallowance of your claim.)

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): _____