

Tort Claims for Sexual Abuse Only CONFIDENTIAL PROOF OF CLAIM FOR SEXUAL ABUSE

United States Bankruptcy Court for the Eastern District of Washington		CONFIDENTIAL TORT PROOF OF CLAIM FOR SEXUAL ABUSE
Name of Debtor:	Case Number:	File Proof of Claim with:
The Catholic Bishop of Spokane a/k/a The Catholic Diocese of Spokane, a Washington corporation sole	04-08822-pcw11	BMC Group, Inc. PO BOX 990 El Segundo CA. 90245-0990
NOTE: THIS FORM SHOULD ONLY BE USED TO MAKE A CLAIM RELATING TO SEXUAL CONTACT/TOUCHING, SEXUAL ABUSE, OR SEXUAL MISCONDUCT. Please complete all information to the best of your knowledge. If you do not know or recall, please write, "Do Not Know."		DO NOT FILE THIS FORM WITH THE COURT
Name and Address of Creditor (The person or other entity to whom the debtor owes money or property): Creditor's Date of Birth:	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Last four digits of Social Security Number:	olatonioni gring pantodato.	
Telephone number:		
If you want court notices to be sent to an address different from the one above, please note the name and address here:	Check box if you have never received any notices from the bankruptey court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	
		This Space Is for Claims Agent Use Only
Any other name or names by which you are known or have ever been known:	Check here if this claim:	
	amends replaces a previously f	iled claim dated:
Where did the sexual contact/touching, sexual abuse, or sexual misconduct occur? (Complete all relevant information to the best of your ability. State none or n/a if not applicable.)	2. What is the name (if known) of the person who committed the sexual contact/touching, sexual abuse, or sexual misconduct? Name:	
City:	Position/Title:	
oity.		iest. Teacher. Coach. etc.)
State:	(F)	i est, Teacher, Coach, etc.)
Parish:		
School:		
Other:		
3. When did the sexual contact/touching, sexual abuse, or sexual misconduct occur? (To the best of your ability, give the approximate dates or your grade in school at the time.)	4. OPTIONAL: Describe the sexual contact/touching, sexual abuse, or sexual misconduct (please feel free to use any terminology/words with which you are most comfortable and familiar): Application	
5. Have you been a party to any civil lawsuit or other proceeding involving y proceeding, the case number, the court, and the date when filed)	I your claim? (If yes, provide the nam	e or title of the lawsuit or

Date:	Sign and print the name and title, if any, of the this claim (attach copy of power of attorney, if	This Space Is for Claims Agent Use Only			
Penalty for	Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.				
To Maintain Co	onfidentiality, File with BMC Group, Inc. I	by Mailing to the Address Below (Do	NOT file this with the Court)		
UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF WASHINGTON		CONFIDENTIAL PROOF OF CLAIM FOR SEXUAL ABUSE			
Name of Debtor The Catholic Bish Spokane, a Wash	hop of Spokane a/k/a The Catholic Diocese of nington corporation sole	<u>Case Number</u> <u>04-08822</u>			
Your Name and Address If you want notices to please note it here:	o be sent to an address different from the one above,	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attached copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.			
			This Space is for Claims' Agent Use Only		
THIS FORM SHOULD BE USED TO MAKE A CLAIM RELATING TO SEXUAL ABUSE, INCLUDING IF ANY PRIEST OR ANY OTHER PERSON CONNECTED WITH THE CATHOLIC DIOCESE OF SPOKANE, ITS PARISHES, SCHOOLS OR OTHER INSTITUTIONS: DID ANYTHING TO YOU OR HAD YOU DO ANYTHING SEXUAL OR INAPPROPRIATE, TOUCHED YOU OR HAD YOU TOUCH HIM OR HER OR YOURSELF SEXUALLY, WHETHER CLOTHED OR UNCLOTHED, LOOKED AT YOUR SEXUAL OR INTIMATE PARTS, SHOWED HIS OR HER SEXUAL OR INTIMATE PARTS TO YOU, TOOK A PHOTOGRAPH OR VIDEO OF YOU, SHOWED YOU ANYTHING SEXUAL, SUCH AS PHOTOGRAPHS, MAGAZINES OR BOOKS, HAD SEXUAL INTERCOURSE WITH YOU OR YOU WITH HIM OR HER, WHETHER ORAL, ANAL OR VAGINAL, OR HAD ANY SEXUAL CONTACT WITH YOU OF ANY KIND WHATSOEVER.					
	please give the name of each priest or other person who sexually abused you, and when and the ad				

Sign and print your name or the name of any person who is filing this Proof of Claim on your behalf (attach copy of power of attorney, if any):

THIS SPACE IS FOR CLAIMS' AGENT USE ONLY

the case number, the court, and the date when filed)

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.

File this Confidential Proof of Claim for Sexual Abuse by Mailing it to:

BMC Group, Inc. PO Box 990

El Segundo CA 90245-0990

It must be postmarked no later than , 2005

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Inserted cell	
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Padding cell	

Statistics:		
	Count	
Insertions	59	
Deletions	47	
Moved from	0	
Moved to	0	
Style change	0	
Format changed	0	
Total changes	106	