

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

<b>United States Bankruptcy Court for the Eastern District of Washington</b>		<b>CONFIDENTIAL TORT PROOF OF CLAIM FOR SEXUAL ABUSE</b>
Name of Debtor:  <b>The Catholic Bishop of Spokane a/k/a The Catholic Diocese of Spokane, a Washington corporation sole</b>	Case Number:  <b>04-08822-pcw11</b>	<b>File Proof of Claim with:</b> BMC Group, Inc. PO BOX 990 El Segundo CA. 90245-0990
<b>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."</b>		<b>DO NOT FILE THIS FORM WITH THE COURT</b>
Name and Address of Creditor (The person or other entity to whom the debtor owes money or property):  <b>Creditor's Date of Birth:</b>  <b>Last four digits of Social Security Number:</b>  <b>Telephone number:</b>	<input type="checkbox"/> 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.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	<b>This Space Is for Claims Agent Use Only</b>
If you want court notices to be sent to an address different from the one above, please note the name and address here:		
<b>Any other name or names by which you are known or have ever been known:</b>	<b>Check here if this claim:</b> <input type="checkbox"/> amends <input type="checkbox"/> replaces a previously filed claim dated:	
<b>1. Where did the sexual contact/touching, sexual abuse, or sexual misconduct occur?</b> (Complete all relevant information to the best of your ability. State none or n/a if not applicable.)  <b>City:</b> _____  <b>State:</b> _____  <b>Parish:</b> _____  <b>School:</b> _____  <b>Other:</b> _____	<b>2. What is the name (if known) of the person who committed the sexual contact/touching, sexual abuse, or sexual misconduct?</b>  <b>Name:</b> _____  <b>Position/Title:</b> _____ _____ (Priest, Teacher, Coach, etc.)	
<b>3. When did the sexual contact/touching, sexual abuse, or sexual misconduct occur?</b> (To the best of your ability, give the approximate dates or your grade in school at the time.)	<b>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):</b>	
<b>5. Have you been a party to any civil lawsuit or other proceeding involving your claim?</b> (If yes, provide the name or title of the lawsuit or proceeding, the case number, the court, and the date when filed)		



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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.

<p><b><u>File this Confidential Proof of Claim for Sexual Abuse by Mailing it to:</u></b></p> <p><u>BMC Group, Inc.</u> <u>PO Box 990</u> <u>El Segundo CA 90245-0990</u></p> <p><b><u>It must be postmarked no later than _____, 2005</u></b></p>
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