

# CONFIDENTIAL PROOF OF CLAIM FOR SEXUAL ABUSE

To Maintain Confidentiality, File with BMC Group, Inc. by Mailing to the Address Below (Do NOT file this with the Court)

<b>UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF WASHINGTON</b>		<b>CONFIDENTIAL 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</b>	THIS SPACE IS FOR CLAIMS' AGENT USE ONLY
Your Name and Address:	<input type="checkbox"/> 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. <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.	
If you want notices to be sent to an address different from the one above, please note it here:		
Telephone number:	Check here <input type="checkbox"/> replaces a previously filed claim, dated: if this claim <input type="checkbox"/> amends	
<p><b>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:</b></p> <ul style="list-style-type: none"> <li>• DID ANYTHING TO YOU OR HAD YOU DO ANYTHING SEXUAL OR INAPPROPRIATE,</li> <li>• TOUCHED YOU OR HAD YOU TOUCH HIM OR HER OR YOURSELF SEXUALLY, WHETHER CLOTHED OR UNCLOTHED,</li> <li>• LOOKED AT YOUR SEXUAL OR INTIMATE PARTS,</li> <li>• SHOWED HIS OR HER SEXUAL OR INTIMATE PARTS TO YOU,</li> <li>• TOOK A PHOTOGRAPH OR VIDEO OF YOU,</li> <li>• SHOWED YOU ANYTHING SEXUAL, SUCH AS PHOTOGRAPHS, MAGAZINES OR BOOKS,</li> <li>• HAD SEXUAL INTERCOURSE WITH YOU OR YOU WITH HIM OR HER, WHETHER ORAL, ANAL OR VAGINAL, OR</li> <li>• HAD ANY SEXUAL CONTACT WITH YOU OF ANY KIND WHATSOEVER.</li> </ul>		
<p><b>As best you can, please give the name of each priest or other person connected with the Catholic Diocese of Spokane, its parishes, schools or other institutions who sexually abused you, and when and the address or location where he or she sexually abused you:</b></p>		
<p><b>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)</p>		
Date	<b>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):</b>	THIS SPACE IS FOR CLAIMS' AGENT USE ONLY

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**