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Counsel for Debtor-in-Possession

**IN THE DISTRICT COURT OF GUAM
TERRITORY OF GUAM
BANKRUPTCY DIVISION**

<p>In re:</p> <p>ARCHBISHOP OF AGAÑA, a Corporation Sole,</p> <p>Debtor.</p>	<p>Chapter 11 Bankruptcy</p> <p>Case No. 19-00010</p>
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SEXUAL ABUSE PROOF OF CLAIM
IMPORTANT:
THIS FORM MUST BE RECEIVED NO LATER THAN AUGUST 15, 2019 AT 5:00 P.M.
(PREVAILING CHST-CHAMORRO STANDARD TIME)

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 Court, District of Guam at the following address: Office of the Clerk of Court- ATTN SEALED DOCUMENTS, District Court of Guam, U.S. Courthouse, 520 W Soledad Avenue, 4th Floor, Hagåtña, 96910, Guam. 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

1 the District Court of Guam, U.S. Courthouse, 520 W Soledad Avenue, 4th Floor, Hagåtña,
2 96910, Guam.

3 **If you mail or delivery the Confidential Proof of Claim form it must be received by the**
4 **Clerk no later than 5:00 p.m. (prevailing ChST-Chamorro Standard Time) on August 15,**
5 **2019.**

6 **YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER.**

7 **AND YOU MAY ALSO OBTAIN INFORMATION FROM THE OFFICIAL**
8 **COMMITTEE OF UNSECURED CREDITORS BY CALLING TOLL FREE AT**
9 **1-800-484-3513.**

10 **FAILURE TO COMPLETE AND RETURN THIS FORM MAY RESULT IN YOUR**
11 **INABILITY TO VOTE ON A PLAN OF REORGANIZATION AND RECEIVE A**
12 **DISTRIBUTION FROM THE ARCHBISHOP OF AGÑA, (THE “ARCHBISHOP”).**

13 **UNLESS YOU INDICATE OTHERWISE IN PART 1 BELOW, YOUR IDENTITY WILL**
14 **BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL, AND OUTSIDE THE PUBLIC**
15 **RECORD OF THE BANKRUPTCY COURT. HOWEVER, THIS PROOF OF CLAIM**
16 **AND THE INFORMATION IN THIS PROOF OF CLAIM WILL BE PROVIDED**
17 **PURSUANT TO COURT-APPROVED CONFIDENTIALITY GUIDELINES TO THE**
18 **ARCHBISHOP, THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS AND**
19 **TO SUCH OTHER PERSONS AS THE BANKRUPTCY COURT DETERMINES NEED**
20 **THE INFORMATION IN ORDER TO EVALUATE THE CLAIM.**

21 **THIS PROOF OF CLAIM IS FOR SEXUAL ABUSE CLAIMANTS ONLY.**

22 For the purposes of filing a Sexual Abuse Proof of Claim, a **Sexual Abuse Claim** is defined as
23 any Claim (as defined in section 101(5) of the Bankruptcy Code) against the Archbishop
24 resulting or arising in whole or in part, directly or indirectly from any actual or alleged sexual
25 conduct or misconduct, sexual abuse or molestation, indecent assault and/or battery, rape,
26 pedophilia, ephebophilia, or sexually-related physical, psychological, or emotional harm, or
27 contacts, or interactions of a sexual nature between a child and an adult, or a nonconsenting adult
28 and another adult, sexual assault, sexual battery, sexual psychological or emotional abuse,
humiliation, or intimidation, or any other sexual misconduct, and seeking monetary damages 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
Archbishop or any other person or entity for whose acts or failures to act the Archbishop is or
was allegedly responsible.

For Purposes of this Proof of Claim, a **Sexual Abuse Claimant** is defined as the person asserting
a Sexual Abuse Claim against the Archbishop, or if a minor, then his parent or legal guardian.

TO BE VALID, THIS PROOF OF CLAIM MUST BE SIGNED BY YOU OR YOUR
ATTORNEY. IF THE SEXUAL ABUSE CLAIMANT IS DECEASED OR

1 **INCAPACITATED, THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE**
2 **CLAIMANT'S REPRESENTATIVE, EXECUTOR OF THE ESTATE OR THE**
3 **ATTORNEY FOR THE ESTATE. IF THE SEXUAL ABUSE CLAIMANT IS A MINOR,**
4 **THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE CLAIMANT'S PARENT OR**
5 **LEGAL GUARDIAN, OR THE SEXUAL ABUSE CLAIMANT'S ATTORNEY.**

6 Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5
7 years, or both. 18 U.S.C. §§ 152 and 3571.

8 **PART 1: CONFIDENTIALITY**

9 **THIS SEXUAL ABUSE PROOF OF CLAIM (ALONG WITH ANY ACCOMPANYING**
10 **EXHIBITS AND ATTACHMENTS) WILL BE MAINTAINED AS CONFIDENTIAL**
11 **PURSUANT TO COURT-APPROVED GUIDELINES UNLESS YOU EXPRESSLY**
12 **REQUEST THAT IT BE PUBLICLY AVAILABLE BY CHECKING THE BOX AND**
13 **SIGNING BELOW. ONLY THE SEXUAL ABUSE CLAIMANT MAY WAIVE**
14 **CONFIDENTIALITY IN THIS PART 1.**

15 I do not want this Proof of Claim (along with any accompanying exhibits and
16 attachments) to be kept confidential. Please verify this election by signing directly below.

17 Signature: _____

18 Print Name: _____

19 **PART 2: IDENTIFYING INFORMATION**

20 **A. Sexual Abuse Claimant**

21 _____
22 First Name Middle Initial Last Name Jr/Sr/III

23 _____
24 Mailing Address (If party is incapacitated, is a minor or is deceased, please provide the address
25 of the individual submitting the claim. If you are in jail or prison, your current address).

26 _____
27 City State/Prov. Zip Code (Postal Code) Country
28 (if other than U.S.A.)

29 Telephone No(s):
30 Home: _____ Work: _____ Cell: _____

31 Email address: _____

32 Social Security Number: _____

33 If you are in jail or prison, your identification number: _____

1 May we leave voicemails for you regarding your claim? Yes No

2 May we send confidential information to your email: Yes No

3 Birth Date: _____ Male Female
4 Month Day Year

5 Any other name, or names, by which the Sexual Abuse Claimant has been known:

6 _____

7 **B. Sexual Abuse Claimant's Attorney (if any):**

8 _____
9 Law Firm Name

10 _____
11 Attorney's First Name Middle Initial Last Name

12 _____
13 Street Address

14 _____
15 City State/ Prov. Zip Code (Postal Code) Country
(if other than U.S.A.)

16 _____
17 Telephone No. Fax No. E-mail address

18 **PART 3: NATURE OF COMPLAINT**

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

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

25 a. Who committed the acts of sexual abuse or other wrongful conduct?

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b. What is the position, title or relationship to you (if known) of the abuser or individual who committed these acts?

c. Where did the sexual abuse or other wrongful conduct take place? Please be specific and complete all relevant information that you know, including the City and State, name of the School (if applicable) and/or the name of any other location.

d. When did the sexual abuse or other wrongful conduct take place?

1. If the sexual abuse or other wrongful conduct took place over a period of time (months or years), please state when it started, when it stopped, and how many times it occurred.

2. Please also state your age(s) and your grade(s) in school (if applicable) at the time the abuse or other wrongful conduct took place.

e. What happened (describe what happened):

f. Did you tell anyone about the sexual abuse or other wrongful conduct and, if so, who did you tell and when (this would include parents; relatives; friends; the Archbishop; attorneys; counselors; and law enforcement authorities)?

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g. Identify any church or religious organization you have belonged to or have been affiliated with.

h. State whether there were any witnesses to the abuse. If there were any witnesses, please list their name(s) and any contact information you have.

PART 4: IMPACT OF COMPLAINT
(Attach additional separate sheets if necessary)

(If you are uncertain how to respond to this Part 4, you may leave this Part 4 blank, but you will be required to complete this Part 4 within thirty (30) days after a written request is made for the information requested in this Part 4)

1. What injuries (including physical, mental and/or emotional) have occurred to you because of the act or acts of sexual abuse or other wrongful conduct that resulted in the claim (for example, the effect on your education, employment, personal relationships, health, and any physical injuries)?

2. Have you sought counseling or other treatment for your injuries? If so, with whom and when?

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PART 5: ADDITIONAL INFORMATION

1. Prior Claims: 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.)

If "Yes," which case(s):

2. Settlements: Regardless of whether a complaint was ever filed against any party because of the sexual abuse or other wrongful conduct, have you settled any claim relating to the sexual abuse or other wrongful conduct described in this claim?

Yes No (If "Yes," please describe, including parties to the settlement. You are required to attach a copy of any settlement agreement.)

3. 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: _____

4. State whether you have previously commenced any lawsuit seeking damages for the identified sexual abuse. If yes, please state:

a. Where and when you commenced the lawsuit:

b. The parties to the lawsuit:

c. The case number if any:

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d. The result of the lawsuit:

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 foregoing statements to be true and correct.

Date: _____

Signature: _____

Print Name: _____

Relationship to Sexual Abuse Claimant: _____