

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MONTANA

In Re:

Roman Catholic Bishop of Great Falls, Montana, a
Montana Religious Corporate Sole
(Diocese of Great Falls),

Debtor-In-Possession

Case No. 17-60721

Chapter 11

UNKNOWN TORT CLAIM PROOF OF CLAIM

Carefully read the instructions included with this UNKNOWN TORT PROOF OF CLAIM and complete ALL applicable questions. Please print clearly and use blue or black ink. Send the original, together with two (2) copies, to the Trustee of the Roman Catholic Diocese of Great Falls Trust c/o Omni Management Acquisition Corp., 5955 De Soto Ave., Suite 100, Woodland Hills, CA 91367.

THIS PROOF OF CLAIM IS FOR VICTIMS OF SEXUAL ABUSE ONLY.

For the purposes of this Proof of Claim, an **Unknown Tort Claimant** means a holder of an Unknown Tort Claim, as that term is defined in the *First Amended Chapter 11 Plan of Reorganization Proposed by The Roman Catholic Bishop of Great Falls, Montana* (as amended from time to time) dated as of July 3, 2018, (the "Plan")¹ and confirmed pursuant to the Confirmation Order.

YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER.

TO BE VALID, THIS PROOF OF CLAIM MUST BE SIGNED BY YOU OR YOUR ATTORNEY REGARDING THIS MATTER.

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.

UNLESS YOU INDICATE OTHERWISE IN PART 1 BELOW, YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL, AND OUTSIDE THE PUBLIC RECORD. HOWEVER, INFORMATION IN THIS CLAIM WILL BE PROVIDED PURSUANT TO COURT-APPROVED CONFIDENTIALITY GUIDELINES TO COUNSEL FOR THE TRUSTEE, THE REORGANIZED DEBTOR AND/OR OTHER PARTIES PURSUANT TO COURT ORDER.

¹ Capitalized terms used by not defined herein shall have the meanings and definitions ascribed to them in the Plan.

PART 1: CONFIDENTIALITY

THIS UNKNOWN TORT CLAIM PROOF OF CLAIM (ALONG WITH ANY ACCOMPANYING EXHIBITS AND ATTACHMENTS) WILL BE MAINTAINED AS CONFIDENTIAL UNLESS YOU EXPRESSLY REQUEST THAT IT BE PUBLICLY AVAILABLE BY CHECKING THE BOX AND SIGNING BELOW.

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

Signature: _____

Print Name: _____

PART 2: IDENTIFYING INFORMATION

A. Unknown Tort Claimant

First Name Middle Initial Last Name Jr/Sr/III

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

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

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

Email address: _____

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

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

May we send confidential information to your email: Yes No

Birth Date: _____ Male Female
 Month Day Year

Social Security Number: ____-____-_____

Any other name, or names, by which the Sexual Abuse Survivor has been known: _____

B. Sexual Abuse Survivor'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 3: NATURE OF COMPLAINT

(Attach additional separate sheets if necessary)

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

a. Who committed the acts of sexual abuse?

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 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 take place?

1. If the sexual abuse 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 took place.

- e. What happened (describe what happened):

- f. Did you tell anyone about the sexual abuse and, if so, who did you tell and when (this would include parents; relatives; friends; the Roman Catholic Diocese of Great Falls; attorneys; counselors; and law enforcement authorities)?

PART 4: IMPACT OF COMPLAINT

(Attach additional separate sheets if necessary)

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, health, and any physical injuries)? _____

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

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.) _____

2. 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, 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: _____

Date: _____

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.

Signature: _____

Print Name: _____

Title: _____