

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION**

IN RE:

CASE NO. 25-31257

DIOCESE OF ALEXANDRIA

DEBTOR¹

CHAPTER 11

PUTATIVE ABUSE SURVIVOR PROOF OF CLAIM

IMPORTANT:
THIS FORM MUST BE RECEIVED NO LATER THAN JUNE 8, 2026

IMPORTANT: DO NOT FILE THIS DOCUMENT WITH THE COURT

1. You may wish to consult an attorney regarding this matter. You may also contact the attorneys for the Official Committee of Unsecured Creditors at Wiener, Weiss & Madison, APC, 445 Louisiana Ave., Baton Rouge, LA 70802, attn.: Patrick L. McCune (pmccune@wwmlaw.com) or P.O. Box 21990, Shreveport, LA 71120, attn.: R. Joseph Naus (rjnaus@wwmlaw.com) for information or the Diocese's attorney at Gold Weems Bruser Sues & Rundell, P.O. Box 6118, Alexandria, LA 71307, attn.: Bradley L. Drell (bdrell@goldweems.com).
2. Please read the instructions included with this PUTATIVE ABUSE SURVIVOR PROOF OF CLAIM FORM and complete ALL applicable questions. Please type or print clearly and use blue or black ink. Send the original, as follows:

If sent by mail, hand delivery, or overnight courier, send to: Diocese of Alexandria Claims Processing, c/o Stretto, 410 Exchange, Suite 100, Irvine, CA 92602

If submitted electronically, at this website: <https://cases.stretto.com/dioceseofalexandria>

Claims sent by any other means (e.g., facsimile or email) will **not** be accepted.
3. **To be valid, the proof of claim must be signed by the Putative Abuse Survivor.** If the Putative Abuse Survivor is deceased or incapacitated, the form may be signed by the Putative Abuse Survivor's representative or the attorney for the estate. If the Putative Abuse Survivor is a minor, the form may be signed by the Putative Abuse Survivor's parent or legal guardian. For the avoidance of doubt, claimants may utilize electronic means to sign and or transmit their signatures for proofs of claim, for example, without limiting the foregoing, claimants may transmit a scanned image of their original, wet signature on the proof of claim form and submit this to their counsel for inclusion in a final, submitted proof of claim. Claimants utilizing electronic signature software or a third-party electronic signature capture service provider in tendering their signatures, like DocuSign, should utilize software that provides an

¹ The Debtor's address is 4400 Coliseum Blvd, Alexandria, LA 71303. The last four digits of the Debtor's taxpayer identification number are 1102.

audit trail or similar documentation verifying the signature, should use those features when submitting or transmitting their digital signatures, and should include this documentation with the proof of claim bearing the relevant digital signature.

Failure To Complete And Return This Form May Result In Your Inability To Vote On A Plan Of Reorganization And Receive A Distribution From the Diocese of Alexandria. If You Do Not Provide Sufficient Information In Response To This Form Or Otherwise, Your Claim May Be Subject To Objection.

PART 1. CONFIDENTIALITY

YOUR IDENTITY AND PUTATIVE ABUSE SURVIVOR PROOF OF CLAIM FORM (INCLUDING ANY EXHIBITS AND ATTACHMENTS) WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL, AND OUTSIDE THE PUBLIC RECORD BY BANKRUPTCY COURT.

THIS CLAIM WILL BE PROVIDED PURSUANT TO COURT-APPROVED GUIDELINES TO THE DIOCESE, COUNSEL TO THE DIOCESE, THE DIOCESE'S INSURERS AND THEIR COUNSEL, COUNSEL TO THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS, AND TO SUCH OTHER PERSONS AS THE COURT DETERMINES NEED THE INFORMATION TO EVALUATE THE CLAIM.

PART 2: IDENTIFYING INFORMATION

First Name: _____ Middle Initial: ____ Last Name: _____ Jr/Sr/III: ____

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

Address: _____

Telephone: _____ If the Abuse Survivor is in jail,
the jail identification number: _____

Email: _____

For communications regarding your claim, you may use (check the appropriate boxes): ☐ Email ☐ Voicemail
☐ Us Mail ☐ Counsel Listed Below

Birthdate: _____ SSN: _____

Gender: ☐ Male ☐ Female ☐ Other (specify): _____

If you have retained legal counsel, please provide the following information for your attorney. This will help ensure proper communication and documentation related to your claim.

Putative Abuse Survivor's Attorney (if any):

Firm Name: _____

Attorney Name: _____

Address: _____ Telephone: _____

Facsimile: _____

Email: _____

PART 3: NATURE OF THE ABUSE

(Attach additional sheets if necessary)

- A. Who abused you? If applicable, you may identify more than one abuser. Please provide the complete name(s) of each abuser to the best of your knowledge or memory. If you do not know the name(s) of each abuser, please identify them by title, position or other description.

- B. How did you know the abuser?

- C. What was the abuser's position, title, or relationship to you (if you know)? (For example, was he or she your parish priest, teacher, coach, etc.?)

- D. Where did the abuse take place? Please be specific. Include everything you can remember, including the city, state, church, school and/or parish where the abuse occurred.

- E. When were you abused?

- (1) If the abuse took place over a period of time (months or years) please state, to the best of your knowledge or memory, when it started, when it stopped, and how many times it occurred.

(2) If exact dates are not available or cannot be recalled, please provide the season (winter (December-February), spring (March-May), summer (June-August), fall (September-November)), or other date indicator.

(3) To the best of your knowledge or memory, please also state your age(s) and your grade(s) in school at the time the abuse took place.

(4) Please describe what happened to you. How were you abused?

F. Were there any witnesses to the abuse described above? If so, to the best of your knowledge or memory, please list their name(s) and any contact information you have, including addresses.

G. Other than your attorney, did you tell anyone about the abuse? (You might have told your parents, relatives, a friend, the Diocese, your parish priest, a teacher, your doctor, a coach, a counselor, a police officer or other law enforcement authorities, or someone else?) If you did tell someone, please write down who you told and when and what you told them. **DO NOT INCLUDE COMMUNICATIONS WITH YOUR ATTORNEYS.**

- H.** Did you ever write a letter to or contact the Diocese, your parish, your school, or anyone else about the abuse? If so, and you have copies of any correspondence, please attach copies of the correspondence. **DO NOT INCLUDE CORRESPONDENCE WITH YOUR ATTORNEYS.**

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

- A.** How did the abuse affect you? Specifically, have you sustained any injuries because of the abuse? (For example, did the abuse negatively affect your education, employment, personal relationships, health? Did it cause you emotional, physical, or psychological injuries?) If so, please describe those injuries.

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

PART 5: ADDITIONAL INFORMATION

- A. Prior Litigation.** Was a lawsuit regarding the sexual abuse you have described in this Sexual Abuse Survivor Proof of Claim filed by you or on your behalf?

☐ No ☐ Yes (If “Yes,” please provide any information you can to identify the case, such as a case number and the name of the court, or a copy of the complaint or petition).

- B. Prior Settlement.** Have you ever agreed to settle the abuse claim that is described in this proof of claim (whether or not you filed a lawsuit)?

☐ No ☐ Yes (If “Yes,” please provide any information you can to describe the settlement, for example the amount that was or will be paid to you, when and how it was or will be paid, the date of the settlement, and the parties to the agreement).

C. Prior Bankruptcy Claim. Have you filed any claims in any other bankruptcy case relating to the sexual abuse you have described in this Putative Sexual Abuse Survivor Proof of Claim?

☐ No ☐ Yes (If “Yes,” you are required to attach a copy of any completed claim form).

[Signature Page Follows]

SIGNATURE

To be valid, this Putative Abuse Survivor Proof of Claim must be signed by you. If the Putative Abuse Survivor is deceased or incapacitated, the form may be signed by the Putative Abuse Survivor's representative or the attorney for the estate. If the Putative Abuse Survivor is a minor, the form may be signed by the Putative Abuse Survivor's parent or legal guardian.

Penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Under penalty of perjury, I declare the foregoing statements to be true and correct.

Date: _____

Signature: _____

Print Name: _____