

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF WISCONSIN

In re:)
ARCHDIOCESE OF MILWAUKEE,)
Debtor.)
Case No. 11-20059-svk
Chapter 11
ABUSE SURVIVOR PROOF OF CLAIM

IMPORTANT:
THIS FORM MUST BE RECEIVED NO LATER THAN
FEBRUARY 1, 2012 AT 4:00 P.M.

1. Please read the instructions included with this ABUSE SURVIVOR PROOF OF CLAIM FORM and complete ALL applicable questions. Please print clearly and use blue or black ink. Send the *original* to: **The United States Bankruptcy Court for the Eastern District of Wisconsin, Room 126, U.S. Courthouse, Attention: Archdiocese Clerk, 517 East Wisconsin Avenue, Milwaukee, Wisconsin 53202.**
2. You may wish to consult an attorney regarding this matter. You may also contact the attorneys for the Official Committee of Unsecured Creditors (Pachulski, Stang, Ziehl, & Jones LLP) at 1-888-496-8643 or Milwaukee.Archdiocese@pszjlaw.com for information or the Archdiocese's attorneys (Whyte Hirschboeck Dudek S.C.) at 1-877-609-3995 or archmilclaims@whdlaw.com.
3. When you are finished, please sign the proof of claim, write "CONFIDENTIAL-FILED UNDER SEAL" across the top of this Abuse Survivor Proof of Claim Form, place it in a sealed envelope, and write "ATTENTION ARCHDIOCESE CLERK -- CONFIDENTIAL-FILED UNDER SEAL" on the outside of the sealed envelope.
4. To be valid, the proof of claim must be signed by the Abuse Survivor or the Abuse Survivor's attorney. If the Abuse Survivor is deceased or incapacitated, the form may be signed by the Abuse Survivor's representative or the attorney for the estate. If the Abuse Survivor is a minor, the form may be signed by the Abuse Survivor's parent or legal guardian or the Abuse Survivor's attorney.

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 BY THE UNITED STATES BANKRUPTCY COURT. THIS CLAIM WILL BE PROVIDED PURSUANT TO COURT-APPROVED GUIDELINES TO THE ARCHDIOCESE, COUNSEL TO THE ARCHDIOCESE, COUNSEL FOR COMMITTEE OF UNSECURED CREDITORS AND TO SUCH OTHER PERSONS AS THE COURT DETERMINES NEED THE INFORMATION IN ORDER TO EVALUATE THE CLAIM

PART 1. CONFIDENTIALITY

THIS ABUSE SURVIVOR PROOF OF CLAIM FORM (ALONG WITH ANY ACCOMPANYING EXHIBITS AND ATTACHMENTS, IF ANY) 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 Form (along with any accompanying exhibits and attachments, if any) to be kept confidential. Please verify this election by signing directly below.

Signature: _____

Print Name: _____

Please Continue to Next Page.

PART 2: IDENTIFYING INFORMATION

A. Abuse Survivor

First Name Middle Initial Last Name Jr/Sr/III

Mailing Address: (If Abuse Survivor is incapacitated, is a minor or is deceased, please provide the address of the individual submitting the claim).

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

Telephone No.

Home: Work: Cell:

Email address

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

Any other name or names by which Abuse Survivor has been known:

B. 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

Please Continue to Next Page.

PART 3: NATURE OF THE ABUSE
(Attach additional sheets if necessary)

NOTE: IF YOU HAVE PREVIOUSLY FILED A LAWSUIT AGAINST THE ARCHDIOCESE 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 abused you?

b. 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.?)

c. 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.

d. When were you abused?

1. If the 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 at the time the abuse took place.

e. Please describe what happened to you. How were you abused?

f. Did you tell anyone about the abuse? (You might have told your parents, relatives, a friend, the Archdiocese, your parish priest, a teacher, your doctor, a coach, an attorney, 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 you told them.

g. Did you ever write a letter to or contact the Archdiocese, 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.

Please Continue to Next Page.

PART 4: IMPACT OF ABUSE
(Attach additional 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. 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.

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

PART 5. ADDITIONAL INFORMATION

1. Settlements: Have you ever agreed to settle the abuse claim that is described in this proof of claim (whether or not you filed a lawsuit)?

Yes No If "Yes", please describe the settlement (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). You may attach a copy of the settlement agreement if you have one.

2. 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 the name and title, if any, of the Abuse Survivor or other person authorized to file this claim.

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

Signature: _____

Print Name: _____