

**EXHIBIT G**

**PRO FORMA FUTURE TORT CLAIM  
PROOF OF CLAIM FORM**

PROPOSED FORM  
SUBJECT TO COURT APPROVAL

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF MONTANA

In Re:

THE ROMAN CATHOLIC DIOCESE OF  
HELENA, a Montana religious corporation  
sole,

[Reorganized] Debtor.

Chapter 11

Case No. 14-60074

**FUTURE TORT CLAIM PROOF OF CLAIM**

Carefully read the instructions included with this FUTURE TORT CLAIM 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 Helena Trust c/o/ Omni Management Acquisition Corp., 5955 De Soto Ave., Suite 100, Woodland Hills, CA 91367.

**THIS PROOF OF CLAIM IS FOR FUTURE TORT CLAIMANTS ONLY.**

For the purposes of this Proof of Claim, a **Future Tort Claimant** means a holder of a Future Tort Claim, as that term is defined in the *First Amended Joint Chapter 11 Plan of Reorganization Proposed by The Roman Catholic Bishop of Helena, Montana and The Official Committee of Unsecured Creditors* dated as of [Date] (the "Plan")<sup>1</sup> 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**

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.**

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<sup>1</sup> Capitalized terms used but not defined herein shall have the meanings and definitions ascribed to them in the Plan.

**PART 1: CONFIDENTIALITY**

**THIS FUTURE 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. Future 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
May we send confidential information to your email: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Birth Date: _____			<input type="checkbox"/> Male <input type="checkbox"/> 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 DEBTOR 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.

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- 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.

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- 2. Please also state your age(s) and your grade(s) in school (if applicable) at the time the sexual abuse took place.

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- e. What happened (describe what happened):

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- 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 Helena; attorneys; counselors; and law enforcement authorities)?

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- g. Does your claim qualify as a Province Channeled Claim (as defined in the Plan)? If so, describe the circumstances giving rise to such Province Channeled Claim?

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**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:** \_\_\_\_\_