### **EXHIBIT G**

# PRO FORMA FUTURE TORT CLAIM PROOF OF CLAIM FORM

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### 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,

Chapter 11

Case No. 14-60074

[Reorganized] Debtor.

#### **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 <u>original</u>, <u>together with two (2) copies</u>, 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") 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.

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

DOCS\_NY:31987.2

### **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 exhibattachments) to be kept confidential. Please verify this election by directly below.					
Signature:				monage	
Print Name:			***************************************		
	PART 2: IDENTIF	YING INFOR	MATION		
A. Future Tort Cl	aimant				
First Name	Middle Initial	Last Name	<del></del> e	Jr/Sr/III	
	party is incapacitated idual submitting the c				
City U.S.A.)	State/Prov.	Zip Code	(Postal Code)	Country (if other than	
Telephone No(s): Home:	Work:		Cell:		
Email address:	·		······································		
If you are in jail or p	orison, your identificat	ion number:		-	
May we leave voice	mails for you regardin	g your claim?	Yes N	lo	
May we send confid	ential information to y	our email:	Yes N	lo	
Birth Date:Month	Day	Year	Male F	Female	
Social Security Nun DOCS_NY:31987.2	nber:				

Any other name, or names, by which the Sexual Abuse Survivor has been known:				
B. Sexual Abus	se Survivor's At	torney (if any).		
Law Firm Name				***************************************
Attorney's First 1	Name	Middle Initial	Last Na	me
Street Address				
City U.S.A.)	State/Prov.	Zip Code (P	ostal Code)	Country (if other than
Telephone No.	WFD-90-110.0-13.14.14.14.14.14.14.14.14.14.14.14.14.14.	Fax No.	E-r	nail address
		NATURE OF COMI		
DEBTOR IN A COMPLAINT. DOES NOT CO	STATE OR FI IF YOU DID N ONTAIN ALL (	EVIOUSLY FILED A EDERAL COURT, OT FILE A LAWSU OF THE INFORMAT NFORMATION BELO	YOU MAY IT, OR IF TH TION REQUE	ATTACH THE E COMPLAINT
a. Who commit	ted the acts of sex	kual abuse?		
	osition, title or reed these acts?	elationship to you (if kr	nown) of the ab	ouser or individual
			White he is a second of the se	

	plicable) and/or the name of any other location.
	hen 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 sexual abuse took place.
W	hat happened (describe what happened):
W	hat happened (describe what happened):
	hat happened (describe what happened):  In dyou tell anyone about the sexual abuse and, if so, who did you tell and when (this buld include parents; relatives; friends; the Roman Catholic Diocese of Helena corneys; counselors; and law enforcement authorities)?

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

1.	rest	se of the act or acts of sexual abuse that effect on your education, employment cal injuries)?	
2.	Hav	ve you sought counseling or other treatn when?	nent for your injuries? If so, with whom
		PART 5: ADDITIONAL	LINFORMATION
	<b>*</b>	Prior Claims: Have you filed any claim the sexual abuse described in this claim.	s in any other bankruptcy case relating to
		Yes No (If "Yes," you are required m.)	
	2.	abuse described in this claim?	settled any claim relating to the sexual, including parties to the settlement. You
	3.	Bankruptcy. Have you ever filed banks provide the following information:	ruptcy?  Yes  No (If "Yes," please
		Name of Case:	Court:
		Date filed:	Case No
		Chapter: 7 11 12 13	Name of Trustee:
Da	te:_		

Sign and print your name. If you are signing the claim on behalf of another person or an estate, print your title.

Inder penalty of perjury, I declare the foregoing statements to be tru	e and correct.
Signature:	-
Print Name:	_
Title:	_