

Office of Pastoral Support and Outreach

OVERVIEW OF CONFIDENTIALITY

We at the "Office of Pastoral Support and Outreach" are sensitive to how difficult it is for a survivor to bring an allegation of clergy sexual abuse to us. It is our hope that each and every person who comes to this office be able to present their story in a safe place. In order to create such an environment, there will be no recording of information of a survivor's story beyond those specific details in the "Initial Victim Reporting Sheet."

1. Survivor will receive a copy of all contents of his/her file at the completion of initial intake.
2. "Form D" is submitted to the Attorney General through the "Office of the Delegate."
3. Survivor has the right to be a John or Jane Doe in the "Form D", which is sent to the Attorney General.
4. Treatment records will not be sought or maintained by the "Office of Pastoral Support and Outreach."
5. If survivor is in therapy and decides to pursue litigation, the "Office of Pastoral Support and Outreach" encourages him/her to discuss the confidentiality of treatment and records with his/her attorney and therapist.

VERIFICATION FORM

1. Explanation of the roles of "Office of Pastoral Support and Outreach" & "Office of the Delegate"
2. Explanation of reporting process
3. Completion of forms with survivor
4. Receipt of copy of forms

I, verify that all of the above was explained to me by
(Survivor's printed name)

"The Office of Pastoral Support and Outreach." In addition, I received a copy of all forms completed by the staff member and myself.

(Survivor's signature)

12/18/03
(Date)

SA M. LESOTTE
itness' printed name)

(Witness' signature)

12-18-03
(Date)

Office of Pastoral Support and Outreach

Initial Victim Report

Date: 12/18/03 Individual Making Report:

Victim:

Name: D.O.B. / / 59
Address:
City: J State: MA Zip:
Phone: (day)
Phone: (evening)
Phone: (cell # if desired)

Availability: (best time)

Day: _____ Time: _____

Leave message on machine: Yes No

Referral Source: _____

Priest/Individual Being Reported:

Name: Fr. John Walsh, O.M.I.
Parish: Sacred Heart (City/Town) Lowell, MA
Institution: _____ (City/Town) _____

Incident(s):

of incident(s): two

Victim's age at time of incident(s): 13 or 14

When incident(s) occurred: 1973 or 1974

Place of incident(s): Sacred Heart Rectory

City/Town: Lowell

State: MA Zip Code: 01851

Nature of Abuse:

Sexual abuse took place twice. There were months of incidents (non-sexual) leading up to the two sexual abuse incidents.

Services requested from "Office of Pastoral Support and Outreach"

Survivor:

Family Member(s):

12/18/03
(date)

[Redacted Signature Box]

(Survivor's signature)

[Redacted Printed Name Box]

(Survivor's printed name)

12/18/03
(date)

[Handwritten Signature]
(Interviewer's signature)

EDNA M. LEZOTT
(Interviewer's printed name)