

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF ALASKA

CATHOLIC BISHOP OF NORTHERN )  
ALASKA, an Alaska religious corporation )  
sole, a.k.a. the DIOCESE OF FAIRBANKS, )  
CATHOLIC DIOCESE OF FAIRBANKS or )  
FAIRBANKS DIOCESE )

Debtor. )

Case No. 08-00110-DMD

(Chapter 11)

**CONFIDENTIAL  
PROOF OF CLAIM  
(SEXUAL ABUSE)**

**IMPORTANT THIS FORM MUST BE RECEIVED  
NO LATER THAN DECEMBER 2, 2008**

Carefully read the instructions included with this CONFIDENTIAL PROOF OF CLAIM and complete ALL applicable questions. Send *together with one copy* to: Clerk of the United States Bankruptcy Court, District of Alaska, Attention: Jan Ostrovsky, Historical Courthouse, 605 West Fourth Ave., Suite 138, Anchorage, AK 99501.

YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER, AND YOU MAY ALSO OBTAIN INFORMATION FROM THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS BY CALLING TOLL FREE AT 1-888-570-6269 (INCLUDING ACCESS TO A YUP'IK SPEAKER).

YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL AND OUTSIDE THE PUBLIC RECORD BY THE UNITED STATES BANKRUPTCY COURT. INFORMATION IN THIS CLAIM WILL BE PROVIDED PURSUANT TO COURT-APPROVED GUIDELINES TO THE FAIRBANKS DIOCESE AND TO SUCH OTHER PERSONS AS THE BANKRUPTCY COURT DETERMINES NEED THE INFORMATION IN ORDER TO EVALUATE THE CLAIM.

TO BE VALID, THIS CONFIDENTIAL PROOF OF CLAIM MUST BE SIGNED BY THE CLAIMANT OR MUST BE SIGNED BY THE CLAIMANT'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.

Please print clearly and use blue or black ink.

**PART 1: IDENTIFYING INFORMATION**

**A. Claimant**

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name                      Jr/Sr/III

\_\_\_\_\_  
Street Address: (If party is incapacitated, provide the address of the party submitting the claim).

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

Telephone No.  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Birth Date

Month		Day		Year	

Male

Female

Any other name or names by which Claimant has been known: \_\_\_\_\_

**B. Claimant'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 2: NATURE OF COMPLAINT**  
**(Attach additional separate sheets if necessary)**

**NOTE: IF YOU HAVE PREVIOUSLY FILED A COMPLAINT AGAINST THE DEBTOR IN THE ALASKA STATE COURT, YOU MAY ATTACH THE COMPLAINT AND THE QUESTIONNAIRE YOU FILLED OUT IN LIEU OF PROVIDING THE INFORMATION BELOW. IF YOU DID NOT FILE A COMPLAINT OR IF THE COMPLAINT DOES NOT CONTAIN THE INFORMATION REQUESTED BELOW, YOU MUST PROVIDE THE INFORMATION BELOW**

1. Who committed the acts of sexual abuse? \_\_\_\_\_
2. Position, Title or Relationship to You (if known) (e.g., Parish, Priest, Teacher, Coach, etc.)  
\_\_\_\_\_
3. 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 Parish, Mission or School (if applicable) and/or the name of any other location.  
\_\_\_\_\_  
\_\_\_\_\_
4. When did the sexual abuse take place?
  - a. If the sexual abuse took place over a period of time (months or years) please state when it started, when it stopped, and if it happened all during that time.  
\_\_\_\_\_  
\_\_\_\_\_

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

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5. What happened (describe what happened):

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6. Did you tell anyone about the sexual abuse and, if so, who did you tell and when (this would include parents, relatives, friends, the Fairbanks Diocese and law enforcement authorities).

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**PART 3: IMPACT OF COMPLAINT**  
(Attach additional separate sheets if necessary)

*(If you are uncertain how to respond to this Part 3, you presently may leave this Part 3 blank, but you will be required to complete this Part 3 within thirty (30) days after a written request is made for the information requested in this Part 3)*

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 and health)?

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2. Have you sought counseling or treatment? If so, with whom and when? \_\_\_\_\_

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3. Are you interested in being contacted by the Fairbanks Diocese's Victim Assistance Coordinator about receiving counseling?  Yes  No

**PART 4. Additional Information**

1. 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, and attach a copy of any settlement agreement. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

Sign and print the name and title, if any, of the Claimant 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: \_\_\_\_\_