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Proof of Claim form: Jane Doe II-B

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Proof of Claim form: Jane Doe II-B

Content Notice

This item is part of the Archdiocese of Santa Fe Institutional Abuse Collection, and it may contain descriptions of physical, emotional, sexual, and religious abuse, including abuse of minors. Other potentially sensitive topics within the collection include mental health conditions, substance abuse, and other forms of violence.

Resources are available if you or someone you know needs support for any reason.

For the National Sexual Assault Hotline, call 800-656-HOPE (4673) or go to <https://hotline.rainn.org/online>

For the 988 Suicide and Crisis Lifeline, call or text 988, or go to <https://chat.988lifeline.org/>

For the Substance Abuse and Mental Health Services Administration Helpline, call 1-800-662-4357

For crisis treatment in New Mexico: <https://www.nmhealth.org/contact/crisis/>

Survivors Network of those Abused by Priests resources: https://www.snapnetwork.org/resources_for_survivors

To report abuse:

- <https://archdiosf.org/report-abuse>
- <https://www.reportbishopabuse.org/>

To report child abuse:

- <https://www.childhelphotline.org/>

Keywords

child sexual abuse, church abuse, New Mexico, Archdiocese of Santa Fe

Disciplines

Catholic Studies | Ethics in Religion | Religion Law | United States History

Jane Doe ii B

FILED
at 11:32 o'clock AM

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEW MEXICO

JUN 17 2019

In re:

ROMAN CATHOLIC CHURCH OF THE
ARCHDIOCESE OF SANTA FE, a New Mexico
corporation sole,

Debtor.

Chapter 11 United States Bankruptcy Court
Albuquerque, New Mexico

Case No. 18-13027-t11

CORRECTED SEXUAL ABUSE PROOF OF CLAIM

This form has been corrected solely with respect to the address for hand delivery.

IMPORTANT:

**THIS FORM MUST BE RECEIVED NO LATER THAN
June 17, 2019 AT 5:00 P.M. (PREVAILING MOUNTAIN TIME)**

Carefully read Notice and Instructions that are 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 New Mexico at the following address: Office of the Clerk of Court-ATTN SEALED DOCUMENTS, U.S. Bankruptcy Court, District of New Mexico, Pete V. Domenici U.S. Courthouse, 333 Lomas Blvd. NW, Suite 360 Albuquerque, NM 87102. If you prefer to hand deliver the completed Confidential Proof of Claim form to the Clerk, the physical address for hand delivery is Clerk of the United States Bankruptcy Court, District of New Mexico, 333 Lomas Blvd. NW, Suite 360 Albuquerque, NM.

If you mail or deliver the Confidential Proof of Claim form it must be received by the Clerk no later than 5:00 p.m. (prevailing Mountain Time) on June 17, 2019.

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 888-570-6217.

FAILURE TO COMPLETE AND RETURN THIS FORM MAY RESULT IN YOUR INABILITY TO VOTE ON A PLAN OF REORGANIZATION AND RECEIVE A DISTRIBUTION FROM THE ROMAN CATHOLIC CHURCH OF THE ARCHDIOCESE OF SANTA FE, COMMONLY KNOWN AS THE ARCHDIOCESE OF SANTA FE (THE "ARCHDIOCESE").

UNLESS YOU INDICATE OTHERWISE IN PART 1 BELOW, YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL, AND OUTSIDE THE PUBLIC RECORD OF THE BANKRUPTCY COURT. HOWEVER, THIS PROOF OF CLAIM AND THE INFORMATION IN THIS PROOF OF CLAIM WILL BE PROVIDED

PURSUANT TO COURT-APPROVED CONFIDENTIALITY GUIDELINES TO THE ARCHDIOCESE, THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS AND TO SUCH OTHER PERSONS AS THE BANKRUPTCY COURT DETERMINES NEED THE INFORMATION IN ORDER TO EVALUATE THE CLAIM.

THIS PROOF OF CLAIM IS FOR SEXUAL ABUSE CLAIMANTS ONLY.

For the purposes of this Proof of Claim, a **Sexual Abuse Claim** is defined as any Claim (as defined in section 101(5) of the Bankruptcy Code) against the Archdiocese resulting or arising in whole or in part, directly or indirectly from any actual or alleged sexual conduct or misconduct, sexual abuse or molestation, indecent assault and/or battery, rape, pedophilia, ephebophilia, or sexually-related physical, psychological, or emotional harm, or contacts, or interactions of a sexual nature between a child and an adult, or a nonconsenting adult and another adult, sexual assault, sexual battery, sexual psychological or emotional abuse, humiliation, or intimidation, or any other sexual misconduct, and seeking monetary damages or any other relief, under any theory of liability, including vicarious liability, any negligence-based theory, contribution, indemnity, or any other theory based on any acts or failures to act by the Archdiocese or any other person or entity for whose acts or failures to act the Archdiocese is or was allegedly responsible.

For Purposes of this Proof of Claim, a **Sexual Abuse Claimant** is defined as the person asserting a Sexual Abuse Claim against the Archdiocese, or if a minor, then his parent or legal guardian.

TO BE VALID, THIS PROOF OF CLAIM MUST BE SIGNED BY YOU OR YOUR ATTORNEY. IF THE SEXUAL ABUSE CLAIMANT IS DECEASED OR INCAPACITATED, THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE CLAIMANT'S REPRESENTATIVE, EXECUTOR OF THE ESTATE OR THE ATTORNEY FOR THE ESTATE. IF THE SEXUAL ABUSE CLAIMANT IS A MINOR, THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE CLAIMANT'S PARENT OR LEGAL GUARDIAN, OR THE SEXUAL ABUSE 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.

PART 1: CONFIDENTIALITY

THIS SEXUAL ABUSE PROOF OF CLAIM (ALONG WITH ANY ACCOMPANYING EXHIBITS AND ATTACHMENTS) WILL BE MAINTAINED AS CONFIDENTIAL PURSUANT TO COURT-APPROVED GUIDELINES UNLESS YOU EXPRESSLY REQUEST THAT IT BE PUBLICLY AVAILABLE BY CHECKING THE BOX AND SIGNING BELOW. ONLY THE SEXUAL ABUSE CLAIMANT MAY WAIVE CONFIDENTIALITY IN THIS PART 1.

- 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. Sexual Abuse Claimant

First Name ^{#1} _____ Middle Initial _____ Last Name _____ Jr/Sr/III _____

^{#2} _____

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).

^{#2} _____ 87102

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

Telephone No(s):

Home: _____ Work: _____ Cell: ^{#2} _____

Email address: _____ ^{#2} _____

Social Security Number: ^{#4} _____

If you are in jail or prison, your identification number: _____

May we leave voicemails for you regarding your claim? Yes No

May we send confidential information to your email: Yes No

Birth Date: ^{#2} _____ Male Female
Month Day Year

Any other name, or names, by which the Sexual Abuse Claimant has been known:

B. Sexual Abuse Claimant's Attorney (if any):

Hall & Monagle, LLC
Law Firm Name

Brad D. Hall
Attorney's First Name Middle Initial Last Name

320 Gold Ave SW #1218
Street Address

Albuquerque, NM 87102
City State/ Prov. Zip Code (Postal Code) Country
(if other than U.S.A.)

(505) 255-6300
Telephone No.

(505) 255-6323
Fax No.

brad@hallmonagle.com
E-mail address

PART 3: NATURE OF COMPLAINT
(Attach additional separate 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 committed the acts of sexual abuse or other wrongful conduct?

Father Arthur Perrault sexually abused me. He was aided in that abuse through his employment and agency relationship with the Archdiocese of Santa Fe, Queen of Heaven parish in Albuquerque, and the Servants of the Paracletes and through their negligence in placing a known pedophile into parish ministry.

- b. What is the position, title or relationship to you (if known) of the abuser or individual who committed these acts?

Fr. Perrault was a parish priest at Queen of Heaven Catholic Church. My family attended that church. He was also a friend of our family. He was also a friend of my neighbor.

- c. Where did the sexual abuse or other wrongful conduct 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.

Fr. Perrault sexually abused me at my neighbor's house, at various houses around Albuquerque, at a house near the old St. Pius where the priests lived and where he lived, and at an apartment he lived at, and at Queen of Heaven Catholic Church, rectory when he lived there at the end. There were other locations but I was too young to remember addresses.

d. When did the sexual abuse or other wrongful conduct take place?

1. If the sexual abuse or other wrongful conduct took place over a period of time (months or years), please state when it started, when it stopped, and how many times it occurred.

Fr. Perrault started abusing me in 1966. It stopped in 1970. He abused me over 100 times and he witnesses my neighbor abuse me when he was not abusing me at my neighbor's house. The total incidents of abuse by the neighbor and Fr. Perrault was several hundred times over the course of four years.

2. Please also state your age(s) and your grade(s) in school (if applicable) at the time the abuse or other wrongful conduct took place.

I was 9 or 10 years old when it started in 1966 and was 13 or 14 when it ended in 1970.

e. What happened (describe what happened):

My parents knew Fr. Perrault. The abuse started at my neighbor's house with Fr. Perrault there. He and Mr. Travis raped me and after the first time, it became a regular thing for the two of them. They had sex with each other as well, and sometimes others were there. They took pornography photographs of me doing things to them. I do not know what they did with those photographs. I can recall his fat face, his smell and it makes me vomit as I think of his penis in my mouth, and his semen. Fr. Perrault would take me to other houses where this took place. I went to his house by the old St. Pius, numerous times and to an apartment he had. He would abuse me many places around Albuquerque. When he got assigned to Queen of Heaven church, my parents would drop me off at the rectory and go to church. He would vaginally and anally rape, make me suck him, and he would penetrate me with his fingers, all while my parents were at mass. I believe my parents knew what was going on. They could not have. It stopped at Queen of Heaven. I do not know why it stopped.

f. Did you tell anyone about the sexual abuse or other wrongful conduct and, if so, who did you tell and when (this would include parents; relatives; friends; the Archdiocese; attorneys; counselors; and law enforcement authorities)?

I told a therapist several years ago. I have not been able to tell anyone else until I told my attorneys.

- g. Identify any church or religious organization you have belonged to or have been affiliated with.

No. I don't believe in anything. I have no faith in any religion.

- h. State whether there were any witnesses to the abuse. If there were any witnesses, please list their name(s) and any contact information you have.

Mr. Benjamin Travis, my neighbor. He is dead now. There were other adults at some of the houses who participated in sexual activity with me, with Fr. Perrault and with each other. I do not know their names. My parents are both dead. It was not until after they died that I began to address my problems caused by the abuse by Fr. Perrault. He was the ring master of what ever the adults were doing. He was the center person who delivered me to the other adults and to himself.

PART 4: IMPACT OF COMPLAINT
(Attach additional separate 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. What injuries (including physical, mental and/or emotional) have occurred to you because of the act or acts of sexual abuse or other wrongful conduct that resulted in the claim (for example, the effect on your education, employment, personal relationships, health, and any physical injuries)?

I have suffered the following as a result of the sexual abuse by Fr. Perrault:

Suicide attempts

Bulimia

Self-Harm

Loss of time and surroundings

Insomnia

Depression

Nausea and vomiting

Job difficulties

Nightmares

Relationship difficulties

Anger, irritability

Relationship problems

Sexual performance and enjoyment problems

Avoidance of medical care which lead to health problems

A copy of a recent (June 13, 2019) "Progress Report" by my therapist, is attached.

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

#6

January 22, 2011 – current

W – April 15, 2013 – current

I have been in therapy a long time but I only recently realized that my many life long and profound problems were related to the abuse by Fr. Perrault and this happened only after I finally disclosed the abuse to my therapist.

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.)

If "Yes," which case(s):

2. Settlements: Regardless of whether a complaint was ever filed against any party because of the sexual abuse or other wrongful conduct, have you settled any claim relating to the sexual abuse or other wrongful conduct 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: _____

4. State whether you have previously commenced any lawsuit seeking damages for the identified sexual abuse. If yes, please state:

a. Where and when you commenced the lawsuit:

b. The parties to the lawsuit:

c. The case number if any:

d. The result of the lawsuit:

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.

Date: 6/16/19

Signature: _____

#1

Print Name: _____

Relationship to Sexual Abuse Claimant: SELF

#6

Progress Report

Client name:

#1

Therapist Name:

Treatment Issues:

F43.10 Posttraumatic Stress Disorder, unspecified

F33.3 Major Depressive Disorder, recurrent, severe with psychotic features, chronic

F44.81 Dissociative Identity Disorder

G47.00 Insomnia Disorder with non-sleep disorder mental comorbidity

Z59.6 Low Income

Z91.49 Other Personal History of Psychological Trauma

Z91.5 Personal History of Self-Harm

Date of Report:

June 13, 2019

Referred by:

#10

SERVICES AND TERMINATION STATUS

Opening Date: ___4/15/2013_____

Termination Date: ___still receiving services___

Which of the following Services are/were used during client's stay?

Individual Group _____ Family _____ Marital _____ Interactive Parenting _____

Other _____ (Parenting Classes)

Overall Status of Improvement

_____ Marked Improvement _____ Moderate Improvement _____ No Change _____ Regressed Adequate

Reason(s) for Termination

_____ Discharged as Planned

_____ Terminated against therapist's advice

_____ Referred for other services

_____ No longer making appointments

_____ Have missed excessive appointments

_____ Insufficient Progress in Therapy

_____ Therapist is leaving the area

_____ Client is leaving the area

___ Other

__X__ Still receiving treatment

Client is Participatory in Session __Yes__

Client Attends Regularly and Timely __Yes__

Clinical Impressions:

Ms. #1 suffers from above diagnoses and other medical and health conditions that interfere with her ability to work full-time and in environments with people. She suffers from intrusive and distressing recollections, flashbacks, intense psychological distress at exposure to external, or internal cues that resemble trauma such as men, loud noises, smells, estrangement from others, memory loss from dissociation, hypervigilance, sleep disturbance, irritability, and the disturbances cause clinically significant distress and impairment in social, occupational, and other important areas of functioning daily.

#10