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Proof of Claim form: Jane Doe S-B-TEX

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Proof of Claim form: Jane Doe S-B-TEX

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

JaneDoe "S-B" Tex filed
5/13/19

12:05 pm

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEW MEXICO

In re:

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

Debtor.

Chapter 11

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: _____

PART 2: IDENTIFYING INFORMATION

A. Sexual Abuse Claimant

_____ #1
First Name 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
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: _____ N/A

May we leave voicemails for you regarding your claim? Yes No (Please contact my attorney)

May we send confidential information to your email: Yes No (Please contact my attorney)

Birth Date: _____ #2 Male X 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 (505) 255-6323 brad@hallmonagle.com

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 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?

I was abused by a Franciscan priest at the Oldest Church in America – San Miguel Mission in Santa Fe. The Archdiocese, the Franciscans and the San Miguel Mission all employed and empowered this priest to abuse me.

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

I was on a field trip with school. We went to the Oldest Church in America and the students were scattered all around the inside of the Church. A Franciscan priest told me to go with him to a little room off of the room that sold religious items and he abused me in the room once he got me alone in there.

- 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.

The abuse took place in a small office like room off of the room where they sold religious items at the Oldest Church in America.

- 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.

The abuse took place once, in 1968 or 1969, when I was either 8 or 9 years old.

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 8 or 9 and would have been in 3rd or 4th grade.

- e. What happened (describe what happened):

I attended St. Francis Elementary School in Santa Fe. We went on a school field trip to the Oldest Church in America, in Santa Fe. There was a small room in the back of the Church, were you entered, off to the right where they sold religious items, pendants and things. All us kids were scattered around the church, and some kids were in that room. A priest wearing a Franciscan brown robe (I know the Franciscan robes because they were all over Santa Fe and because we went to this church for a field trip almost every year). The priest told me to come with him and we went through a little door to a little office, with a desk. It was very small and he turned off the lights and lifted up my shirt and began touching me all over my body. He touched my breast area, even though I did not have breasts yet. He touched me between my legs, outside of my panties and then on my genital area and was pushing on me down there. He was large and fat and out of breath breathing. He was touching me all over my body and then he pulled me into his body over his clothing, but I stiffened up and froze. He got mad and said "Go!" and I left the small room. My class was all gone from the room and I got very scared. They were all in the church. Sr. Mary Olive was my teacher. I was terrified, embarrassed and confused.

- 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 no one about the sexual abuse until my late 20's when I shared it with a few friends I never knew my life problems were related to what that Franciscan did to me until recently, within the past few years now that I am working with a therapist.

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

I do not attend a church. I am spiritual but not religious.

- 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.

No witnesses other than the Franciscan.

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 was deeply confused, terrified, embarrassed and felt very dirty when it happened. I didn't know why it happened to me – why did he pick me from all the other children, was there something wrong with me? I did not like school after that and my grades suffered. I found I was less trustful of church persons and I wanted to get away from school where there were many church people. My parents were severe alcoholics so they could not help me and I knew I would be in more trouble if I said anything to them. I was completely vulnerable and was taken advantage of. I felt damaged and started to act out.

Throughout my adult life I have experienced an immense amount of shame and self consciousness. I was raped when I was age 11 by a neighbor boy who was 17 years old. I feel like somehow he knew I could be taken advantage of – or he knew that I was already damaged goods. I've always wondered if what that Franciscan priest did to me made me more vulnerable. I have lived a life full of depression and anxieties over these sexual assaults. I felt worthless for many years and thought about suicide many times, although I never acted out on it. My relationships never go well because I do not trust and I cannot engage in intimate acts properly. I pushed it all in and never dealt with it until recently. I am beginning to try to address it all.

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

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:

_____ *n/a*

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: 4/24/19

Signature: _____ **#1** _____

Print Name: _____

Relationship to Sexual Abuse Claimant: self

