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5-13-2019

### Proof of Claim form: Jane Doe X-B

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## Proof of Claim form: Jane Doe X-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](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.childhelpline.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 "X B"

EXHIBIT A

5/13/19  
12:05  
Filed

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

SEXUAL ABUSE PROOF OF CLAIM

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, 500 Gold Avenue SW, Tenth Floor, Albuquerque, New Mexico.

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**

**#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: \_\_\_\_\_

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:

**#2**

**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?

Fr. Frank Sierra, Holy Cross parish and the Archdiocese of Santa Fe. I understand from my attorneys that I also have a case against the Sons of the Holy Family, Jesus, Mary and Joseph, religious order. I will be filing a lawsuit against the religious order if they do not attempt to settle my claim in this bankruptcy.

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

Fr. Frank Sierra was our parish priest at Holy Cross Church in Santa Cruz. He was also a close friend of my parents and of my grandparents.

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 twice in my parent's house, in the living room.

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 occurred during the summer of 1960.

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 11 years old and it was between 6<sup>th</sup> and 7<sup>th</sup> grade, summer.

e. What happened (describe what happened):

Fr. Sierra was a good friend of my parents. He came to visit. He came to my parent's house and I was shy and timid. My mother told me not to be shy and to go shake Fr. Sierra's hand. We were taught to shake hands when introduced. I shook his hand and he pulled me to him and sat me on his lap. Back then, little girls wore dresses not pants and he stuck his hand under my dress and into my panties. Right in front of my mother and father, I was sitting on his lap and he put his hand in my panties and stuck his fingers into my vagina. I was shocked but he was talking to my parents and he was doing this right in front of them. It hurt me. I did not know why they could not see what he was doing but they didn't. It was so worse that they were there.

The second time, I was coming home from my grandparents' house (which was in walking distance to my house). There was a strange car in the front yard so I went in the back door and then snuck down the hallway to the front of the house to see who was there. It was Fr. Sierra and the same thing happened. My mother saw me and told me to shake his hand. I didn't want to but she made me. He pulled me onto his lap again and did the same thing. I felt so much embarrassment and shame that he was doing this right in front of my parents and they couldn't see what he was doing How could they not see, one of his hands was missing!

The third time he came to my grandparent's house I avoided him and never went close enough to him so that he could do it to me again. I told no one for 60 years,. I especially did not want my mother and husband to know. So I told my daughter only a few days ago.

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. My husband died 8 months ago. For some reason that mattered to me telling someone. I told my daughter , #3 a few days ago.

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

I remain Catholic but I do not trust priests. I only need God and not priests.

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 because I do not believe my parents knew what he was doing. He was reaching me underneath my dress where they couldn't see.

**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)?

Initially, it was painful when he struck his fingers into me. I was embarrassed, ashamed and very confused. I did not know anything about sex and did not know what he was doing but I knew it felt dirty and bad, it hurt, but it was being done by a priest, so I was confused.

I have never really trusted men. I am uncomfortable with sex. This has impacted my intimacy and marriage. But I stayed married. I do not trust priests and although I am still a Catholic, my distrust of priests makes me not fully enjoy being Catholic. I had to keep a secret for my entire life. Part of me was mad at my parents for not seeing. But I have gotten over that.

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

No counseling.

**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):

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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:

N/A

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: 4-5-19

Signature: **#1** \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Sexual Abuse Claimant: \_\_\_\_\_

#8



#1

6th grade