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### Proof of Claim form: John Doe 152B

Hall & Monagle, LLC

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## Proof of Claim form: John Doe 152B

### 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

JD152B

FILED  
at 3:09 o'clock PM

JUN 07 2019

United States Bankruptcy Court  
Albuquerque, New Mexico

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: \_\_\_\_\_

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: \_\_\_\_\_ #2 \_\_\_\_\_ 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 (please contact my attorneys)

May we send confidential information to your email:  Yes  No (please contact my attorneys)

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 (505) 255-6323 [brad@hallmonagle.com](mailto: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?

As a child Fr Jason Sigler sexually abused me when I was a child and he was employed, empowered and protected by the Archdiocese of Santa Fe, the Servants of the Paraclete and Immaculate Conception Parish in Las Vegas, NM.

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

Fr. Sigler was a priest while I was a parishioner with my family and an altar boy. The priest was a friend of the family and was my religious leader and confessor.

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.

It happened at my house where I grew up as a child, in Las Vegas, NM.

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.

There was one incident. I don't know the precise date but it was about 1976.

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 between 6 and 8 years old, as best I can recall.

e. What happened (describe what happened):

I remember being home and the doorbell rang. It was Fr. Sigler. I let him in. He asked if my parents were home, and I replied that they were not. He then asked if anyone else was home with me. I replied no, that I was by myself. He then asked me to show him our house. I didn't think anything of it – he was our priest. He asked me to show him my bedroom. I shared my bedroom with my older brothers. Once in the bedroom he closed the door. He asked about the posters and pictures on the wall. As we were standing there talking he grabbed my arm and put my hand down his pants to his crotch. He then directed my hand to his penis. I tried pulling my hand out, but he forcefully held my hand down. I could feel his penis get erect as he was gyrating his hips. I was terrified, but he continued to hold my hand down. He then ejaculated all over my hand. I then squeezed his penis as hard as I could. He yelled and I was able to pull my hand out of his pants and run to the bathroom. I washed my hands – I was crying. He then told me that I could not tell anyone what had happened – and that if I did, “no one would believe a poor Mexican kid over a priest.” He then left the house.

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)?

This is something I never talked about with anyone. My brother #3 knows I was abused though, and I believe my brother #3 was also abused by Sigler. My mother still lives in Las Vegas New Mexico, and she was told by someone from the Church that #3 and #3 had been abused by Sigler. They also told her that Jason Sigler was dead. In 2010 I was in marriage counseling with my wife. I told the counselor that I had been abused by a priest, privately. In August 2017 I told my attorneys.

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

I was raised in a Catholic home with 13 kids. I remain a practicing Catholic.

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.

There was nobody there when it happened.

#### **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 a young child when Sigler did this to me. I couldn't understand how bad it hurt me until I was older. I am still just starting to see how it has affected my life. Sigler sent a shock of horror through my soul that destroyed my innocence and shattered the beauty of the sacred spiritual institution I was brought up to revere. The priest on earth of the holy god in heaven was trusted by all while he was actually a twisted monster from hell that preyed on innocent children. I was a victim of that, and it caused me to have a really hard time with intimacy and trusting in relationships. I avoided ever thinking about it and focused on keeping busy. I made it through a few decades suppressing the memory and trauma not knowing where my relationship problems, anger, and hypervigilance toward my son came from. Two years ago my wife invited the new priest at the church we attend to our house for dinner. I freaked out about that and have had a flood of intrusive flashbacks disrupting my life since then.

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

I have never had counseling for the abuse, but I disclosed the fact that I was abused as a child to a marriage counselor years back. I see the importance of counseling and hope that through this process I will be able to find some restitution and help from a therapist at some point.

#### **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: NO

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: JUNE 7, 2019

Signature: \_\_\_\_\_

#1

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

Relationship to Sexual Abuse Claimant: SELF