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6-17-2019

### Proof of Claim form: John Doe 178B

Hall & Monagle, LLC

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## Proof of Claim form: John Doe 178B

### 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

JD 178 B

FILED  
at 4:00 o'clock PM

JUN 17 2019

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF NEW MEXICO United States Bankruptcy Court  
Albuquerque, 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: **#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

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?

Fr. Michael O'Brien

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

Priest in a Local Parish.

- 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.

San Francisco De Asis Parish home, Rancho  
De Taos, N.M 87557

- 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.

1976 + 1977 stopped in 1978. IT  
occurred at least 2 to 3 times each year

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 14 + 15 in the 8th + 9th grade

e. What happened (describe what happened):

I was told I was special so I got to sleep in the Parish House bedroom while asleep Fr. O'Brien would come in and perform oral sex on me. Telling me that it was okay everything would be fine.

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 cause I was brought up having to respect our elders. I was also afraid

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

Holy Trinity Parish  
San Francisco De Asis Parish

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.

None

**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)?

*Mentally - I think about it every time it is mentioned. My relationship with my wife, I don't feel I'm being true to her by withholding this information*

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

*NY*

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**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.)

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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: 6-17-19

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

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

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

*Due to the last-minute nature of this filing, and the fact that [redacted] has not had therapy/counseling regarding his injuries, we intend to supplement/amend [redacted] answer to Part 4, Section 1 (in keeping w/ the instructions on the claim form).*

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*x [Signature] 6/17/19  
Levi A. Monagle*