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Proof of Claim form: John Doe 83

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Proof of Claim form: John Doe 83

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.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 83

5/15/19
430
pm
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

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: _____ 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 **X No (Please contact my Attorneys)**

May we send confidential information to your email: Yes **X 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 (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. Sabine Griego. He was enabled, aided and empowered by Immaculate Conception Parish, and the Archdiocese of Santa Fe.

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

Priest/Reverend at our Parish. I was his altar boy.

- 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 rectory at Immaculate Conception Parish in Las Vegas, NM, multiple times in Griego's car, in Griego's house, and in his parents house, all in Las Vegas, NM. See attached Interrogatories and Deposition transcript.

- 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.

Sexual abuse took place one or two times every month over approximately one and half years in 1968 and 1969.

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 eleven when the abuse started and twelve when it ended.

- e. What happened (describe what happened):

I am attaching parts of interrogatories and deposition testimony I answered for the Archdiocese and the Parish in litigation, which I can summarize here. Griego started by showing me nasty magazines and fondling me in the Rectory. He said this was part of God's desire for

altar boys to know their bodies. On trips out of town in his car, Griego had me perform oral sex on him as well as masturbate him. In the rectory, he would have me masturbate in front of him. At his home in Las Vegas, he penetrated me with his finger and tried to with his penis. The first time he did this it hurt and he made me bleed, and I was crying. One time in the rectory after mass while changing out of our garments, after everyone had left, Griego had me perform oral sex on him, and when I didn't want to swallow his cum, he slapped me on the head and told me to stop being such a girl. I got tears in my eyes so he left me alone, and told me to leave but not tell anyone, and he gave me \$20.00. On another occasion, he inserted his finger in me and tried to penetrate me with his penis, I told him to stop, that it hurt and I was crying, he again slapped me on the side of my head and he again told me to stop being a little girl. I was crying so he gave me another twenty dollar bill and said he was sorry, and not tell anyone if I wanted to keep getting money and alcohol.

- 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)?

As a child I reported the abuse to Msgr. Salas on two occasions, but he told me not to tell anyone outside the priesthood. I also tried to tell my mother, but was not clear about it. Until I met my attorneys in February 2018 I never told anyone else. I've since given a deposition and answered other questions sent by the Archdiocese.

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

The Archdiocese of Santa Fe and the Immaculate Conception 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 that I know of.

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)?

The abuse caused rectal bleeding. I was slapped on the head twice by Griego during his sexual abuse of me. I developed a dependency on alcohol which began by drinking altar wine as a child. This later resulted in DWI's and time spent in jail. Alcohol dependency and deep trust issues caused by the abuse resulted in lost relationships, and I think caused my divorce after a ten year marriage. I was confused about my sexuality and never had many friends. I still have nightmares and problems sleeping. I have been in counselling since spring of 2018. See parts of my deposition and interrogatory answers, attached.

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

I started counseling with #10 in the spring of 2018.

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: _____ #1 _____ Court: U.S. Bankruptcy Court District of NM

Date filed: _____ #6 _____ Case No. _____ #6 _____

Chapter: 7 11 12 13 Name of Trustee: _____ #6 _____

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

a. Where and when you commenced the lawsuit:

_____ Bernalillo County District Court 04/09/2018 _____

b. The parties to the lawsuit:

_____ John Doe 83 v. Archdiocese of Santa Fe and Immaculate Conception Parish _____

c. The case number if any:

_____ #6 _____

d. The result of the lawsuit:

The case was automatically stayed by the Archdiocese Bankruptcy, and it is unclear to me whether the case against the Parish is also stayed, or just pending until the Bankruptcy is over.

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: 3-28-19

Signature _____ #1 _____

Print Name _____

Relationship to Sexual Abuse Claimant: _____

