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Proof of Claim form: John Doe 97B

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Proof of Claim form: John Doe 97B

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

EXHIBIT A

JD97B
filed

05/15/19

4:29 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

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
Month Day Year Male Female

Any other name, or names, by which the Sexual Abuse Claimant has been known:

NO

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. Bernard Loughrey, St. Anthony parish in Questa, 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?

Fr. Loughrey was our parish priest. I served as an altar boy for him for about 8 months to a year. He was a friend of the family. He would drink a lot with my Dad, who also drank a lot. My parents would send me back to the rectory after he was drunk thinking that was cool. I was terrified.

- 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 the church in the room where you change into altar clothes, in the confessional, in the rectory, and on his desk.

- 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 1971. It happened 2 to 3 times a month for close to a year, so about 25 to 30 times.

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 7 years old.

e. What happened (describe what happened):

Fr. Loughery started fondling me because my zipper was down. He put his finger on me. From then he would take me into the confessional and make me do oral sex on him. Sometimes He would take me to the rectory and tickle my private parts with a feather. He would come over to my parents house and get drunk and they made me go home with him. On Sundays, when my parents were recovering from their hang over from Saturday night, they would leave me at church with Fr. Loughery all day. It was perfect for them. When we were at the rectory, He would give me alcohol when he was abusing me. It was in the rectory, after drinking wine, He tried having anal sex, I cried and tried to run but he got me and forced me down on his desk. It hurt so bad, but I couldn't stop him. He was drunk and he was mean. He had a lady that lived with him. He called her his maid. She knew something was going on because more than once she would ask the Fr. "what are you doing to that boy." I never went back after the anal penetration. I can still feel him holding me down. I can't hug my children because I feel too much when he was holding me down with both arms and he was so strong.

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 until September 25, 2018 I told my therapist, #10 and that was the first time I ever told anyone. She was our family counselor for non-violence.

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

I remain Catholic but I do not know why God let this happen. My two smaller children, age 6 and 8 are not baptized in the Church or anywhere and my daughter has questions about God I cannot answer. I am confused about God and 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.

The lady who lived with Fr. as his housekeeper saw it.

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 have had problems my whole life with dealing with what Fr. Loughrey did to me. He took my life away from me and I was only 7. My injuries are mental, emotional and spiritual. I have had problems with the law because I resent authority figures and have anger problems. Fr. Loughrey made me so angry and confused. I have had problems being in a relationship with just about everyone. No one wants to be around a person with a lot of anger. I have depression . I abuse alcohol (I've had 4 DWI's) and was fired for excessive absenteeism and going to work drunk and failing drug tests, like cocaine. I was in the #6 for three years and I wanted to re-enlist but they would not let me. Reason was I drank too much, I didn't know. I wanted to drink myself to death. I was at the New Mexico Correction Academy to be a Correction Officer but I got thrown in jail for DWI. I've been diagnosed with PTDS. While in the #6 I got drunk and into a fight in Panama and got stabbed. I lost my rank and money and got an Article 15. Another time in Panama I was drunk and got beaten up really bad and ended up in the hospital. Fr. Loughrey gave me alcohol for a year when I was only 7. I never really stopped drinking from then I went into rehab to try to stop.

My children have suffered because of these problems with me getting fired and abusing alcohol and because I have intimacy problems showing them love. I have been married 4 times. I have had problems in each marriage because of what Fr. Loughrey did to me but I never told anyone because I did not realize my problems were related to what he did to me. My children and my wives have been harmed by what Fr. Loughrey did. I have given them no religion because I don't have any myself. I was suicidal when my older son was probably 13 or 14. I couldn't get out of bed and my son used to worry about me. I put him through hell.

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

I had counseling at #10 in 1984 and a treatment center in #10 New Mexico. But I never told no one I was abused by a priest. It was only for the alcohol and drug problems, which I did not know were related to the abuse until last year.

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: ~~TAD~~ COUNTY
Date filed: 04-19-91 Case No. #6
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: 4-9-19

Signature: #1 _____

Print Name: _____

Relationship to Sexual Abuse Claimant: SELF