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Proof of Claim form: Jane Doe Z-B

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Proof of Claim form: Jane Doe Z-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

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

June Doe "Z-B"

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

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

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: _____

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 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:

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. Raphael Inchody abused me. He was employed and empowered to abuse me by the Archdiocese of Santa Fe and Our Lady of the Most Holy Rosary church in Albuquerque. I understand from my attorneys that Fr. Inchody was at the Servants of the Paraclete before he was assigned to our parish.

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

Fr. Inchody was our parish priest and was a friend of our family. My mother went to mass daily in the morning and always helped around the church. She brought my sister and I so we were always at the Church.

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 at the entry way to the church, in the reception area of the church, inside the church where the mass supplies are kept and in the church bathroom.

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 began when Fr. became the parish priest in the fall of 1976 and continued until he left, about a year later. It happened 15 to 20 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 12 when the abuse began. I believe I was starting 7th grade.

e. What happened (describe what happened):

My Mother made us go to morning mass with her every day. Morning mass was at 6:30 in the morning, before school. We walked to church from our house and it was usually dark outside. When Fr. Inchody saw us arrive, he would hug us. Somehow he always hugged me and put his hands on my breasts, outside of my clothing, and would move his hands up and down between my breasts and my private area. When the altar boys did not show up, my Mother made me help Fr. set up for mass so I had to go to the room behind the altar where the priest dressed and the mass stuff was stored. Fr. Inchody cornered me in that room at least 5 times and he would feel me over my clothing stopping at my breasts and private area telling me that I “was developing” I would know soon what it was like to be a woman and he told me I shouldn’t tell my parents what he was doing because he was helping me become a woman and it was between us and that no one would believe me over him anyways. He would take his hand and put it on his groin area, over his pants and make me try to masturbate himself by moving my hands over his penis. He would say “touch me here.” He tried to put his hands under my clothing but I wouldn’t let him. He would also open the door to the bathroom when I was in there. He had a key to all the doors, including the bathroom so even when I locked it he would open it. I would pull it shut and hold it shut. I was terrified to go to church, I couldn’t tell my parents, and my mother made me help him all while he was doing all this to me. It was very confusing and shameful. I finally had a nervous breakdown and told my parents I did not want to go back and why. My parents never talked with me about it other than that one time I told them. I knew it was a forbidden topic. Fr. Inchody was gone from the parish shortly after that. I hear he got married right after that to a young woman.

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 my parents at the time. I have since told my counselors about it when I was in alcohol and drug rehabilitation, and that would have been a few years ago.

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

I am no longer Catholic. My faith in that church is gone. During counseling with my parish priest when I was having a very hard time I told him that a priest had abused me. He didn’t want to hear about it and shut me down right away. I felt betrayed again.

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 but I now know that my sister endured similar abuse by Fr. Inchody.

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)?

Fr. Inchody hurt me very badly. I was a vulnerable girl entering puberty and he took advantage of his position over me to touch me, rub me in my private area, and make me touch and rub him. I felt hunted by Fr. Inchody whenever I was in church and went from loving church to hating it. I suffer from low self esteem – why did Fr. Inchody think he could do that to me? Why did he say no one would believe me if I told anyone? He was verbally abusive to me and I didn't even know it. My relationship with men have all been with men who abuse me. I started drinking and doing drugs in high school and abused them for many years. I have been diagnosed with bipolar disease, I cannot handle small spaces and I get panic attacks. I am on medication for these issues. This has kept me out of work. I get day terrors if I suspect someone or if someone says words like Fr. Inchody used to say to me. My parents were very Catholic and they could not understand why I did not want to be Catholic. It caused a big division between my parents and I when they were still alive.

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

I have been in treatment for most of my adult life although I did not know that my many problems were related to what Fr. Inchody did to me as a child until very late in life.

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:

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: 04.15.19

Signature

#1

Print Name

Relationship to Sexual Abuse Claimant: _____

Curriculum Vitae
Fr. Raphael Inchody CMI

Born
Ordained

Appointments

Date?	In Residence, Via Coeli, Jemez Springs (there in 1975)
Date?	Left ASF
Date?	In Residence, Church of the Ascension, Albuquerque (there in July 1976)
08-01-1976	Assistant Pastor, Our Lady of the Most Holy Rosary, Albuquerque
06-19-1977	Assistant Pastor, Our Lady of the Assumption, Albuquerque
12-1978	Left ASF
12-1980	Dismissed from CMIs and Priesthood because he entered into a civil marriage

#8

