

IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
EL PASO DIVISION

IN RE: §  
CATHOLIC DIOCESE OF EL PASO, § CASE NO. 26-30311-CGB  
DEBTOR<sup>1</sup> § CHAPTER 11  
§

ABUSE PROOF OF CLAIM SUPPLEMENT

**IMPORTANT:**  
**IMPORTANT: DO NOT FILE THIS DOCUMENT WITH THE COURT**

1. You may wish to consult an attorney regarding this matter. The Diocese and Committee are not permitted to provide legal advice to Abuse Claimants.
2. Please read the instructions included with this **ABUSE PROOF OF CLAIM SUPPLEMENT** and complete **ALL** applicable questions to the best of your ability. Please print clearly and use blue or black ink. Send the original, as follows:

If sent by mail, hand delivery, or overnight courier, send to:

**Catholic Diocese of El Paso, Claims Processing**  
**c/o Stretto**  
**410 Exchange, Suite 100**  
**Irvine, CA 92602**

If submitted electronically, at this website: <https://cases.stretto.com/diocesefelpaso>

Claims sent by any other means (e.g., facsimile or email) will **not** be accepted.

3. **To be valid, the Abuse Proof of Claim Supplement must be signed by either the Abuse Claimant or their attorney (if applicable).** If the Abuse Claimant is deceased or incapacitated, the form may be signed by the Abuse Claimant’s representative, executor of the Abuse Claimant’s estate, or the attorney for the estate. If the Survivor is a minor or legally incapacitated adult, the form may be signed by the Survivor’s parent or legal guardian, legal custodian, or attorney.
4. **This form is optional but strongly encouraged.** If you choose not to fill out this form, you **must** fill out and file an Official Bankruptcy Form No. 410 or a form that substantially conforms to Bankruptcy Form No. 410. Form No. 410 can be found at

---

<sup>1</sup> The Diocese’s address is 499 St. Matthews Street, El Paso, TX 79907. The last four digits of the Diocese’s federal tax identification number are 0751.

https://www.uscourts.gov/sites/default/files/2025-04/b\_410\_0425-form.pdf.

<b>PART 1. CONFIDENTIALITY</b>
<p><b>YOUR IDENTITY, PROOF OF CLAIM, AND ANY ABUSE PROOF OF CLAIM SUPPLEMENT (ALONG WITH ANY ACCOMPANYING EXHIBITS AND ATTACHMENTS, IF ANY) WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL, AND OUTSIDE THE PUBLIC RECORD BY BANKRUPTCY COURT.</b></p> <p><b>THIS CLAIM WILL BE PROVIDED PURSUANT TO COURT-APPROVED GUIDELINES TO THE DIOCESE, COUNSEL TO THE DIOCESE, COUNSEL TO THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS, AND TO SUCH OTHER PERSONS AS THE COURT DETERMINES NEED THE INFORMATION TO EVALUATE THE CLAIM</b></p>

<b>PART 2: IDENTIFYING INFORMATION</b>
<p>First Name: _____ Middle Initial: ____ Last Name: _____ Jr/Sr/III: ____</p> <p>Any other name by which the individual has been known: _____</p> <p>Address: _____</p> <p>Telephone: _____ If the individual is in jail, the jail identification number: _____</p> <p>Email: _____</p> <p>For communications regarding your claim, you may use (check the appropriate boxes):</p> <p><input type="checkbox"/> Email    <input type="checkbox"/> Us Mail    <input type="checkbox"/> Voicemail    <input type="checkbox"/> Counsel Listed Below</p> <p>Birthdate: _____ SSN: _____</p> <p>Gender: <input type="checkbox"/> Male    <input type="checkbox"/> Female    <input type="checkbox"/> Other (specify): _____</p>

<p><b>Abuse Claimant's Attorney (if any):</b></p> <p>Law Firm Name: _____</p> <p>Attorney's Name: _____</p>
---

Address:	_____
	_____
Telephone:	_____
Facsimile:	_____
Email:	_____

**PART 3: NATURE OF THE ABUSE**  
**(Attach additional sheets if necessary)**

A. Who abused you? If applicable, you may identify more than one abuser. Please provide the complete name(s) of each abuser to the best of your knowledge or memory. If you do not know the name(s) of each abuser, please identify them by title, position or other description.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. What was the abuser's position, title, or relationship to you (if you know)? (For example, was he or she your parish priest, teacher, coach, etc.?)

\_\_\_\_\_

\_\_\_\_\_

C. Where did the abuse take place? Please be specific. Include everything you can remember, including the city, state, church, school and/or parish where the abuse occurred.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. When were you abused?**

(1) If the abuse took place over a period of time (months or years) please state when it started, when it stopped, and how many times it occurred.

---

---

---

(1) Please also state your age(s) and your grade(s) in school at the time the abuse took place. If exact dates are not available or cannot be recalled, please provide the season (winter (December-February), spring (March-May), summer (June-August), fall (September-November)), or other date indicator.

---

---

---

(2) Please describe what happened to you and when it happened. How were you abused?

---

---

(3) Did anyone witness or otherwise know of the abuse? If so, provide the person's(s') name, address, email address and phone number.

---

---

---

**E. Did you tell anyone about the abuse? (You might have told your parents, relatives, a friend, the Diocese, your parish priest, a teacher, your doctor, a coach, an attorney, a counselor, a police officer or other law enforcement authorities, or someone else.) If you did tell someone, please write down who you told, when you told them, and the address, email address, and phone number for the person(s) you told.**

---

---

F. Did you ever write a letter to or contact the Diocese, your parish, your school, or anyone else about the abuse? If so, and you have copies of any correspondence, please attach copies of the correspondence.

---

---

---

**PART 4: IMPACT OF ABUSE**  
**(Attach additional sheets if necessary)**

A. How did the abuse affect you? Specifically, have you sustained any injuries because of the abuse? (For example, did the abuse negatively affect your education, employment, personal relationships, health? Did it cause you emotional, physical, or psychological injuries?) If so, please describe those injuries.

---

---

---

B. Have you sought counseling or other treatment related to your sexual abuse? If so, with whom, when, and in what city and state did the counseling or treatment occur?

---

---

---

**PART 5: ADDITIONAL INFORMATION**

A. **Prior Litigation.** Was a lawsuit regarding the sexual abuse you have described in this Sexual Abuse Survivor Proof of Claim filed by you or on your behalf?

No     Yes (If “Yes,” you are required to attach a copy of the complaint.)

B. **Prior Settlement.** Have you ever agreed to settle the abuse claim that is described in this proof of claim (whether or not you filed a lawsuit)?

No     Yes (If “Yes,” please describe the settlement (the amount that was or will be paid to you, when and how it was or will be paid, the date of the settlement, and the parties to the agreement). You may attach a copy of the settlement agreement if you have one.

---

---

**C. Prior Abuse.** Have you been the victim of sexual, physical, or mental abuse that is not the basis of your claim in this bankruptcy? If yes, please identify who abused you, and describe when and where it took place, how you were abused, and the name and location of anyone from whom you sought counseling or treatment for such abuse.

\_\_\_\_\_  
\_\_\_\_\_

**D. Prior Bankruptcy Claim.** Have you filed any claims in any other bankruptcy case relating to the abuse you have described in this Abuse Proof of Claim Supplement?

No  Yes (If "Yes," you are required to attach a copy of any completed claim form.)

\_\_\_\_\_  
\_\_\_\_\_

**E. Prior Bankruptcy Filing.** Have you ever filed bankruptcy?

No  Yes (If "Yes", please provide the information below.)

Name of Case: \_\_\_\_\_ Court: \_\_\_\_\_

Date filed: \_\_\_\_\_ Case No: \_\_\_\_\_

Name of Trustee: \_\_\_\_\_

Chapter:  7  11  12  13

**SIGNATURE**

**To be valid, this Abuse Proof of Claim Supplement must be signed by you or your attorney (if you are represented by one).** If the Abuse Claimant is deceased or incapacitated, the form may be signed by the Abuse Claimant's representative, executor of the Abuse Claimant's estate, or the attorney for the estate. If the Abuse Claimant is a minor or legally incapacitated adult, the form may be signed by the Abuse Claimant's parent or legal guardian, legal custodian, or attorney.

**Penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.**

**Sign and print your name. If you are signing on behalf of another person or estate, print your title.**

**Under penalty of perjury, I declare the foregoing statements to be true and correct.**

Date:	_____
Signature:	_____
Print Name:	_____
Title:	