

EPP PAPY

DEPARTMENT FOR CLERGY

May 12, 2003

Rev. John O'Brien Eden WI 53019

Dear John,

During our recent meeting on April 16, 2003 you and I talked about various possibilities for retirement and the amount of financial support the Archdiocese is able to continue to provide to you, depending upon the scenario you would choose.

Because of your recent eye surgery, your diabetic condition, and related problems of decreasing health, I can imagine that you could seek early retirement based upon a letter from your primary physician to confirm your need to retire before the age of 68 years because of these several health factors. In this instance your retirement would be termed "disability retirement" and you would receive the full monthly benefit which is now given to retired priests at the age of 68 or older, namely \$1250 a month. Health and dental insurance premiums will also be paid for you.

Because the Archbishop has indicated that you will not serve again as a priest, you also have the option of seeking voluntary laicization.

If a priest elects voluntary laicization, we would offer what has been our practice, if not policy, for more than a decade, namely \$10,000 when the petition is submitted and \$10,000 when a definitive response is received, regardless of the contents of the response. We would offer, in addition, and new to our practice, minimum support during the time the case is in process. That minimum support would be the monthly amount a pensioned priest receives. During the processing of the case we would also provide some outplacement assistance. This assistance could consist of payment for services from a career counseling office, such as the one at Marquette or Stritch. These services provide the individual with information about how to "translate" their skills from one career to another. We could then offer three sessions of outplacement assistance which provides help with resume writing, interviewing skills, etc.

John, I've already informed you that if you choose not to seek voluntary laicization the Archbishop will submit your case to the Congregation for the Doctrine of the Faith in Rome. During this time that the penal process is imposed, and this could last for up to a year, the archdiocese would be responsible for supporting you to the same extent that a retired priest now receives support, namely \$1250 a month. (This level of support will in fact begin with the 2003-2004 fiscal year, July 1, 2003.) At the conclusion of the penal trial, if there is a penalty imposed of dismissal from the clerical state, your canonical obligation of support ceases but some small amount could be given to you in charity.

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In all instances we would maintain you on our health insurance for one year at diocesan expense. You would then be free to ask for an additional six months of coverage, but at your own expense. This coverage would cease as soon as you had employment

To my best recollection, John, these are the options which we discussed at our last meeting. After careful perusal of the above information if you have any questions or need for further clarification, please be in contact with my office.

With prayerful best wishes for improved health and a renewed sense of hope during this difficult time of transition, I am

Fraternally yours in the Lord,

V. Rev. Joseph F. Hornacek Vicar for Clergy

JFH/ks

providing this benefit.



file COPY

September 18, 2003

Rev. John O'Brien

Eden WI 53019

Dear John,

It was good to speak with you on the phone earlier this week.

Enclosed please find the forms I spoke of for your application for disability retirement. Please complete yours and have your primary physician complete his as well.

Again, you can expect to receive the promised check for \$10,000 as soon as your letter has been sent to Rome, later this month or the first week of October.

Fraternally yours,

V. Rev. Joseph F. Hornacek Vicar for Clergy

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ARCHDIOCESE OF MILWAUKEE CHECK REQUISITION



| Check Amount: | <u>\$10,000.00</u> | | Date: October 6, 2003 |
|--------------------------------|--------------------|-------------|-------------------------------|
| Payee: | JOHN A. OBRIEN | | |
| Address: | | | |
| | | | |
| City, State, Zip: | EDEN WI 53019 | | |
| Purpose of Check: | SEVERANCE PAY | | |
| | | \boxtimes | Return check to requisitioner |
| | | | Mail check directly |
| Requisitioner's Signature | | | |
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| | | 258 | |
| Dept./Office Director Approval | | Ac | count Number |
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Payee Social Security Number: Required for individual persons on Payee line. SSN not required for reimbursement requests.

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