

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA**

In re: Chapter 11

CROSIER FATHERS AND BROTHERS Case No. 17-41681
PROVINCE, INC., a Minnesota non-profit
corporation,

Debtor.

In re:

CROSIER FATHERS OF ONAMIA, a Case No. 17-41682
Minnesota non-profit corporation,

Debtor.

In re:

THE CROSIER COMMUNITY OF Case No. 17-41683
PHOENIX, an Arizona non-profit corporation,

Debtor.

CONFIDENTIAL PROOF OF CLAIM (SEXUAL ABUSE)

**IMPORTANT: THIS FORM MUST BE RECEIVED
NO LATER THAN 5:00 P.M., CT, DECEMBER 15, 2017**

Carefully read the Notice and Instructions that are included with this CONFIDENTIAL PROOF OF CLAIM and complete ALL applicable questions. Send the original to: **Office of the Clerk of the Court, Attention Grace, U.S. Bankruptcy Court District of Minnesota, 301 U.S. Courthouse, 300 South Fourth Street, Minneapolis, Minnesota 55415. 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. Central Time on December 15, 2017.**

YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER.

UNLESS YOU EXPRESSLY REQUEST THAT YOUR PROOF OF CLAIM BE MADE PUBLIC BELOW, YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL AND OUTSIDE THE PUBLIC RECORD BY THE UNITED STATES BANKRUPTCY COURT. INFORMATION IN THIS CLAIM WILL BE PROVIDED PURSUANT TO COURT-APPROVED CONFIDENTIALITY GUIDELINES TO THE DEBTORS AND THEIR COUNSEL AND COUNSEL FOR 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.

TO BE VALID, THIS CONFIDENTIAL PROOF OF CLAIM MUST BE SIGNED BY THE CLAIMANT, A PERSON SUBMITTING THE CLAIM ON BEHALF OF A CLAIMANT OR MUST BE SIGNED BY THE 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.

Please print clearly and use blue or black ink.

PART 1: CONFIDENTIALITY

THIS PROOF OF CLAIM (ALONG WITH ANY ACCOMPANYING EXHIBITS AND ATTACHMENTS) WILL BE MAINTAINED AS CONFIDENTIAL UNLESS YOU EXPRESSLY REQUEST THAT IT BE PUBLICLY AVAILABLE BY CHECKING THE BOX AND SIGNING BELOW.

I want my Proof of Claim (along with any accompanying exhibits and attachments) to be made **public**.

Please verify this election by signing directly below.

Signature: _____

Print Name: _____

PART 2: IDENTIFYING INFORMATION

A. Claimant

First Name Middle Initial Last Name Jr/Sr/III

Street Address: (If party is incapacitated, provide the address of the party submitting the claim.)

City State/Prov. Zip Code (Postal Code) Country (if other than U.S.A.)

Telephone No.

Home: _____ Work: _____ Cell: _____

Birth Date -- Male Female

Month Day Year

Last Four Digits of Social Security Number: XXX-XX-_____

Any other name or names by which Claimant has been known: _____

B. Claimant's Attorney (if any):

Law Firm Name

Attorney's First Name Middle Initial Last Name

Street Address

City

State/Prov.

Zip Code (Postal Code)

Country (if other than U.S.A.)

Telephone No.

Fax No.

E-mail address

PART 3: BACKGROUND INFORMATION

1. Are you currently married?

Yes No (If "Yes," please identify the name of your spouse and marriage date.)

2. Have you been previously married?

Yes No (If "Yes," please identify the name of your former spouse and, as applicable, the date(s) of any dissolution, divorce, separation, or widowhood.)

3. Do you have children?

Yes No (If "Yes," please identify their names and birthdates. If any children have died, please provide their date of death.)

4. Part 4 below will ask you about the nature of your complaint against the Crosiers. Other than the incident(s) of sexual abuse described in Part 4, have you ever been sexually abused by anyone else? If "Yes," please describe this abuse, including the date of the abuse and identify the abuser.

PART 4: NATURE OF COMPLAINT
(Attach additional separate sheets if necessary)

1. Who committed the acts of sexual abuse? _____

2. Position, Title or Relationship to You (if known).

3. Where did the sexual abuse take place? Please be specific and complete all relevant information that you know, including the City and State, name of the Parish, Mission or School (if applicable) and/or the name of any other location.

4. When did the sexual abuse take place?
 - a. If the sexual abuse took place over a period of time (months or years) please state when it started, when it stopped, and if it happened all during that time.

 - b. Please also state your age(s) and your grade(s) in school at the time the sexual abuse took place.

5. What happened (describe what happened):

6. Did you tell anyone about the sexual abuse (this would include parents, relatives, friends, the Crosiers, attorneys, counselors, and law enforcement authorities)?
 - a. If "Yes," who did you tell? Please list the name(s) and any contact information you have.

b. What did you say?

c. When did you tell this person or persons about the abuse?

PART 5: IMPACT OF COMPLAINT
(Attach additional separate sheets if necessary)

(If you are uncertain how to respond to the first question in this Part 5, you presently may leave the first question in this Part 5 blank, but you will be required to complete the first question in this Part 5 within thirty (30) days after a written request is made for the information requested in the first question of this Part 5.)

1. What injuries have occurred to you because of the act or acts of sexual abuse that resulted in the claim (for example, the effect on your education, employment, personal relationships and health)?

2. Have you sought counseling or treatment? If so, with whom and when? _____

PART 6: ADDITIONAL INFORMATION

1. Prior Non-Bankruptcy Claims: Have you previously filed any lawsuit seeking damages for the sexual abuse described in this claim?

Yes No (If "Yes," please answer the questions below.)

a. Where and when did you file the lawsuit?

b. Who were the parties to the lawsuit and what was the case number?

c. What was the result of that lawsuit?

2. Prior Bankruptcy 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.)

3. Any Settlements: Regardless of whether a complaint was ever filed against any party because of the sexual abuse, have you settled any claim or demand relating to the sexual abuse described in this claim?

Yes No (If “Yes,” please describe, including parties to, the settlement, and you are required to attach a copy of any settlement agreement.):

4. I am submitting this claim against:

Crosier Fathers and Brothers Province, Inc.

Crosier Fathers of Onamia

The Crosier Community of Phoenix

(Failure to check one of these boxes, or checking all boxes, will not alone be grounds for objection to or disallowance of your claim.)

Date: _____

Sign and print the name and title, if any, of the Claimant or other person authorized to file this claim. If you are signing this claim on behalf of a Claimant you must list your relationship to the Claimant.

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

Signature: _____

Print Name: _____

Relationship to Claimant (if not signed by Claimant): _____