

CLAIM FORM

2

**ARCHDIOCESE OF LOS ANGELES, DIOCESE OF FRESNO, DIOCESE OF ORANGE, DIOCESE OF
SACRAMENTO, DIOCESE OF SAN BERNARDINO AND DIOCESE OF SAN DIEGO INDEPENDENT
COMPENSATION PROGRAM ("ICP")
FOR VICTIM-SURVIVORS OF SEXUAL ABUSE OF MINORS BY PRIESTS**

I. ELIGIBILITY

Name of the California Diocese where the Priest was ordained:

- ☒ Archdiocese of Los Angeles
- ☐ Diocese of Fresno
- ☐ Diocese of Orange
- ☐ Diocese of Sacramento
- ☐ Diocese of San Bernardino
- ☐ Diocese of San Diego

1. Name of Abusive Priest: Fr. Marco Reyes; Fr. Michael Baker
2. Name of Church/Parish: (Reyes) Resurrection, Los Angeles, CA ; (Baker) St. Hilary, Pico Rivera, CA

Address of Church/Parish: (Reyes) Resurrection, 3324 Opal St., Los Angeles, CA 90023

(Baker) St. Hilary, 5465 Citronell Ave., Pico Rivera, CA 90660

3. Where did the abuse occur?

Fr. Reyes abused [REDACTED] at various locations at Resurrection Church in Los Angeles, California
and one time at a movie theatre in Monterey Park, California.

Fr. Baker abused [REDACTED] at various locations at St. Hilary in Pico Rivera, California.

4. Approximately how old were you when you were first sexually abused? Fr. Reyes: approx. 11 years old
Fr. Baker: approx. 8 years old

5. When did the abuse occur? (Please list the approximate date(s) abuse happened to the best of your knowledge):

Abuse by Fr. Reyes occurred in approximately 1986

Abuse by Fr. Baker occurred in approximately 1983

**ARCHDIOCESE OF LOS ANGELES, DIOCESE OF FRESNO, DIOCESE OF ORANGE, DIOCESE OF
SACRAMENTO, DIOCESE OF SAN BERNARDINO AND DIOCESE OF SAN DIEGO INDEPENDENT
COMPENSATION PROGRAM ("ICP")
FOR VICTIM-SURVIVORS OF SEXUAL ABUSE OF MINORS BY PRIESTS**

6. On approximately how many separate occasions were you sexually abused? Reyes- At least 15 times.

Baker- At least 6 times.

7. To the best of your ability, describe the nature of the sexual abuse (to complete Section 7 you may attach additional pages as necessary):

_____ was an altar boy at Resurrection Church and attended Resurrection School. Around sixth grade, _____ served as an altar boy for weddings and funerals, usually with Fr. Reyes. Fr. Reyes would pay _____ to help him, so _____ kept coming back. Each incident of sexual abuse was similar in nature. While they _____ would get ready for Mass in the church changing room, Fr. Reyes would grab _____ butt and squeeze _____ butt over his clothing. On one occasion, Fr. Reyes took _____ and other altar boys to see Rocky IV at a Monterey Park theater. The theater was full so Fr. Reyes had _____ sit on his lap while he moved back and forth and _____ could feel Fr. Reyes' erection rubbing against him. Fr. Reyes also grabbed and manipulated _____ genitals over and under his clothes. Another time, Resurrection was having an outdoor fiesta and Fr. Reyes tricked _____ into going into the locked church with him. Fr. Reyes manipulated _____ genitals and then unzipped his own pants and tried to force _____ to orally copulate him. _____ ran away. At St. Hilary's, _____ took catechism classes. During catechism classes, Fr. Baker grabbed _____ buttocks over his clothing numerous times. Each incident of sexual abuse was similar in nature. One time Fr. Baker took him into a confessional, pulled down his pants and told _____ to kiss his genitals. _____ did so. Fr. Baker told him not to tell anyone.

8. Was the abuse reported to:

Parents, Family Members, Friend, other: ☐ Yes ☐ No

If Yes, please provide name and date:
unknown at this time

District Attorney's Office: ☒ Yes ☐ No

If Yes, please provide name and date: See correspondence.

Police Department or Other law enforcement official: ☐ Yes ☒ No

If Yes, please provide name and date: _____

The Church/Parish: ☒ Yes ☐ No

If Yes, please provide name and date: Mrs. Trevisio, principal of Resurrection school. Approx. 1986.

9. Did you receive a prior settlement from the Diocese? ☐ Yes ☒ No

10. Have you previously litigated against the Diocese? ☐ Yes ☒ No

11. Did anyone witness the abuse or circumstances surrounding the abuse? ☒ Yes ☐ No

Unknown at this time.

- [illegible]

ARCHDIOCESE OF LOS ANGELES, DIOCESE OF FRESNO, DIOCESE OF ORANGE, DIOCESE OF
SACRAMENTO, DIOCESE OF SAN BERNARDINO AND DIOCESE OF SAN DIEGO INDEPENDENT
COMPENSATION PROGRAM ("ICP")
FOR VICTIM-SURVIVORS OF SEXUAL ABUSE OF MINORS BY PRIESTS

13. Treatment and Services:

Have you received any treatment or services (medical, counseling, addiction, spiritual or religious) related to the abuse provided by the Diocese? ☐ Yes ☐ No

Have you received any treatment or services (medical, counseling, addiction, spiritual or religious) related to the abuse from a source other than the Diocese? ☐ Yes ☐ No

If yes, please describe and provide the name of the service provider and a description of the services:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Are you currently receiving such services? ☐ Yes ☐ No

If yes, please specify the services currently being received:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Are there other services you believe would assist you? ☐ No

If yes, please specify:

[REDACTED]
[REDACTED]
[REDACTED]

ARCHDIOCESE OF LOS ANGELES, DIOCESE OF FRESNO, DIOCESE OF ORANGE, DIOCESE OF
SACRAMENTO, DIOCESE OF SAN BERNARDINO AND DIOCESE OF SAN DIEGO INDEPENDENT
COMPENSATION PROGRAM ("ICP")
FOR VICTIM-SURVIVORS OF SEXUAL ABUSE OF MINORS BY PRIESTS

III. SUPPORTING DOCUMENTATION

Please complete this section for the documentation you are providing in support of your claim.

Supporting Documentation: *(please check):*

I have attached the following required documentation:

- ☒ Proof of Legal Representation (if applicable) *(Retention Agreement signed by both the attorney and the claimant.)*
- ☐ Proof of Relationship to Victim if filing on Victim's behalf
 - ☐ Marriage License ☐ Other: _____
- ☐ Medical/Counseling Records
- ☐ Other: _____

The information provided in this Claim Form is preliminary.
Claimant expressly reserves the right to amend and/or supplement
the information provided.

ARCHDIOCESE OF LOS ANGELES, DIOCESE OF FRESNO, DIOCESE OF ORANGE, DIOCESE OF
SACRAMENTO, DIOCESE OF SAN BERNARDINO AND DIOCESE OF SAN DIEGO INDEPENDENT
COMPENSATION PROGRAM ("ICP")
FOR VICTIM-SURVIVORS OF SEXUAL ABUSE OF MINORS BY PRIESTS

IV. VERIFICATION

This portion of the Claim Form must be signed and notarized to be eligible for consideration.

I hereby certify that the information provided in this Claim Form is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with this claim may result in fines, imprisonment and/or any other remedy available by law and that suspicious claims will be forwarded to federal, state and local law enforcement agencies for possible investigation and prosecution.

Claimant Signature: Mike Reck
Mike Reck, obo Claimant Daniel Rios

Printed Name:

First: Mike Middle: _____ Last: Reck

Date: 3/30/2020

Notary Signature:

State of: _____ County of: _____

The foregoing instrument was subscribed and sworn before me this ____ day of _____, 20____
by _____.

My Commission expires: _____

Affix Seal Here:

Signature of Notary: _____

Date: _____