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**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA  
OAKLAND DIVISION**

In re:

THE ROMAN CATHOLIC BISHOP OF  
OAKLAND, a California corporation sole,  
  
Debtor.

Case No. 23-40523 WJL

Chapter 11

Judge: Hon. William J. Lafferty

**OPTIONAL SUPPLEMENT TO OFFICIAL FORM 410 FOR  
USE BY SEXUAL ABUSE CLAIMANTS**

**IF YOU CHOOSE TO COMPLETE THIS FORM, IT MUST BE RECEIVED NO LATER  
THAN SEPTEMBER 11, 2023 AT 5:00 P.M. (PACIFIC TIME)**

DO NOT FILE THIS DOCUMENT WITH THE COURT

This supplement to Official Form 410 (this “**Supplement**”) is not required to be filed in order for holders of claims arising out of sexual abuse against The Roman Catholic Bishop of Oakland (“**RCBO**” or the “**Debtor**”) to be deemed properly filed. But the Debtor and the Official Committee of Unsecured Creditors (the “**Committee**”) *strongly recommend that any person asserting a sexual abuse claim fill out this form in full and submit it with Official Form 410.* Filling out this Supplement in full will allow the Debtor and the Committee to understand the facts supporting your sexual abuse claim against the Debtor. This information will be used by the Debtor and the Committee in, among other things, their efforts to consensually resolve the issues in this chapter 11 case. Additionally, providing the information requested in this Supplement may reduce the likelihood that the parties to the bankruptcy case will need to seek more information from you through a deposition, written interrogatories, or other methods of discovery.

If you choose to complete this Supplement, it must be **received** no later than **5:00 p.m. (Pacific Time)** on **September 11, 2023** (the “**Bar Date**”). Please carefully read the following instructions included with this Supplement and complete all applicable questions to the extent of your knowledge or recollection.

If you do not know the answer to an open-ended question, you can write “I don’t know” or “I don’t recall” if either is the case. If a question does not apply, please write “N/A.” If you are completing this form in hard copy, please write or type clearly using blue or black ink.

Claims properly filed in accordance with these instructions may later be amended to, among other things, supplement, modify, correct, or clarify the information provided herein by properly filing a subsequent Supplement and referring back to the originally filed claim.

To file this Supplement, it must be actually received by Kurtzman Carson Consultants, the claims and noticing agent (the “**Claims Agent**”) for the Debtor by either filing it:

- (i) Electronically using the interface available at: <https://www.kccllc.net/rcbo>;

- 1 (ii) by mail to the Claims Agent at the following address: The Roman Catholic Bishop  
2 of Oakland Claims Processing Center c/o RCBO Claims Processing Center, 222 N.  
Pacific Coast Highway, Suite 300, c/o KCC, El Segundo, CA 90245; or
- 3 (iii) by overnight mail or hand-delivery to the Claims Agent at the following address:  
4 The Roman Catholic Bishop of Oakland Claims Processing Center c/o RCBO  
Claims Processing Center, 222 N. Pacific Coast Highway, Suite 300, c/o KCC, El  
5 Segundo, CA 90245.

6 Supplements sent by any other means (such as facsimile transmission or email, or through a  
different manner than described in (i) and (ii) above) **will not** be accepted. If you choose to complete  
7 this Supplement electronically, please upload the Supplement as Supporting Documentation in Step 10 of  
the electronic claims filing process by selecting the “I have supporting documentation and am ready to  
8 upload it” option.

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1           “**Sexual Abuse**” is defined as an act of sexual contact or sexual penetration between a child  
2 under the age of 18 years and an adult.

- 3           a.       “**Sexual contact**” means an intentional touching by the victim or actor, either  
4 directly or through clothing, of the victim’s or actor’s intimate parts for the purpose  
5 of sexually arousing or sexually gratifying the actor. Sexual contact of the adult  
6 with himself must be in view of the victim whom the adult knows to be present.
- 7           b.       “**Sexual penetration**” means vaginal intercourse, cunnilingus, fellatio, digital  
8 penetration, or anal intercourse between persons or insertion of the hand, finger or  
9 object into the anus or vagina either by the adult or upon the adult’s instruction.
- 10          c.       “**Intimate parts**” means the following body parts: sexual organs, genital area, anal  
11 area, inner thigh, groin, buttock or breast of a person.
- 12          d.       “**Injury** or **illness**” includes psychological injury or illness, whether or not  
13 accompanied by physical injury or illness.

14           If you have a claim arising from other types of abuse, including non-sexual physical abuse,  
15 non-sexual emotional abuse, bullying or hazing, you do not need to complete this Supplement.

16           

**You May Wish to Consult an Attorney Regarding This Matter.**

17           You may also obtain information from the Claims Agent by: (1) calling toll free at  
18 (888) 733-1425 or (2) visiting the case website at <https://www.kccllc.net/rcbo> to submit an inquiry  
19 or chat with a live representative (do not contact the Claims Agent for legal advice).

20           **You may also obtain information from counsel for the Committee, Lowenstein  
21 Sandler LLP, by sending an email to: [jprol@lowenstein.com](mailto:jprol@lowenstein.com) or  
22 [bweisenberg@lowenstein.com](mailto:bweisenberg@lowenstein.com).**

1 **PART 1: CONFIDENTIALITY**

2 This Supplement and the information contained herein will be kept confidential under the  
3 *Order Establishing Deadlines for Filing Proofs of Claim and Approving the Form and Manner of*  
4 *Notice Thereof* [Docket No. 293] entered by the United States Bankruptcy Court for the Northern  
5 District of California (the “**Bankruptcy Court**”).

6 However, this Supplement may be provided, pursuant to confidentiality procedures  
7 approved by the Bankruptcy Court, to the Debtor, the Committee, their respective counsel, the  
8 United States Trustee, and to such other persons as the Bankruptcy Court may authorize on a  
9 confidential basis. In addition, this Supplement may be required to be disclosed to governmental  
10 authorities under mandatory reporting laws in many jurisdictions. If any such disclosure is made  
11 to a governmental authority, Sexual Abuse Claimants will be notified at the time of the disclosure  
12 of their Supplement.  
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**PART 2: IDENTIFYING INFORMATION**

**A. Identity of Sexual Abuse Claimant**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Jr/Sr/III \_\_\_\_\_

Mailing Address (If Sexual Abuse Claimant is incapacitated, is a minor, or is deceased, provide the address of the individual submitting the claim. If you are in jail or prison, provide the address of your place of incarceration):

Number and Street:					
City:		State:		Zip Code:	
Country (not USA):		Email Address:			
Telephone (Home):		Telephone (Cell):			
Attorney Email:		Attorney Phone:			

For communications regarding this claim you may use (check the appropriate boxes):

Email  US Mail  Home Voicemail  Cell Voicemail  Counsel listed below

Social Security Number of Sexual Abuse Claimant (last four digits only): XXX-XX-\_\_\_\_

If the Sexual Abuse Claimant is in jail or prison, provide the Sexual Abuse Claimant's identification number:

\_\_\_\_\_

Birthdate of Sexual Abuse Claimant (only the month and year): (MM/YYYY): \_\_\_\_/\_\_\_\_

Any other name, or names, by which the Sexual Abuse Claimant has ever been known:

\_\_\_\_\_

Gender of Sexual Abuse Claimant: Male  Female  Other (specify) \_\_\_\_\_

**B. If you have hired an attorney relating to the Sexual Abuse described in this Supplement, please provide his or her name and contact information**

Law Firm Name:					
Attorney's Name:					
Number and Street:					
City:		State:		Zip Code:	
Country (not USA):		Email Address #1:			
Telephone (Work):		Email Address #2:			
Telephone (Cell):		Fax No.:			

**PART 3: NATURE OF THE SEXUAL ABUSE**

**(Attach additional sheets if necessary)**

**For each of the questions listed below, please complete your answers to the best of your recollection.**

**Note:** If you have previously filed a lawsuit about your Sexual Abuse in state or federal court, you must attach a copy of the complaint. If you have not filed a lawsuit, or if the complaint does not contain all of the information requested below, you must provide the information below to the extent of your recollection.

Please answer each of the following questions as best as you are able. **If you do not know or recall an answer, you may indicate that you do not know or recall the answer and move on to the next question.**

A. Please identify each person who sexually abused you. If you do not remember the name of the sexual abuser(s), provide as much information about the individual that you recall and their relationship to RCBO. What was the sexual abuser’s position, title, or role?

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B. Where did the Sexual Abuse occur? Please be as specific as possible and provide all relevant information that you recall including the City and State, name of the religious parish, school, orphanage (if applicable) or any other location. Did it occur in more than one location? If so, please be as specific as possible and provide all relevant information that you recall including the City and State, names of the religious parish or school or orphanage (if applicable) or any other locations.

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C. When did the first act of Sexual Abuse take place? If you do not remember the calendar date, please provide a range of dates or time of year (Fall, Spring, Winter, Summer).

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2 D. If the Sexual Abuse took place on more than one date, please state approximately  
3 how many times it occurred and when it stopped. If you do not remember the  
4 calendar date(s), please provide a range of dates or time of year (Fall, Spring,  
5 Winter, Summer).  
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8 E. If you were sexually abused by more than one sexual abuser, indicate when the  
9 Sexual Abuse by each of the sexual abusers started and stopped. If you do not  
10 remember the calendar date, please provide a range of dates or time of year (Fall,  
11 Spring, Winter, Summer).  
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13 F. Please describe how you believe you were impacted, harmed, damaged, or  
14 injured as a result of the Sexual Abuse you described above. You can check the  
15 boxes, fill in the narrative, or both. **Please note that the boxes are not meant  
16 to limit the characterization or description of the impact(s) of your Sexual  
17 Abuse** (Check all that apply).

- 18  Psychological / emotional health (including depression, anxiety, shame,  
19 suicidal thoughts, feeling numb, feeling of worthlessness, difficulty  
20 managing or feeling emotions including anger)
- 21  Post-traumatic stress reactions (including intrusive images, feelings from  
22 the abuse, numbing or avoidance behaviors, emotion dissociation  
23 behaviors)
- 24  Mental Health diagnoses (including Obsessive Compulsive Disorder-OCD,  
25 Bipolar Disorder, Borderline Personality, Post Traumatic Stress Disorder-  
26 PTSD, Severe Depression, Generalized Anxiety)
- 27  Physical health (including chronic disease, chronic undiagnosed pain or  
28 physical problems)
- Education (failing grades, not graduating high school, or being unable to  
finish other training or education)

If this box is checked, please also indicate your highest level of education  
completed or degree obtained:

No High School Degree or GED

High School/GED  Some College



Associate's Degree  Bachelor's Degree   
Masters, PhD, MD, JD, or other higher education

- Employment (including difficulties with supervisors, difficulty maintaining steady employment, being fired from jobs)

If this box is checked please also indicate:

Are you currently employed: Yes  No

If yes, please provide your current occupation and employer:

\_\_\_\_\_  
If no, please provide your former occupation:

\_\_\_\_\_

- Intimate relationships (including difficulty maintaining emotional attachments with significant others, difficulty with sexual behavior, marriage, or infidelity)

If this box is checked, please also indicate:

Are you currently married: Yes  No

Have you ever been divorced: Yes  No

- Difficulties with parenting children, whether through challenges to attachment or overly protective parental behaviors
- Social relationships (including distrust of others, isolating yourself, not being able to keep healthy relationships)
- Alcohol, prescription or illegal drug use, narcotics, self-harm (i.e. cutting), and/or substance abuse
- Other addictive behaviors, including gambling and sex addiction
- Loss of faith, religion, and/or spirituality
- Other (please explain and add any other information you remember to the categories above)

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G. **NARRATIVE SUMMARY (NOTE THIS IS OPTIONAL AND YOU DO NOT NEED TO PROVIDE A NARRATIVE SUMMARY IF YOU PREFER TO NOT PROVIDE IT)**: Please describe the Sexual Abuse in as much detail as you can recall in the lines below. You may attach additional pages if needed.

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**PART 4: ADDITIONAL INFORMATION**

**A. Prior Litigation.** Was a lawsuit regarding the Sexual Abuse you have described in this Supplement filed by you or on your behalf?

Yes  No

If “Yes”, please identify the lawsuit. **You are also required to attach a copy of any filed lawsuit.**

If you previously filed a lawsuit, please indicate whether you filed a certificate of merit by checking the applicable box below:

Yes  No

**B. Prior Bankruptcy Claims.** Have you filed any claims in any other bankruptcy case relating to the Sexual Abuse you have described in this Supplement?

Yes  No

If “Yes”, please identify the bankruptcy case. You are also required to attach a copy of any completed claim form.

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**C. Settlements.** Regardless of whether a lawsuit was ever filed against any party because of the Sexual Abuse, have you settled any claim relating to the Sexual Abuse you have described in this Supplement?

Yes  No

If “Yes,” please describe the settlement, including parties to the settlement. You are also required to attach a copy of any settlement agreement.

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**SIGNATURE**

**Check the appropriate box:**

- I am the Sexual Abuse Claimant.
- I am the Sexual Abuse Claimant's attorney, guardian, kinship (or other authorized) caretaker, executor, or authorized representative.
- Other (describe):

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**I have examined the information in this Supplement and have a reasonable belief that the information is true and correct.**

**I declare under penalty of perjury that the foregoing statements are true and correct.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Sexual Abuse Claimant (if not signed by the Sexual Abuse Claimant):

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_