

Ford Elsaesser, ISB #2205  
Bruce A. Anderson, ISB #3392  
ELSAESSER ANDERSON, CHTD.  
320 East Neider Avenue, Suite 102  
Coeur d'Alene, ID 83815  
Tel: (208) 667-2900  
Fax: (208) 667-2150  
[ford@eaidaho.com](mailto:ford@eaidaho.com)  
[brucea@eaidaho.com](mailto:brucea@eaidaho.com)

John C. Terlaje  
LAW OFFICE OF JOHN C. TERLAJE  
Terlaje Professional Bldg., Suite 216  
194 Hernan Cortez Ave.  
Hagåtña, Guam 96910  
Telephone: (671) 477-8894/5  
[john@terlaje.net](mailto:john@terlaje.net)

*Counsel for Debtor-in-Possession*

**IN THE DISTRICT COURT OF GUAM  
TERRITORY OF GUAM  
BANKRUPTCY DIVISION**

In re:

Chapter 11 Bankruptcy

Case No. 19-00010

ARCHBISHOP OF AGAÑA,  
a Corporation Sole,

Debtor.

**SEXUAL ABUSE PROOF OF CLAIM**  
**IMPORTANT:**

**THIS FORM MUST BE RECEIVED NO LATER THAN AUGUST 15, 2019 AT 5:00 P.M.**  
**(PREVAILING CHST-CHAMORRO STANDARD TIME)**

Carefully read the Notice and Instructions that are included with this **CONFIDENTIAL PROOF OF CLAIM** and complete all applicable questions. Send together with one copy to: Clerk of the Court, District of Guam at the following address: Office of the Clerk of Court-ATTN SEALED DOCUMENTS, District Court of Guam, U.S. Courthouse, 520 W Soledad Avenue, 4th Floor, Hagåtña, 96910, Guam. If you prefer to hand deliver the completed Confidential Proof of Claim form to the Clerk, the physical address for hand delivery is Clerk of

1 the District Court of Guam, U.S. Courthouse, 520 W Soledad Avenue, 4th Floor, Hagåtña,  
2 96910, Guam.

3 **If you mail or delivery the Confidential Proof of Claim form it must be received by the**  
4 **Clerk no later than 5:00 p.m. (prevailing ChST-Chamorro Standard Time) on August 15,**  
5 **2019.**

6 **YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER.**

7 **AND YOU MAY ALSO OBTAIN INFORMATION FROM THE OFFICIAL**  
8 **COMMITTEE OF UNSECURED CREDITORS BY CALLING TOLL FREE AT**  
9 **1-800-484-3513.**

10 **FAILURE TO COMPLETE AND RETURN THIS FORM MAY RESULT IN YOUR**  
11 **INABILITY TO VOTE ON A PLAN OF REORGANIZATION AND RECEIVE A**  
12 **DISTRIBUTION FROM THE ARCHBISHOP OF AGAÑA, (THE “ARCHBISHOP”).**

13 **UNLESS YOU INDICATE OTHERWISE IN PART 1 BELOW, YOUR IDENTITY WILL**  
14 **BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL, AND OUTSIDE THE PUBLIC**  
15 **RECORD OF THE BANKRUPTCY COURT. HOWEVER, THIS PROOF OF CLAIM**  
16 **AND THE INFORMATION IN THIS PROOF OF CLAIM WILL BE PROVIDED**  
17 **PURSUANT TO COURT-APPROVED CONFIDENTIALITY GUIDELINES TO THE**  
18 **ARCHBISHOP, THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS AND**  
19 **TO SUCH OTHER PERSONS AS THE BANKRUPTCY COURT DETERMINES NEED**  
20 **THE INFORMATION IN ORDER TO EVALUATE THE CLAIM.**

21 **THIS PROOF OF CLAIM IS FOR SEXUAL ABUSE CLAIMANTS ONLY.**

22 For the purposes of filing a Sexual Abuse Proof of Claim, a **Sexual Abuse Claim** is defined as  
23 any Claim (as defined in section 101(5) of the Bankruptcy Code) against the Archbishop  
24 resulting or arising in whole or in part, directly or indirectly from any actual or alleged sexual  
25 conduct or misconduct, sexual abuse or molestation, indecent assault and/or battery, rape,  
26 pedophilia, ephebophilia, or sexually-related physical, psychological, or emotional harm, or  
27 contacts, or interactions of a sexual nature between a child and an adult, or a nonconsenting adult  
28 and another adult, sexual assault, sexual battery, sexual psychological or emotional abuse,  
humiliation, or intimidation, or any other sexual misconduct, and seeking monetary damages or  
any other relief, under any theory of liability, including vicarious liability, any negligence-based  
theory, contribution, indemnity, or any other theory based on any acts or failures to act by the  
Archbishop or any other person or entity for whose acts or failures to act the Archbishop is or  
was allegedly responsible.

For Purposes of this Proof of Claim, a **Sexual Abuse Claimant** is defined as the person asserting  
a Sexual Abuse Claim against the Archbishop, or if a minor, then his parent or legal guardian.

**TO BE VALID, THIS PROOF OF CLAIM MUST BE SIGNED BY YOU OR YOUR**  
**ATTORNEY. IF THE SEXUAL ABUSE CLAIMANT IS DECEASED OR**

1 INCAPACITATED, THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE  
2 CLAIMANT'S REPRESENTATIVE, EXECUTOR OF THE ESTATE OR THE  
3 ATTORNEY FOR THE ESTATE. IF THE SEXUAL ABUSE CLAIMANT IS A MINOR,  
4 THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE CLAIMANT'S PARENT OR  
5 LEGAL GUARDIAN, OR THE SEXUAL ABUSE CLAIMANT'S ATTORNEY.

6 Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5  
7 years, or both. 18 U.S.C. §§ 152 and 3571.

8 **PART 1: CONFIDENTIALITY**

9 THIS SEXUAL ABUSE PROOF OF CLAIM (ALONG WITH ANY ACCOMPANYING  
10 EXHIBITS AND ATTACHMENTS) WILL BE MAINTAINED AS CONFIDENTIAL  
11 PURSUANT TO COURT-APPROVED GUIDELINES UNLESS YOU EXPRESSLY  
12 REQUEST THAT IT BE PUBLICLY AVAILABLE BY CHECKING THE BOX AND  
13 SIGNING BELOW. ONLY THE SEXUAL ABUSE CLAIMANT MAY WAIVE  
14 CONFIDENTIALITY IN THIS PART 1.

15 ☐ I do not want this Proof of Claim (along with any accompanying exhibits and  
16 attachments) to be kept confidential. Please verify this election by signing directly below.

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

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

19 **PART 2: IDENTIFYING INFORMATION**

20 **A. Sexual Abuse Claimant**

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

23 Mailing Address (If party is incapacitated, is a minor or is deceased, please provide the address  
24 of the individual submitting the claim. If you are in jail or prison, your current address).

25 \_\_\_\_\_  
26 City State/Prov. Zip Code (Postal Code) Country  
27 (if other than U.S.A.)

28 Telephone No(s):  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

If you are in jail or prison, your identification number: \_\_\_\_\_

1 May we leave voicemails for you regarding your claim? ☐ Yes ☐ No

2 May we send confidential information to your email: ☐ Yes ☐ No

3 Birth Date: \_\_\_\_\_ ☐ Male ☐ Female  
4 Month Day Year

5 Any other name, or names, by which the Sexual Abuse Claimant has been known:  
6 \_\_\_\_\_

7 **B. Sexual Abuse Claimant's Attorney (if any):**

8  
9 Law Firm Name  
10 \_\_\_\_\_

11 Attorney's First Name Middle Initial Last Name  
12 \_\_\_\_\_

13 Street Address  
14 \_\_\_\_\_

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

17 Telephone No. Fax No. E-mail address  
18 \_\_\_\_\_

19 **PART 3: NATURE OF COMPLAINT**

20 **(Attach additional separate sheets if necessary)**

21 **NOTE: IF YOU HAVE PREVIOUSLY FILED A LAWSUIT AGAINST THE**  
22 **ARCHBISHOP IN STATE OR FEDERAL COURT, YOU MAY ATTACH THE**  
23 **COMPLAINT. IF YOU DID NOT FILE A LAWSUIT, OR IF THE COMPLAINT DOES**  
24 **NOT CONTAIN ALL OF THE INFORMATION REQUESTED BELOW, YOU MUST**  
25 **PROVIDE THE INFORMATION BELOW.**

26 a. Who committed the acts of sexual abuse or other wrongful conduct?  
27 \_\_\_\_\_  
28 \_\_\_\_\_  
\_\_\_\_\_

1 b. What is the position, title or relationship to you (if known) of the abuser or individual  
2 who committed these acts?

3 \_\_\_\_\_  
4 \_\_\_\_\_

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

8 \_\_\_\_\_  
9 \_\_\_\_\_  
10 \_\_\_\_\_

11 d. When did the sexual abuse or other wrongful conduct take place?

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

15 \_\_\_\_\_  
16 \_\_\_\_\_  
17 \_\_\_\_\_

18 2. Please also state your age(s) and your grade(s) in school (if applicable) at the time  
19 the abuse or other wrongful conduct took place.

20 \_\_\_\_\_

21 e. What happened (describe what happened):

22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_

27 f. Did you tell anyone about the sexual abuse or other wrongful conduct and, if so, who did  
28 you tell and when (this would include parents; relatives; friends; the Archbishop;  
attorneys; counselors; and law enforcement authorities)?

g. Identify any church or religious organization you have belonged to or have been affiliated with.

h. State whether there were any witnesses to the abuse. If there were any witnesses, please list their name(s) and any contact information you have.

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

*(If you are uncertain how to respond to this Part 4, you may leave this Part 4 blank, but you will be required to complete this Part 4 within thirty (30) days after a written request is made for the information requested in this Part 4)*

1. What injuries (including physical, mental and/or emotional) have occurred to you because of the act or acts of sexual abuse or other wrongful conduct that resulted in the claim (for example, the effect on your education, employment, personal relationships, health, and any physical injuries)?

2. Have you sought counseling or other treatment for your injuries? If so, with whom and when?

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**PART 5: ADDITIONAL INFORMATION**

1. Prior 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.)

If "Yes," which case(s):

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

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

☐ Yes ☐ No (If "Yes," please describe, including parties to the settlement. You are required to attach a copy of any settlement agreement.)

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

3. Bankruptcy. Have you ever filed bankruptcy? ☐ Yes ☐ No (If "Yes," please provide the following information:

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

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

Chapter: ☐ 7 ☐ 11 ☐ 12 ☐ 13 Name of Trustee: \_\_\_\_\_

4. State whether you have previously commenced any lawsuit seeking damages for the identified sexual abuse. If yes, please state:

a. Where and when you commenced the lawsuit:

\_\_\_\_\_

b. The parties to the lawsuit:

\_\_\_\_\_

c. The case number if any:

\_\_\_\_\_



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d. The result of the lawsuit:

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

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

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

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

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

**Relationship to Sexual Abuse Claimant:** \_\_\_\_\_