

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re:)	
)	Case No. 09-13560 (CSS)
)	
CATHOLIC DIOCESE OF WILMINGTON, INC., a)	(Chapter 11)
Delaware Corporation,)	
)	TORT PROOF OF CLAIM
Debtor.)	

IMPORTANT:
THIS FORM MUST BE RECEIVED NO LATER THAN
APRIL 15, 2010 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Carefully read the instructions included with this TORT PROOF OF CLAIM FORM and complete ALL applicable questions. Send the *original together with two copies* to: (i) if by regular mail: **The Garden City Group, Inc., Attn: CDOW Bankruptcy Administration, P.O. Box 9561, Dublin, Ohio 43017-4861**, or (ii) if by overnight delivery, courier or hand delivery: **CDOW Bankruptcy Administration, c/o The Garden City Group, Inc., 5151 Blazer Parkway, Suite A, Dublin, Ohio 43017**.

YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER, AND YOU MAY ALSO OBTAIN INFORMATION FROM THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS BY CALLING TOLL FREE AT (888) 570-6269.

UNLESS YOU INDICATE OTHERWISE IN PART 1 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 GUIDELINES TO THE DEBTOR AND TO SUCH OTHER PERSONS AS THE COURT DETERMINES NEED THE INFORMATION IN ORDER TO EVALUATE THE CLAIM.

TO BE VALID, THIS PROOF OF CLAIM MUST BE SIGNED BY THE 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 TORT PROOF OF CLAIM FORM (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 do not want this Proof of Claim Form (along with any accompanying exhibits and attachments) to be kept confidential. 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

Mailing 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: _____

Email address _____

May we leave voicemails for you regarding your claim? ___yes ___no

May we send confidential information to your email: ___yes ___no

Birth Date - - Male Female
 Month Day Year

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

NOTE: IF YOU HAVE PREVIOUSLY FILED A COMPLAINT AGAINST THE DEBTOR IN STATE OR FEDERAL COURT, YOU MAY ATTACH THE COMPLAINT IN LIEU OF PROVIDING THE INFORMATION BELOW. IF YOU DID NOT FILE A COMPLAINT OR IF THE COMPLAINT DOES NOT CONTAIN ALL OF THE INFORMATION REQUESTED BELOW, YOU MUST PROVIDE THE INFORMATION BELOW.

- a. Who committed the acts of abuse or other tortious conduct?

Position, Title or Relationship to You (if known) (*e.g.*, Parish Priest, Teacher, Coach, etc.)

- b. _____

- c. Where did the abuse or other tortious conduct 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.

- d. When did the abuse or other tortious conduct take place?

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

2. Please also state your age(s) and your grade(s) in school at the time the abuse or other tortious conduct took place.

- e. What happened (describe what happened):

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- f. Did you tell anyone about the abuse or other tortious conduct and, if so, who did you tell and when (this would include parents; relatives; friends; the Diocese; your parish; attorneys; counselors; and law enforcement authorities).
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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 have occurred to you because of the act or acts of abuse or other tortious 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 treatment? If so, with whom and when? _____

PART 5. ADDITIONAL INFORMATION

1. Settlements: Regardless of whether a complaint was ever filed against any party because of the abuse or other tortious conduct, have you settled any claim relating to the abuse or other tortious conduct described in this claim?
 Yes No If "Yes", please describe including parties to the settlement, and attach a copy of any settlement agreement.

2. 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: _____

Date: _____

Sign and print the name and title, if any, of the Claimant or other person authorized to file this claim.

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

Signature _____

Print Name: _____