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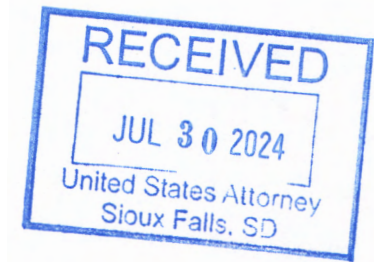
2775 PARK AVENUE
SANTA CLARA, CA 95050

TELEPHONE 408-295-1700
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July 15, 2024

VIA US FIRST CLASS MAIL

US Attorney for the District of South Dakota
Alison J. Ramsdell
PO Box 2638
Sioux Falls, SD 57101-2638



**RE: Franciscan Friars of California, Inc., Chapter 11 Case No. 23-41723 WJL
Posting of Sexual Abuse Extended Bar Date Notice in a prominent place until August
30, 2024**

Dear Ms. Ramsdell:

Pursuant to the Order Extending The Claims Bar Date And Granting Related Relief [Dkt. #384] (the "Extended Bar Date Order"), please find enclosed the Sexual Abuse Claim Notice Package approved by the U.S. Bankruptcy Court.

As required by the Extended Bar Date Order, Franciscan Friars of California, Inc., the Chapter 11 debtor herein, requests that you display versions of the Sexual Abuse Bar Date Notice in a prominent place until expiration of the General Bar Date on August 30, 2024.

Very truly yours,

Robert G. Harris

Robert G. Harris

cc: Fr. David Gaa



**BINDER MALTER HARRIS
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The following constitutes the order of the Court.
Signed: July 11, 2024

A handwritten signature in black ink that reads "William J. Lafferty, III".

William J. Lafferty, III
U.S. Bankruptcy Judge

*Attorneys for Debtor and Debtor in Possession,
Franciscan Friars California, Inc.*

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

In re:

FRANCISCAN FRIARS OF
CALIFORNIA, INC.,

Debtor.

Case No. 23-41723 WJL

Chapter 11

**ORDER EXTENDING THE CLAIMS BAR
DATE AND GRANTING RELATED RELIEF**

Judge: Hon. William J. Lafferty

Upon the *Ex Parte Application For An Order Extending The Claims Bar Date And Granting Related Relief* [Dkt. 352] (the "**Application**")¹ of Franciscan Friars of California, Inc., the debtor and debtor in possession (the "**Debtor**") in the above-captioned chapter 11 bankruptcy case (the "**Chapter**

¹ All capitalized terms not defined herein have the meaning ascribed to them in the Application or the *Order Establishing Deadlines for Filing Proofs of Claim and Approving the Form and Manner of Notice Thereof* [Dkt. #280] (the "**Bar Date Order**").

1 **11 Case**”); and it appearing that the relief granted by this Order is in the best interests of the Debtor, its
2 estate and creditors; and adequate notice of the Application has been given and that no further notice is
3 necessary; and upon the hearing held on the Application on July 8, 2024; and after due deliberation and
4 good and sufficient cause appearing therefor,

5 **IT IS HEREBY ORDERED THAT:**

6 1. The Application is granted as set forth herein. All objections to the Application are
7 overruled.

8 2. Except to the extent specifically modified by this Order, all terms and provisions of the
9 Bar Date Order (including, without limitation, those provisions of the Bar Date Order relating to the
10 Confidentiality Protocol and the form and manner of submission of Sexual Abuse Claims) shall remain
11 in effect and shall apply with respect to all Sexual Abuse Claimants.

12 3. The General Bar Date, as defined in the Bar Date Order, shall be extended from July 19,
13 2024, at 5:00 p.m. (prevailing Pacific Time) to **August 30, 2024, at 5:00 p.m. (prevailing Pacific Time)**
14 (the “**Extended Bar Date**”).

15 4. The forms of the following documents attached to the Application:

- 16 (i) *Notice of Deadlines Requiring Filing of Proofs of Claim* (the “**Extended Bar Date**
17 **Notice**”), attached to the Application as **Exhibit 2**; and
18 (ii) Notice of the Extended Bar Date to be published as required by this Order (the
19 “**Publication Notice**”), attached to the Application as **Exhibit 3**;

20 are each approved in form and substance in all respects.

21 5. The manner of providing notice of the Extended Bar Date set forth herein is approved in
22 all respects.

23 6. Within eight business days following entry of this Order, the Debtor shall serve by United
24 States mail, first-class postage prepaid: (i) a copy of this Order (without exhibits or schedules) and (ii)
25 the Extended Bar Date Notice upon (1) the Office of the United States Trustee; and (2) counsel to the
26 Committee.

27 7. The Claims Agent shall, within eight business days after entry of this Order, mail a copy
28 of (i) this Order (without exhibits or schedules), (ii) the Extended Bar Date Notice, and (iii) the balance
of the previously approved Sexual Abuse Claim Notice Package, modified solely to reflect the Extended

1 Bar Date, including a copy of a Extended Bar Date Publication Notice, to the following, with a request
2 from the Debtor that the party post the Extended Bar Date Publication Notice in a prominent place until
3 the expiration of the Extended Bar Date: (a) the Seven Tribes; (b) the Oglala Sioux Tribe of South
4 Dakota; (c) the United States Attorney's Office for the District of Arizona, the Office of the United States
5 Attorney for the District of New Mexico, the Office of the United States Attorney for the District of New
6 Mexico, the Office of the United States Attorney for the District of South Dakota and the Attorneys
7 General for Arizona, New Mexico and South Dakota; and (d) the district attorney's office, the sheriff's
8 office, any county government center, at least one public health agency (if any), and at least one substance
9 abuse agency or hospital (if any) for each of the counties of Gila County, La Paz County, Navajo County,
10 and Pinal County, in Arizona, and Otero County in New Mexico.

11 8. The Debtor shall file an affidavit of service certifying its compliance with its service
12 obligations under this Order within five business days of doing so.

13 9. Service of the Sexual Abuse Claim Notice Package in the manner set forth in this Order
14 is and shall be deemed to be good and sufficient notice of the Extended Bar Date to all known claimants.
15 The Debtor shall post a copy of the Sexual Abuse Bar Date Notice, modified solely to reflect the Extended
16 Bar Date, on the Debtor's website, the Claims Agent's website established for this case, any website
17 created by the Committee or its counsel for this case, any websites for survivor advocacy groups
18 suggested by the Committee that will allow the Debtor to publish the Sexual Abuse Bar Date Notice and
19 any website which previously posted the Sexual Abuse Bar Date Notice.

20 10. The Debtor will cause a copy of the Extended Bar Date Publication Notice to be published
21 once on or before July 30th, to the extent possible, as well as a second time on or before August 30th, to
22 the extent possible in:

- 23 - Gric News (GRIN)
- 24 - Apache Messenger
- 25 - Fort Apache Scout
- 26 - The Lacota Times

27 11. The Debtor shall file a certification with this Court attesting to publication of the Extended
28 Bar Date Publication Notice in accordance with this Order within three business days of doing so.

COURT SERVICE LIST

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All ECF Recipients.

1 **BINDER MALTER HARRIS & ROME-BANKS LLP**

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3 Julie H. Rome-Banks #142364
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12 Email: wendy@bindermalter.com
13 Email: reno@bindermalter.com

14 *Attorneys for Debtor and Debtor in Possession,*
15 *Franciscan Friars California, Inc.*

16 **UNITED STATES BANKRUPTCY COURT**
17 **NORTHERN DISTRICT OF CALIFORNIA**
18 **OAKLAND DIVISION**

19 *In re:*
20 FRANCISCAN FRIARS OF CALIFORNIA,
21 INC.,
22 Debtor.

Case No. 23-41723 WJL

Chapter 11

**NOTICE OF EXTENDED BAR DATE
REQUIRING FILING OF PROOFS OF
CLAIM**

Judge: Hon. William J. Lafferty

23 TO ALL PERSONS AND ENTITIES WITH CLAIMS AGAINST FRANCISCAN FRIARS OF
24 CALIFORNIA, INC. (THE "DEBTOR");

25 **PLEASE TAKE NOTICE THAT** the United States Bankruptcy Court for the Northern
26 District of California, Oakland Division (the "Court") has entered an order (the "Extended Date
27 Order") extending to **August 30, 2024 at 5:00 p.m., prevailing Pacific Time** as the last date and
28 time for each person (including "Governmental Units," as defined in section 101(27) of the

1 Bankruptcy Code¹) to file a proof of claim against the Debtor. The Extended Bar Date Order
2 extends the (1) Sexual Abuse Bar Date and (2) General Bar Date from July 19, 2024 to August 30,
3 2024.

4 The procedures set forth below for filing proofs of claim apply to all claims against the
5 Debtor that arose before December 31, 2023 (the "**Petition Date**"), the date on which the Debtor
6 commenced its case under chapter 11 of the Bankruptcy Code, excluding claims held by those
7 listed in Section 4 below that are specifically excluded from the Bar Date filing requirement.

8 **1. WHO MUST FILE A PROOF OF CLAIM**

9 You MUST file a proof of claim to vote on a chapter 11 plan or to share in distributions
10 from the Debtor's bankruptcy estate if you have a claim that arose before the Petition Date, and it
11 is not one of the types of claims described in Section 4 below. Claims based on acts or omissions
12 of the Debtor that occurred before the Petition Date must be filed on or before the Bar Dates, even
13 if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated
14 or certain before the Petition Date.

15 Under section 101(5) of the Bankruptcy Code and as used in this notice, the word "claim"
16 means (a) a right to payment, whether or not such right is reduced to judgment, liquidated,
17 unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable,
18 secured, or unsecured; or (b) a right to an equitable remedy for breach of performance if such
19 breach gives rise to a right to payment, whether or not such right to an equitable remedy is reduced
20 to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, secured, or unsecured.

21 **2. WHAT TO FILE FOR ALL CLAIMS**

22 Claimants must complete and file the *Official Form 410 Proof of Claim* (the "**Official**
23 **Proof of Claim Form**"). If your claim is listed on the Schedules, the proof of claim form also sets
24 forth the amount of your claim as listed on the Schedules, and whether the claim is scheduled as
25

26
27 ¹ 11 U.S.C. § 101 *et seq.* shall be referred to herein as the "**Bankruptcy Code.**"
28

1 “disputed,” “contingent,” or “unliquidated.” You will receive a different proof of claim form for
2 each claim listed in your name on the Schedules. Additional proof of claim forms and instructions
3 may be obtained at (a) the website established by the Debtor’s Court-approved claims and noticing
4 agent, Donlin Recano & Company, Inc. (the “Claims Agent”), located at
5 <https://www.donlinrecano.com/ffc> or (b) the Bankruptcy Court’s website located at
6 www.uscourts.gov/forms/bankruptcy-forms.

7 **THE COURT HAS APPROVED SEPARATE PROCEDURES—AND A SINGLE**
8 **DEADLINE BY WHICH CLAIMS MUST BE FILED—FOR CLAIMANTS ALLEGING**
9 **SEXUAL ABUSE CLAIMS AS SET FORTH IN MORE DETAIL IN THE BAR DATE ORDER**
10 **AND THE SEXUAL ABUSE CLAIM BAR DATE NOTICE AVAILABLE AT THE CLAIMS**
11 **AGENT’S WEBSITE. IF YOU BELIEVE YOU HOLD A CLAIM ARISING OUT OF SEXUAL**
12 **ABUSE FOR WHICH THE DEBTOR IS LIABLE, YOU SHOULD CONTACT COUNSEL FOR**
13 **THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS, LOWENSTEIN**
14 **SANDLER LLP AND KELLER BENVENUTTI KIM LLP, BY SENDING AN EMAIL TO**
15 **BRENT WEISENBERG AT BWEISENBERG@LOWENSTEIN.COM OR GABRIELLE**
16 **ALBERT AT GALBERT@KBKLLP.COM.**

17 All proof of claim forms must be signed by the claimant or his or her counsel or, if the
18 claimant is not an individual, by an authorized agent of the claimant. It must be written in English
19 and be denominated in United States currency (using the exchange rate, if applicable, as of the
20 Petition Date). You also should attach to your completed proof of claim any documents on which
21 the claim is based (if voluminous, also attach a summary) or explanation as to why the documents
22 are not available.

23 Your proof of claim form must not contain complete social security numbers or taxpayer
24 identification numbers (only the last four (4) digits), a complete birth date (only the year), the name
25 of a minor (only the minor’s initials), or a financial account number (only the last four (4) digits
26 of such account number).

27 ///

1 **3. WHEN AND WHERE TO FILE**

2 All proofs of claim must be filed so as to be received on or before **August 30, 2024 at 5:00**

3 **p.m.** (prevailing Pacific Time) as follows:

4 (i) Electronically through the website for this Chapter 11 Case hosted by Donlin,
Recano & Company, Inc. (the "**Claims Agent**") at:

5 (i) <https://www.donlinrecano.com/Clients/ffc/FileClaim> for General
6 Claims, or

7 (ii) <https://www.donlinrecano.com/Clients/ffc/FileSurvivorClaim> for
8 Sexual Abuse Claims, by following the instructions for filing proofs
of claim electronically set forth on that website.

9 (ii) By mail through the United States Postal Service to:

10 Donlin, Recano & Company, Inc.
11 Re: Franciscan Friars of California, Inc.
12 P.O. Box 2053
New York, NY 10272-2042

13 (iii) By overnight mail or hand-delivery to the Claims Agent at the following address:

14 Donlin, Recano & Company, Inc.
15 c/o Equiniti
16 Re: Franciscan Friars of California, Inc.
48 Wall Street, 22nd Floor
17 New York, NY 10005

18 Proofs of claim will be deemed filed only when actually received at the addresses listed
19 above or via the electronic filing system on or before the applicable Bar Date. Proofs of claim
20 may not be delivered by facsimile, telecopy, or electronic mail transmission.

21 **4. CLAIMS FOR WHICH PROOFS OF CLAIM NEED NOT BE FILED**

22 The Extended Bar Date Order further provides that the following entities, whose claims
23 otherwise would be subject to the Extended Bar Date, need not file proofs of claim:

24 (a) any person or entity that already has filed a proof of claim against the Debtor
in a form substantially similar to Official Bankruptcy Form No. 410;

25 (b) any person or entity whose claim is listed on the Schedules filed by the
26 Debtor, provided that (i) the claim is not scheduled as "disputed",
"contingent", or "unliquidated" and (ii) the claimant does not disagree with
27 the amount, nature and priority of the claim as set forth in the Schedules;

- 1 (c) any holder of a claim that heretofore has been allowed by Order of this
2 Court;
- 3 (d) any person or entity whose claim has been paid in full by the Debtor prior
4 to the Bar Dates;
- 5 (e) any holder of a claim for which specific deadlines have previously been
6 fixed by this Court;
- 7 (f) any officer, director, employee, or independent contractor of the Debtor
8 who held such position as of the Petition Date and has a claim against the
9 Debtor for indemnification, contribution, or reimbursement; provided,
10 however, that any of the foregoing parties that wishes to assert a claim other
11 than a claim arising from or relating to indemnification, contribution, or
12 reimbursement will be required to file a proof of claim by the General Bar
13 Date, unless another exception identified in this section 4 applies; and
- 14 (g) the United States Trustee regarding a claim for quarterly fees under 28
15 U.S.C. § 1930(a)(6).

16 **5. CONSEQUENCES OF FAILURE TO FILE A CLAIM**

17 ANY HOLDER OF A CLAIM THAT IS NOT EXEMPTED FROM THE
18 REQUIREMENTS OF THIS NOTICE, AS SET FORTH IN SECTION 4 ABOVE, AND THAT
19 FAILS TO TIMELY FILE A PROOF OF CLAIM IN THE APPROPRIATE FORM SHALL NOT
20 BE TREATED AS A CREDITOR WITH RESPECT TO SUCH CLAIM FOR THE PURPOSES
21 OF VOTING ON ANY PLAN OF REORGANIZATION FILED IN THIS CASE AND
22 PARTICIPATING IN ANY DISTRIBUTION IN THE DEBTOR'S CASES ON ACCOUNT OF
23 SUCH CLAIM.

24 **6. THE DEBTOR'S SCHEDULES AND ACCESS THERETO**

25 To determine if and how you are listed on the Schedules, please refer to the descriptions
26 set forth on the enclosed proof of claim form(s) regarding the nature, amount, and status of your
27 claim(s).

28 IF YOU RELY ON THE DEBTOR'S SCHEDULES OR THE ENCLOSED PROOF OF
CLAIM FORM(S), IT IS YOUR RESPONSIBILITY TO DETERMINE THAT THE CLAIM
ACCURATELY IS LISTED ON THE SCHEDULES.

1 As set forth above, if you agree with the nature, amount, and status of your claim as listed
2 in the Schedules, and if your claim is not described as “disputed,” “contingent,” or “unliquidated,”
3 you need not file a proof of claim. Otherwise, or if you decide to file a proof of claim, you must
4 do so before the applicable Bar Date, in accordance with the procedures set forth in this notice.

5 Copies of the Schedules are available for inspection on (a) the website established by the
6 Claims Agent at <https://donlinrecano.com/Clients/ffc/Static/SOALS> and (b) on the Bankruptcy
7 Court’s website at <http://www.canb.uscourts.gov>. A login and password to the Court’s Public
8 Access to Electronic Records (“**PACER**”) are required to access this information on the Court’s
9 website and can be obtained through the PACER Service Center at <http://www.pacer.gov>. Copies
10 of the Schedules also may be examined between the hours of 9:00 a.m. and 4:30 p.m., Monday
11 through Friday at the Office of the Clerk of the Bankruptcy Court, located at 1300 Clay Street,
12 Suite 300, Oakland, CA 94612. Copies of the Schedules also may be obtained by request to the
13 Claims Agent:

14 Donlin Recano & Company, Inc.
15 Re: Franciscan Friars of California, Inc.
16 P.O. Box 2053
New York, NY 10272-2042

17 **7. ADDITIONAL INFORMATION**

18 If you have any questions regarding the claims process and/or you wish to obtain a copy
19 of the proof of claim form, or related documents you may do so by: (i) calling Donlin Recano &
20 Company, Inc. at (888) 444-4055; (ii) visiting the Debtor’s restructuring website at
21 <https://www.donlinrecano.com/ffc>; and/or (iii) emailing inquiries to ffcinfo@drc.equiniti.com.
22 Please note that the Claims Agent cannot offer legal advice or advise whether you should file a
23 proof of claim.

24 **A HOLDER OF A POSSIBLE CLAIM AGAINST THE DEBTOR SHOULD**
25 **CONSULT AN ATTORNEY REGARDING ANY MATTERS NOT COVERED BY THIS**
26 **NOTICE, SUCH AS WHETHER THE HOLDER SHOULD FILE A PROOF OF CLAIM.**

27 Dated: June 24, 2024

BINDER MALTER HARRIS & ROME-
BANKS LLP

By: /s/ Robert G. Harris
Robert G. Harris

*Attorneys for Debtor in Possession,
Franciscan Friars of California, Inc.*

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Fill in this information to identify the case:

Debtor Franciscan Friars of California, Inc.

United States Bankruptcy Court for the Northern District of California

Case number 23-41723

Official Form 410

Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

Name of the current creditor (the person or entity to be paid for this claim) _____

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?

No

Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Name _____

Name _____

Number Street _____

Number Street _____

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

City State ZIP Code _____

City State ZIP Code _____

Country _____

Country _____

Contact phone _____

Contact phone _____

Contact email _____

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

No

Yes. Claim number on court claims registry (if known) _____

Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

No

Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ _____ Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate: If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date _____
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name _____
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City State ZIP Code Country

Contact phone _____ Email _____

Instructions for Proof of Claim

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571

How to fill out this form

■ Fill in all of the information about the claim as of the date the case was filed.

■ Fill in the caption at the top of the form.

■ If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.

■ Attach any supporting documents to this form.

Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* on the next page.)

Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called “Bankruptcy Rule”) 3001(c) and (d).

■ Do not attach original documents because attachments may be destroyed after scanning.

■ If the claim is based on delivery health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.

PLEASE SEND COMPLETED PROOF(S) OF CLAIM TO:

IF BY U.S. POSTAL SERVICE MAIL

Donlin, Recano & Company, Inc.
Re: Franciscan Friars of California, Inc.
P.O. Box 2053
New York, NY 10272-2042

IF BY HAND DELIVERY OR OVERNIGHT DELIVERY:

Donlin, Recano & Company, Inc.
c/o Equiniti
Re: Franciscan Friars of California, Inc.
48 Wall Street, 22nd Floor
New York, NY 10005

Alternatively, your claim can be filed electronically at

- (i) <https://www.donlinrecano.com/Clients/ffc/FileClaim> for General Claims (defined in the *Order Establishing Deadlines For Filing Proofs Of Claim And Approving The Form And Manner Of Notice Thereof*), or
- (ii) <https://www.donlinrecano.com/Clients/ffc/FileSurvivorClaim> for Sexual Abuse Claims (defined in the *Order Establishing Deadlines For Filing Proofs Of Claim And Approving The Form And Manner Of Notice Thereof*).

■ A Proof of Claim form and any attached documents must show only the last 4 digits of any social security number, individual’s tax identification number, or financial account number, and only the year of any person’s date of birth. See Bankruptcy Rule 9037.

■ For a minor child, fill in only the child’s initials and the full name and address of the child’s parent or guardian. For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, either enclose a stamped self-addressed envelope and a copy of this form or you may view a list of filed claims in this case by visiting the Claims and Noticing and Agent’s website at <https://www.donlinrecano.com/Clients/ffc/ClaimsSearch>.

Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing that bankruptcy estate. 11 U.S.C. § 503.

Claim: A creditor’s right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. §101 (10).

Debtor: A person, corporation, or other entity to who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. §101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. §507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

Redaction of information: Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

Do not file these instructions with your form.

Secured claim under 11 U.S.C. §506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

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

In re:

FRANCISCAN FRIARS OF CALIFORNIA,
INC.,

Debtor.

Case No. 23-41723 WJL

Chapter 11

Judge: Hon. William J. Lafferty

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

DO NOT FILE THIS DOCUMENT WITH THE COURT

This supplement to Official Form 410 (this “**Supplement**”) is *not* required to be filed by holders of claims arising out of sexual abuse against the Franciscan Friars of California, Inc. (the “**Debtor**”) in order to properly file a claim against the Debtor. *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 file it with Official Form 410 no later than August 30, 2024 at 5:00 pm PT.* 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 not to complete this form, then it may be more likely that you will be asked to provide additional information regarding your claim, or that there may be an objection to your claim.

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.

If you choose to complete and submit this Supplement, the Debtor and the Committee strongly recommend that it be completed at the same time that you complete the official proof of claim form, Official Form 410. However, the failure to file this Supplement with your official proof of claim form will not be a basis upon which to disallow your claim.

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.

1 To file this Supplement, it must be actually received by Donlin Recano & Company, Inc.,
2 the claims and noticing agent (the "**Claims Agent**") for the Debtor by either filing it:

- 3 (i) Electronically using the interface available at:
<https://www.donlinrecano.com/Clients/ffc/FileSurvivorClaim>;
- 4 (ii) by mail to the Claims Agent at the following address: Donlin, Recano &
5 Company, Inc., Re: Franciscan Friars of California, Inc., P.O. Box 2053, New
6 York, NY 10272-2042; or
- 7 (iii) by overnight mail or hand-delivery to the Claims Agent at the following
8 address: Donlin, Recano & Company, Inc., c/o Equiniti, Re: Franciscan
9 Friars of California, Inc., 48 Wall Street, 22nd Floor, New York, NY 10005.

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Supplements sent by any other means (such as facsimile transmission or email, or through
a different manner than described in (i), (ii) and (iii) above) **will not** be accepted.

1 For this Supplement to be valid, the Sexual Abuse Claimant, or his/her attorney, must sign
2 this form. If the Sexual Abuse Claimant is deceased or incapacitated, the Supplement must be
3 signed by the Sexual Abuse Claimant's representative or the attorney for the Sexual Abuse
4 Claimant's estate.

4 If the Sexual Abuse Claimant is a minor, the Supplement must be signed by the Sexual
5 Abuse Claimant's parent, legal guardian, or attorney. Any Supplement signed by a representative
6 or legal guardian must attach documentation establishing such person's authority to sign the claim
7 for the Sexual Abuse Claimant.

7 Who Should File a Supplement?

8 This Supplement should only be filed by Sexual Abuse Claimants who allege Sexual Abuse
9 (defined below) on or before the date the Debtor filed for bankruptcy protection, December 31,
10 2023.

11 Who Is a Sexual Abuse Claimant?

12 The term "**Sexual Abuse Claimant**" refers to the person asserting a Sexual Abuse Claim
13 against the Debtor related to the Sexual Abuse Claimant's Sexual Abuse.

14 What is a Sexual Abuse Claim?

15 For the purposes of this Supplement, "**Sexual Abuse**" is any actual or alleged sexual
16 conduct or misconduct, sexual abuse or molestation, indecent assault and/or battery, rape,
17 pedophilia, ephebophilia, or sexually-related physical, sexually-related psychological, or sexually-
18 related emotional harm, or contacts, or interactions of a sexual nature between a child and an adult,
19 or an adult and another adult regardless of whether consensual or nonconsensual, sexual assault,
20 sexual battery, sexual psychological or emotional abuse, humiliation, or intimidation, or any other
21 conduct constituting a sexual offense of any type, kind, nature or description, incest, or use of a
22 child in a sexual performance.

23 A "**Sexual Abuse Claim**" is any claim (as "claim" is defined in section 101(5) of the
24 Bankruptcy Code) against the Debtor resulting or arising from, in whole or in part, directly or
25 indirectly, any Sexual Abuse and seeking monetary damages or any other relief, under any theory
26 of liability, including vicarious liability, any negligence-based theory, contribution, indemnity, or
27 any other theory based on any acts or failures to act by the Debtor or any other person or entity for
28 whose acts or failures to act the Debtor is or was allegedly responsible.

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

Additional Information.

You may obtain additional information from the Claims Agent by: (1) calling toll free at (888) 444-4055 or (2) emailing inquiries to ffcinfo@drc.equiniti.com. You may wish to consult an attorney regarding this matter. The Claims Agent may not provide you with legal advice.

You may also obtain information from counsel for the Committee, Lowenstein Sandler LLP, by sending an email to: jprol@lowenstein.com or 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*
4 *Of Notice Thereof* entered by the United States Bankruptcy Court for the Northern District of
California (the "**Bankruptcy Court**").

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

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:

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

Email US Mail Home Voicemail Cell Voicemail

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 should 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 the Debtor. Please identify the sexual abuser's position, title, or role.

B. If you know whether the abuser was affiliated with a school, church, parish or religious organization, please identify such church, parish, school or organization. Please include the city or neighborhood if possible.

C. 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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D. 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).

E. If the Sexual Abuse took place on more than one date, please state approximately how many times it occurred and when it stopped. If you do not remember the calendar date(s), please provide a range of dates or time of year (Fall, Spring, Winter, Summer).

F. If you were sexually abused by more than one sexual abuser, indicate when the Sexual Abuse by each of the sexual abusers started and stopped. If you do not remember the calendar date, please provide a range of dates or time of year (Fall, Spring, Winter, Summer).

G. Please describe how you believe you were impacted, harmed, damaged, or injured as a result of the Sexual Abuse you described above. You can check the boxes, fill in the narrative, or both. **Please note that the boxes are not meant to limit the characterization or description of the impact(s) of your Sexual Abuse (Check all that apply).**

- Psychological / emotional health (including depression, anxiety, shame, suicidal thoughts, feeling numb, feeling of worthlessness, difficulty managing or feeling emotions including anger)
- Post-traumatic stress reactions (including intrusive images, feelings from the abuse, numbing or avoidance behaviors, emotion dissociation behaviors)
- Mental Health diagnoses (including Obsessive Compulsive

1 Disorder-OCD, Bipolar Disorder, Borderline Personality, Post
2 Traumatic Stress Disorder- PTSD, Severe Depression, Generalized
3 Anxiety)

- 4 Physical health (including chronic disease, chronic undiagnosed
5 pain or physical problems)
- 6 Education (failing grades, not graduating high school, or being
7 unable to finish other training or education)

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

- 10 No High School Degree or GED
- 11 High School/GED Some College
- 12 Associate's Degree Bachelor's
13 Degree Masters, PhD, MD, JD, or other
14 higher education

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

17 If this box is checked please also indicate:

18 Are you currently employed: Yes No

19 If yes, please provide your current occupation and employer:

20 _____

21 If no, please provide your former occupation:

22 _____

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

26 If this box is checked, please also indicate:

27 Are you currently married: Yes No

28 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,

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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)

H. NARRATIVE SUMMARY: Please describe the Sexual Abuse in as much detail as you can recall in the lines below. You may attach additional pages if needed.

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.

C. Settlements. Have you settled any claim, lawsuit or any other formal or informal 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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D. Payments. Have you ever received any payment from the Debtor or any other person or entity on account of the Sexual Abuse you have described in this Supplement, including by having the Debtor pay for therapy you received on account of the Sexual Abuse you have described in this Supplement?

Yes No (If "Yes," please describe who paid you, when they paid you, and how much they paid you.)

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):

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: _____

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

In re:

FRANCISCAN FRIARS OF CALIFORNIA,
INC.,

Debtor.

Case No. 23-41723 WJL

Chapter 11

Judge: Hon. William J. Lafferty

**NOTICE OF DEADLINE FOR FILING SEXUAL ABUSE CLAIMS IN FRANCISCAN
FRIARS OF CALIFORNIA, INC. BANKRUPTCY CASE**

TO: All individuals who may hold claims against the Franciscan Friars of California, Inc. arising out of sexual abuse

PLEASE TAKE NOTICE THAT:

The deadline to file a proof of claim against the Franciscan Friars of California, Inc. (the “**Debtor**”) has been extended to **August 30, 2024 at 5:00 p.m. (prevailing Pacific Time)** (the “**Supplemental Bar Date**”).

If you have a claim against the Debtor related to sexual abuse committed by any person connected with the Debtor (a “**Sexual Abuse Claim**”), you must file a proof of claim on or before the Supplemental Bar Date.

To file a proof of claim, you must complete the enclosed *Official Form 410* (the “**Official Proof of Claim Form**”) approved by the United States Bankruptcy Court for the Northern District of California (the “**Bankruptcy Court**”) and

- (i) File it electronically through the website for this Chapter 11 Case hosted by Donlin, Recano & Company, Inc. (the “**Claims Agent**”) at <https://www.donlinrecano.com/Clients/ffc/FileSurvivorClaim>; or
- (ii) Mail it

Through the United States Postal Service to:	By overnight mail or hand-delivery to the Claims Agent at the following address:
Donlin, Recano & Company, Inc. Re: Franciscan Friars of California, Inc. P.O. Box 2053 New York, NY 10272-2042	Donlin, Recano & Company, Inc. c/o Equiniti Re: Franciscan Friars of California, Inc. 48 Wall Street, 22nd Floor New York, NY 10005

You may, ***but are not required to***, complete the enclosed “*Optional Supplement to Official Form 410 for Use by Sexual Abuse Claimants*” (the “**Supplement**”) and submit it with your completed Official Proof of Claim Form.

While you are ***not*** required to complete and file the Supplement to assert a claim against the Debtor, ***the Committee strongly recommends that any person asserting a sexual abuse claim fill out the Supplement in full and submit it with the Official Proof of Claim Form.***

Your rights and options – and the deadline to exercise them by – are explained in more detail in this notice.

I. WHY WAS THIS NOTICE ISSUED

The Debtor filed a chapter 11 bankruptcy case. The Bankruptcy Court entered an Order (the “**Supplemental Bar Date Order**”) extending to **August 30, 2024, at 5:00 p.m. (prevailing Pacific Time)** the deadline for filing claims against the Debtor. The Debtor’s case is pending in the Bankruptcy Court and the case is titled *In re Franciscan Friars of California, Inc.* (the “**Chapter 11 Case**”).

II. WHAT SHOULD I DO IF I HAVE A SEXUAL ABUSE CLAIM?

You should file the Official Proof of Claim Form if you have a Sexual Abuse Claim as defined above. You should file the Official Proof of Claim Form regardless of whether you:

- Did or did not report your sexual abuse to the Debtor or to anyone else;
- Previously filed a lawsuit or asserted claims in connection with the sexual abuse; or
- Are included in, or represented by, another action with respect to your Sexual Abuse Claim.

You should submit the Official Proof of Claim Form regardless of your age now or the length of time that has passed since the sexual abuse took place.

III. PROCEDURE FOR FILING PROOFS OF CLAIM

Official Proof of Claim Forms should not be filed with the Bankruptcy Court or with the Clerk of the Bankruptcy Court.

If you do not choose to complete the Supplement electronically, the Supplement should be mailed, delivered or submitted in the same manner as your Official Proof of Claim Form.

For the Official Proof of Claim Form, the individual holding the Sexual Abuse Claim (“**Sexual Abuse Claimants**”) or his/her attorney must sign this form. If the Sexual Abuse Claimant is deceased or incapacitated, the form must be signed by the Sexual Abuse Claimant’s representative or the attorney for the Sexual Abuse Claimant’s estate.

If the Sexual Abuse Claimant is a minor, the form must be signed by the Sexual Abuse Claimant’s parent, legal guardian, or attorney. Any Official Proof of Claim Form signed by a representative (other than the Sexual Abuse Claimant’s attorney) or legal guardian must attach documentation establishing such person’s authority to sign the claim for the Sexual Abuse Claimant.

Sexual Abuse Claimants should insert “unliquidated” next to question 7 (How much is the claim?) in the Official Proof of Claim Form.

Proofs of claim will be deemed filed only when actually received at the addresses listed above or via electronic submission on or before the Bar Date. Proofs of claim **may not be delivered** by facsimile, telecopy, or electronic mail transmission. If you have questions on how to file, you can contact your attorney or call (888) 444-4055 to speak to the Claims Agent.

Failure to timely complete and return the Official Proof of Claim Form by the Bar Date may result in your inability to vote on a plan of reorganization and receive a distribution in the above-captioned Chapter 11 Case.

IV. CONFIDENTIALITY OF SEXUAL ABUSE CLAIMS

Filed Official Proof of Claim Forms, the Supplement, and the information contained therein will be kept confidential under the Bar Date Order.

However, the Official Proof of Claim Form and the Supplement may be provided, pursuant to confidentiality procedures approved by the Bankruptcy Court, to the Debtor, the Committee, their respective counsel, the United States Trustee, and to such other persons as the Bankruptcy Court may authorize on a confidential basis. In addition, the Official Proof of Claim Form and the Supplement may be required to be disclosed to governmental authorities under mandatory reporting laws in many jurisdictions. If any such disclosure is made to a governmental authority, Sexual Abuse Claimants will be notified at the time of the disclosure of their Official Proof of Claim Form and the Supplement.

YOU SHOULD CONSULT AN ATTORNEY IF YOU HAVE ANY QUESTIONS, INCLUDING WHETHER YOU HAVE A CLAIM OR WHETHER YOU MUST FILE A PROOF OF CLAIM. HOLDERS OF SEXUAL ABUSE CLAIMS MAY ALSO OBTAIN INFORMATION FROM COUNSEL FOR THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS, LOWENSTEIN SANDLER LLP, BY SENDING AN EMAIL TO BRENT WEISENBERG AT BWEISENBERG@LOWENSTEIN.COM OR GABRIELLE ALBERT AT GALBERT@KBKLLP.COM.

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

In re Franciscan Friars of California, Inc.
Case No. 23-41723 WJL

PLEASE TAKE NOTICE THAT, on December 31, 2023, Franciscan Friars of California, Inc. (the “**Debtor**”) filed for bankruptcy protection under chapter 11 of title 11 of the United States Code.

The Bankruptcy Court has established August 30, 2024 at 5:00 p.m. (prevailing Pacific Time) as the extended deadline to file proofs of claim against the Debtor (the “Extended Bar Date”).

If you have a claim against the Debtor, including, without limitation, a claim related to sexual abuse committed by any person connected with the Debtor, you must file a claim on or before the Bar Date.

If you have any questions regarding the claims process and/or you wish to obtain a copy of the proof of claim form, you may do so by: (i) calling Donlin Recano & Company, Inc. at (888) 444-4055; (ii) visiting the Debtor’s restructuring website at <https://www.donlinrecano.com/ffc>; and/or (iii) emailing inquiries to ffcinfo@drc.equiniti.com.

IF YOU DO NOT TIMELY FILE A PROOF OF CLAIM, YOU MAY FORFEIT YOUR RIGHT TO VOTE ON ANY PLAN OF REORGANIZATION AND TO SHARE IN ANY DISTRIBUTIONS TO CREDITORS IN CONNECTION WITH THE DEBTOR’S CHAPTER 11 CASE.



001089P001-1548A-061/Franciscan Friars of California, Inc.
US ATTORNEY FOR THE DISTRICT OF SOUTH
DAKOTA
ALISON J RAMSDELL
US ATTORNEY'S OFFICE
PO BOX 2638
SIOUX FALLS, SD 57101-2638