



**PART 1: IDENTIFYING INFORMATION**

**A. Claimant**

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

\_\_\_\_\_  
Street 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: \_\_\_\_\_

Birth Date      -   -                           Male                       Female  
                    Month    Day                      Year

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

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 2: 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 THE COMPLAINT DOES NOT CONTAIN THE INFORMATION REQUESTED BELOW OR IF YOU DID NOT FILE A COMPLAINT, PROVIDE THE INFORMATION BELOW**

1. Who committed the acts of physical, mental, or sexual abuse or misconduct, or other injurious acts? Position, Title or Relationship to You (if known) (e.g., Parish Priest, Teacher, Coach, etc.)

\_\_\_\_\_

2. Where did the physical, mental, or sexual abuse or misconduct, or other injurious acts, take place? Please be as specific as possible and complete all relevant information that you know, including the City and State, name of the University, Parish, Mission or School (if applicable) and/or the name of any other location.

3. When did the physical, mental, or sexual abuse or misconduct, or other injurious acts, take place?

a. If the physical, mental, or sexual misconduct or abuse, or other injurious acts, took place over a period of time (months or years) please state when it started, when it stopped, and if it happened all during that time.

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b. Please also state your age(s) and your grade(s) in school at the time the physical, mental, or sexual abuse or misconduct, or other injurious acts, took place.

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4. What happened (describe what happened):

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5. Did you tell anyone about the physical, mental, or sexual abuse or misconduct, or other injurious acts, and if so, who did you tell and when (this would include parents; relatives; friends; the Society of Jesus, Oregon Province; attorneys; counselors; and law enforcement authorities).

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**PART 3: IMPACT OF COMPLAINT**  
**(Attach additional separate sheets if necessary)**

*(If you are uncertain how to respond to any portion of this Part 3, you presently may leave such portion of this Part 3 blank, but you will be required to complete such portion of Part 3 within thirty (30) days after a written request is made for the information requested in such portion of Part 3)*

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

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2. Have you sought counseling or treatment for the physical, mental, or sexual abuse or misconduct, or other injurious acts, that resulted in the claim? If so, with whom and when? \_\_\_\_\_  
\_\_\_\_\_

3. Are you interested in being contacted by the Society of Jesus, Oregon Province's Victim Assistance Coordinator about receiving counseling? (Note: Receiving counseling WILL NOT affect your rights to seek other compensation)  Yes  No

**PART 4. Additional Information**

1. Settlements: Regardless of whether a complaint was ever filed against any party because of the physical, mental, or sexual abuse or misconduct, or other injurious acts, have you settled any claim relating to the physical, mental, or sexual abuse or misconduct, or other acts, described in this claim?  Yes  No If "Yes", please describe including parties to the settlement, and attach a copy of any settlement agreement. (Note: If the settlement agreement is confidential, state that it is confidential instead of attaching the 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: \_\_\_\_\_