

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

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In re: : Chapter 11  
: :  
ST. CHRISTOPHER’S, INC., *et al.*,<sup>1</sup> : Case No. 24-22373  
: Main Case  
Debtors. : Jointly Administered

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**CONFIDENTIAL ABUSE PROOF OF CLAIM**

**THIS FORM MUST BE RECEIVED NO LATER THAN OCTOBER 7, 2024 AT 5:00 P.M. (PREVAILING EASTERN STANDARD TIME) (THE “BAR DATE”)**

**Carefully read the instructions that are included with this CONFIDENTIAL ABUSE PROOF OF CLAIM and complete all applicable questions.**

You may have an Abuse Claim if you experienced Abuse as a result of activities related to the Debtors before the Petition Date. For the purposes of an Abuse Proof of Claim Form, “**Abuse Claim**” means any liquidated or unliquidated claim (as defined in section 101(5) of the Bankruptcy Code) against the Debtors resulting or arising from any actual or alleged sexual conduct or misconduct, sexual abuse or molestation, sexual exploitation, indecent assault or battery, rape, pedophilia, ephhebophilia, sexually related psychological or emotional harm, humiliation, anguish, shock, sickness, disease, disability, dysfunction or intimidation, any other sexual misconduct or injury, contacts or interactions of a sexual nature, including the use of photography, video or digital media, or other physical abuse or bullying or harassment without regard to whether such physical abuse or bullying is of a sexual nature, between a child and an adult, between a child and another child, or between a non-consenting adult and another adult, in each instance without regard to whether such activity involved explicit force, whether such activity involved genital or other physical contact, and whether there is or was any associated physical, psychological or emotional harm to the child or non-consenting adult, including such claims that may be covered by the Child Victims Act, the Adult Survivors Act, Victims of Gender-Motivated Violence Protection Act, and any other similar statutes; provided that an “Abuse Claim” shall not include any liquidated or unliquidated claim (as defined in section 101(5) of the Bankruptcy Code) for contribution, indemnity, reimbursement or subrogation, whether contractual or implied by law (as those terms are defined by the applicable non-bankruptcy law of the relevant jurisdiction), and any other derivative claim of any kind whatsoever, whether in the nature of or sounding in contract, tort, warranty or any other theory of law or equity whatsoever, including any indemnification, reimbursement, hold-harmless or other payment obligation provided for under any pre-petition settlement, insurance policy or contract.

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<sup>1</sup> The Debtors in these Chapter 11 Cases, along with the last four digits of each Debtor’s federal tax identification number are: St. Christopher’s, Inc. (0485) and The McQuade Foundation (2652).

For purposes of this Proof of Claim, an “Abuse Claimant” is defined as the person asserting an Abuse Claim against the Debtors.

**THIS PROOF OF CLAIM IS FOR ABUSE CLAIMS ONLY. AN ABUSE CLAIMANT WHO SUBMITS AN ABUSE CLAIM FORM IS NOT REQUIRED TO ALSO COMPLETE A GENERAL PROOF OF CLAIM FORM.**

**TO BE VALID, THIS ABUSE PROOF OF CLAIM MUST:**

- (A) Be written in English or include a translation if responses are in a language other than English;
- (B) Provide responses that are complete and accurate to the best of your knowledge;
- (C) Be signed by the Abuse Claimant, except that if the Abuse Claimant is incapacitated or deceased, this Abuse Proof of Claim may be signed by the Abuse Claimant’s executor or legal representative;
- (D) Be **actually received** (*not postmarked*) by Barclay Damon LLP (“Debtors’ Counsel”), on or prior to October 7, 2024 at 5:00 p.m. (prevailing Eastern Standard Time) (the “Bar Date”), by mail, overnight delivery, or hand delivery at the following address:

Barclay Damon LLP  
Attn: Janice B. Grubin, Esq. and Scott L. Fleischer, Esq.  
1270 Avenue of the Americas, Suite 501  
New York, New York 10020

**PROOFS OF CLAIM SENT BY FACSIMILE, TELECOPY OR EMAIL WILL NOT BE ACCEPTED.**

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

**PLEASE NOTE THAT THE PURPOSE OF THE INFORMATION REQUESTED BY THIS FORM IS TO FACILITATE AND AID IN A FAIR AND TIMELY RESOLUTION OF YOUR ABUSE CLAIM(S) IN THESE CHAPTER 11 CASES. THEREFORE, PLEASE ANSWER THESE QUESTIONS TO THE BEST OF YOUR KNOWLEDGE AND ABILITY. IF YOU CANNOT ANSWER A QUESTION, MOVE ON TO THE NEXT QUESTION.**

**FAILURE TO COMPLETE AND RETURN THIS ABUSE PROOF OF CLAIM IN A TIMELY MANNER MAY RESULT IN YOUR INABILITY TO VOTE ON A PLAN OF REORGANIZATION AND YOUR INELIGIBILITY TO RECEIVE A DISTRIBUTION ON YOUR CLAIM IN THESE CHAPTER 11 CASES.**

**THIS ABUSE PROOF OF CLAIM FORM IS NOT SUFFICIENT TO ASSERT AN ABUSE CLAIM AGAINST ANY ENTITY OTHER THAN THE DEBTORS.**

**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.**

**PART 1: CONFIDENTIALITY**

Unless the Abuse Claimant indicates below that the Abuse Claimant wants this document to be part of the public record, the Abuse Claimant’s identity will be kept strictly confidential, under seal, and outside the public record pursuant to an Order of the United States Bankruptcy Court for the Southern District of New York (the “Court”). However, this Abuse Proof of Claim may be provided, pursuant to confidentiality procedures approved by the Court, to the Debtors, certain insurers of the Debtors, any statutory committee(s), their respective counsel, the United States Trustee, the Subchapter V Trustee, and to such other persons as the Court may authorize. In addition, Abuse Proofs of Claim 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 (other than the United States Trustee), Abuse Claimants will be notified at the time of the disclosure of their Abuse Proof of Claim.

**ONLY THE ABUSE CLAIMANT MAY WAIVE THE CONFIDENTIALITY OF THIS PROOF OF CLAIM.**

I want my identity and this abuse proof of claim (together with any exhibits and attachments) to be made <b>PUBLICLY AVAILABLE AND PART OF THE PUBLIC RECORD.</b>
<input type="checkbox"/> Yes
<b>Signature:</b>
<b>Print Name:</b>

**IF YOU DO NOT CHECK THE BOX AND SIGN WHERE INDICATED, YOUR CLAIM WILL REMAIN CONFIDENTIAL; PROVIDED THAT IF SUCH INFORMATION IS ALREADY AVAILABLE IN THE PUBLIC RECORD THROUGH COURT FILINGS BY YOU OR YOUR COUNSEL, SUCH INFORMATION SHALL NOT BE CONSIDERED CONFIDENTIAL UNDER THE CONFIDENTIALITY PROTOCOL.**

**PART 2: IDENTIFYING INFORMATION**

**a. Abuse Claimant**

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First Name	Middle Initial	Last name	Suffix (if any)
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Mailing and Street Address (*If party is incapacitated, is a minor, or is deceased, please provide the address of the legal representative submitting the claim. If you are in jail or prison, your current address.*)

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City	State/Providence	Zip Code (Postal Code)	Country
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Telephone No(s): \_\_\_\_\_  
*If you are represented by counsel, you may provide your attorney's office phone number.*

Email Address: \_\_\_\_\_  
*If you are represented by counsel, you may provide your attorney's email address.*

Social Security Number (last four digits only): \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

If you are in jail or prison, your identification number and location of incarceration: \_\_\_\_\_

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May the Debtors and their counsel of record in these Chapter 11 Cases leave voicemails for you regarding your claim?

Yes     No    [Select only one box]

May the Debtors and their counsel of record in these Chapter 11 Cases send confidential information to your email address?

Yes     No    [Select only one box]

Birth Date:    \_\_\_\_\_ (MM)    \_\_\_\_\_ (DD)    \_\_\_\_\_ (YYYY)  
*Month    Day    Year*

Any other name, or names, by which the Abuse Claimant has been known (including maiden name, if applicable):

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**b. Abuse Claimant's Attorney (if any)**

\_\_\_\_\_  
Law Firm Name

\_\_\_\_\_  
Attorney's First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Zip Code (Postal Code)

\_\_\_\_\_  
Country

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Fax No.

\_\_\_\_\_  
Email Address

**PART 3: BACKGROUND INFORMATION** (*Attach additional separate sheets if necessary*)

**a.** Have you ever been married?       Yes     No    [Select only one box]

If yes, please provide the date of each marriage:

1. \_\_\_\_\_ (MM)      \_\_\_\_\_ (DD)      \_\_\_\_\_ (YYYY)  
*Month*                      *Day*                      *Year*

2. \_\_\_\_\_ (MM)      \_\_\_\_\_ (DD)      \_\_\_\_\_ (YYYY)  
*Month*                      *Day*                      *Year*

3. \_\_\_\_\_ (MM)      \_\_\_\_\_ (DD)      \_\_\_\_\_ (YYYY)  
*Month*                      *Day*                      *Year*

4. \_\_\_\_\_ (MM)      \_\_\_\_\_ (DD)      \_\_\_\_\_ (YYYY)  
*Month*                      *Day*                      *Year*

**b.** What schools have you attended? For each school, please identify the months and years of your attendance.

Name of School	Date From	Date To

- c. Were you a member or resident of any program, facility, or agency of the Debtors? If so, please identify the location(s) and the time periods during which you were a member or resident. If you do not recall the exact date, provide as much information as possible, including the year and season (fall, winter, spring, and/or summer, and/or school year and grade) and the names of the employees or representatives of Debtors with whom you interacted.

<b>Program, Facility, or Residence</b>	<b>Location</b>	<b>Date from (MM/YY) or Approximation</b>	<b>Date to (MM/YY) or Approximation</b>

- d. To the best of your recollection, please describe your recent employment history, including the name(s) of your current and past employers, the dates you were employed, the locations of your employment, and your job(s)/title(s).

<b>Name of Employer</b>	<b>Date From (MM/YY)</b>	<b>Date To (MM/YY)</b>	<b>Location (City, State/Prov. Country)</b>	<b>Job Title</b>

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

**NOTE: IF YOU HAVE PREVIOUSLY FILED A LAWSUIT AGAINST THE DEBTORS IN STATE OR FEDERAL COURT, PLEASE ATTACH THE COMPLAINT.**

- a.** Who committed the acts of abuse or other wrongful conduct against you? Individuals identified in this section will be referred to as the “abuser” in questions below. If applicable, you may identify more than one abuser. Please provide the complete name(s) of each abuser to the best of your recollection. If you do not know the name(s) of each abuser, please identify them by title, position or other description.

Abuser 1

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Abuser First Name	Middle Initial	Last Name
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If you do not know the name of your Abuser(s), describe him/her physically and/or his/her role OR position with the Debtors.

Abuser 2 (if applicable)

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Abuser First Name	Middle Initial	Last Name
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If you do not know the name of your Abuser(s), describe him/her physically and/or his/her role OR position with the Debtors.

Abuser 3 (if applicable)

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Abuser First Name

Middle Initial

Last Name

If you do not know the name of your Abuser(s), describe him/her physically and/or his/her role OR position with the Debtors.

- b.** Where did the abuse or other wrongful conduct take place? Please be specific and complete all relevant information to the best of your recollection, including the location or locations, and names and addresses, if known.

- c.** Approximately when did the abuse or other wrongful conduct take place for each Abuser?

Abuser 1

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Abuser First Name

Middle Initial

Last Name

Abuse Start Date: \_\_\_\_\_ (MM) \_\_\_\_\_ (DD) \_\_\_\_\_ (YYYY)  
*Month Day Year*

Abuse End Date: \_\_\_\_\_ (MM) \_\_\_\_\_ (DD) \_\_\_\_\_ (YYYY)  
*Month Day Year*

If you do not recall the exact date, provide as much information as possible, including the year and season (fall, winter, spring or summer, or school year and grade).



Abuser 2 (if applicable)

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Abuser First Name	Middle Initial	Last Name
Abuse Start Date: _____ (MM) <i>Month</i>	_____ (DD) <i>Day</i>	_____ (YYYY) <i>Year</i>
Abuse End Date: _____ (MM) <i>Month</i>	_____ (DD) <i>Day</i>	_____ (YYYY) <i>Year</i>

Abuser 3 (if applicable)

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Abuser First Name	Middle Initial	Last Name
Abuse Start Date: _____ (MM) <i>Month</i>	_____ (DD) <i>Day</i>	_____ (YYYY) <i>Year</i>
Abuse End Date: _____ (MM) <i>Month</i>	_____ (DD) <i>Day</i>	_____ (YYYY) <i>Year</i>

- d. Approximately how old were you at the time the abuse or other wrongful conduct began for each Abuser?

Abuser 1

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Abuser First Name	Middle Initial	Last Name
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Approximate age when Abuse began: \_\_\_\_\_

If you do not recall the exact date, provide as much information as possible, including the year and season (fall, winter, spring or summer, or school year and grade).

Abuser 2 (if applicable)

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Abuser First Name

Middle Initial

Last Name

Approximate age when Abuse began: \_\_\_\_\_

If you do not recall the exact date, provide as much information as possible, including the year and season (fall, winter, spring or summer, or school year and grade).

Abuser 3 (if applicable)

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Abuser First Name

Middle Initial

Last Name

Approximate age when Abuse began: \_\_\_\_\_

If you do not recall the exact date, provide as much information as possible, including the year and season (fall, winter, spring or summer, or school year and grade).

- e. Approximately how old were you at the time the abuse or other wrongful conduct ended?

Abuser 1

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Abuser First Name

Middle Initial

Last Name

Approximate age when Abuse ended: \_\_\_\_\_

If you do not recall the exact date, provide as much information as possible, including the year and season (fall, winter, spring or summer, or school year and grade).

Abuser 2 (if applicable)

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Abuser First Name

Middle Initial

Last Name

Approximate age when Abuse ended: \_\_\_\_\_

If you do not recall the exact date, provide as much information as possible, including the year and season (fall, winter, spring or summer, or school year and grade).

Abuser 3 (if applicable)

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Abuser First Name

Middle Initial

Last Name

Approximate age when Abuse ended: \_\_\_\_\_

If you do not recall the exact date, provide as much information as possible, including the year and season (fall, winter, spring or summer, or school year and grade).

- f. Please describe the nature of the abuse or other wrongful conduct that was committed against you by each Abuser, including the type of abuse and the approximate number of times that abuse or wrongful conduct occurred.

<b>Abuser Name</b> (First Name / Middle Initial / Last Name)	<b>Description of Abuse or Other Wrongful Contact</b>	<b>Approximate Number of Times Abuse Occurred</b>


- g.** Did you tell anyone about the abuse or other wrongful conduct at the time and, if so, whom did you tell (this includes parents; relatives; friends; representatives of the Debtor; attorneys; counselors; therapists; doctors; religious advisors; and law enforcement authorities). You do not need to disclose any confidential communications you may have had with an attorney.

<b>Name</b>	<b>Relation</b>	<b>Approximately when did you tell?</b>

Please also describe any response you received, including and not limited to by whom and whether any such response was in writing. If the abuse or other wrongful conduct took place on more than one occasion, please provide the requested information for each occasion.

- h.** Do you believe anyone associated with the Debtors, other than the abuser, knew or should have known that the abuser might be harming you or other children? For example, do you believe someone associated with the Debtors witnessed the abuse, did you overhear someone associated with the Debtors raising concerns about the abuser, or do you believe someone associated with the Debtors may have seen “red flags” that should have alerted them that the abuser might pose a danger to you or other children?

Name	Relation

**PART 5: IMPACT OF COMPLAINT** *(Attach additional separate sheets if necessary)*

- a. What injuries and/or damages have you experienced because of the act or acts of abuse described above? Please provide as much detail as possible. For example, describe any physical injuries, as well as any effect on your education, employment, personal relationships or health, including mental health.
- b. Have you sought counseling or other medical or mental health treatment for your injuries? If so, with whom and when?

**PART 6: ADDITIONAL INFORMATION** (*Attach additional separate sheets if necessary*)

- a. Prior Claims: Have you ever asserted a claim against the Debtors, or against any entity or individual other than the Debtors (including, but not limited to, any parish, church, school, club or other organization) relating to the Abuse described in this claim? If you have, subject to any confidentiality restrictions, please state when and how you asserted the claim, against whom the claim was asserted, and the result, including and not limited to any payments related to the Abuse you may have received from any party. Provide a copy of any settlement or judgment and state the amount of the settlement and if the settlement was pre-litigation, and the name of the entity(ies) released. If confidentiality restrictions prohibit you from answering this question, in whole or in part, please answer this question to the extent you can, and indicate what portions you cannot answer due to confidentiality restrictions.
- b. Did you ever receive medical treatment or any physical examination for participation in any program, facility, club or residence of the Debtors? If so, please provide details, including and not limited to the names of doctors or medical professionals, time periods, the frequency of such treatment or examinations, and the location of these visits.

c. Bankruptcy: Have you ever filed bankruptcy?

Yes     No    [Select only one box]

**Sign and print your name. If you are signing the claim on behalf of another person (including a decedent or incapacitated person), state your relationship to the Abuse Claimant.**

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

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

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

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

Relationship to Abuse Claimant: \_\_\_\_\_

**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.**