

THIS SPACE IS FOR COURT USE ONLY

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

----- X
In re: : Chapter 11
: :
THE CHRISTIAN BROTHERS' INSTITUTE, *et al.* : Case No.: 11-22820 (RDD)
: :
Debtors. : (Jointly Administered)
----- X

SEXUAL ABUSE PROOF OF CLAIM

IMPORTANT:
THIS FORM MUST BE RECEIVED NO LATER THAN
AUGUST 1, 2012 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Carefully read the instructions included with this SEXUAL ABUSE PROOF OF CLAIM and complete ALL applicable questions. Please print clearly and use blue or black ink. Send the original, together with two (2) copies, to the designated claims agent, **OMNI MANAGEMENT GROUP** at the following address: Christian Brothers Institute, c/o Omni Management Group, LLC, 16161 Ventura Boulevard, Suite C, PMB608, Encino, California 91436.

THIS PROOF OF CLAIM IS FOR VICTIMS OF SEXUAL ABUSE ONLY.

For the purposes of this Proof of Claim, **sexual abuse** is defined as any and all acts or omissions that the Debtors may be legally responsible for that in any way arise out of, are based upon, or involve sexual conduct or misconduct, sexual abuse or molestation, indecent assault, indecent battery, rape, lascivious behavior, pedophilia, ephebophilia, or sexually related psychological or emotional harm or contacts or interactions of a sexual nature between a child and an adult, or a non-consenting adult and another adult. It is possible that under applicable law, a person may be sexually abused whether or not this activity involves explicit force, whether or not this activity involves genital or other physical contact and whether or not there is physical, psychological or emotional harm to the person.

YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER.

TO BE VALID, THIS PROOF OF CLAIM MUST BE SIGNED BY YOU OR YOUR ATTORNEY. IF THE SEXUAL ABUSE VICTIM IS DECEASED OR INCAPACITATED, THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE VICTIM'S REPRESENTATIVE OR THE ATTORNEY FOR THE ESTATE. IF THE SEXUAL ABUSE VICTIM IS A MINOR, THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE VICTIM'S PARENT OR LEGAL GUARDIAN, OR THE SEXUAL ABUSE VICTIM'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.

UNLESS YOU INDICATE OTHERWISE IN PART 1 BELOW, YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL, AND OUTSIDE THE PUBLIC RECORD. HOWEVER, INFORMATION IN THIS CLAIM WILL BE PROVIDED PURSUANT TO COURT-APPROVED GUIDELINES TO COUNSEL FOR THE COMMITTEE OF UNSECURED CREDITORS, AND TO SUCH OTHER PERSONS AS THE COURT DETERMINES NEED THE INFORMATION IN ORDER TO EVALUATE THE CLAIM.

PART 1: CONFIDENTIALITY

THIS SEXUAL ABUSE PROOF OF CLAIM (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 (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. Sexual Abuse Victim

First Name	Middle Initial	Last Name	Jr/Sr/III
------------	----------------	-----------	-----------

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

City	State/Prov.	Zip Code (Postal Code)	Country (if other than U.S.A.)
------	-------------	------------------------	-----------------------------------

Telephone No(s):
Home: _____ Work: _____ Cell: _____

Email address: _____

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

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 the Sexual Abuse Victim has been known: _____

B. Sexual Abuse Victim's Attorney, if any. (Do not list counsel for the Debtors or the Official Creditors Committee):

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 LAWSUIT AGAINST THE DEBTORS IN STATE OR FEDERAL COURT, YOU MAY ATTACH THE COMPLAINT. IF YOU DID NOT FILE A LAWSUIT, 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 sexual abuse or other wrongful conduct?

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

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

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

1. If the sexual 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 (if applicable) at the time the abuse or other wrongful conduct took place.

e. What happened (describe what happened):

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

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 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? _____

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.) _____

2. Settlements: Regardless of whether a complaint was ever filed against any party because of the sexual abuse, have you settled any claim relating to the sexual abuse 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: _____

Date: _____

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.

Signature: _____

Print Name: _____

Title: _____