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15 **UNITED STATES BANKRUPTCY COURT**
16 **SOUTHERN DISTRICT OF CALIFORNIA**

17 In re:
18 THE ROMAN CATHOLIC BISHOP OF
SAN DIEGO, a California corporation
19 sole,
20 Debtor.

In Proceedings Under Chapter 11

Case No. 07-00939-LA11

**DECLARATION OF SUSAN G. BOSWELL
IN SUPPORT OF MOTION FOR ORDER
FIXING TIME FOR FILING PROOFS OF
CLAIM; APPROVING CLAIM FORMS; AND
APPROVING MANNER AND FORM OF
NOTICE**

Hearing Date: Thursday, June 7, 2007

Hearing Time: 2:00 p.m.

Location: Jacob Weinberger U. S. Courthouse, 325
West F Street, San Diego, California 92101-6991

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25 I, Susan G. Boswell, declare under penalty of perjury as follows, pursuant to
26 Rules 2014(a) and 2016(b), Fed. R. Bankr. P.:

27 1. I am an adult person, and I am a resident of Tucson, Pima County, Arizona.
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1 2. I am a practicing lawyer, and a partner in the law firm of Quarles & Brady LLP
2 ("Q&B"). I am one of the attorneys of record for The Roman Catholic Bishop of San Diego
3 ("RCBSD"), the debtor and debtor in possession in the above-referenced chapter 11
4 reorganization (the "Reorganization Case") and have been admitted to practice pro hac vice
5 before this Court for purposes of the Reorganization Case. I am duly authorized by RCBSD to
6 make all statements which I have made herein on behalf of RCBSD with respect to its "Motion
7 For Order Fixing Time For Filing Proofs Of Claim; Approving Claim Forms; And Approving
8 Manner And Form Of Notice" (the "Bar Date Motion").

9 3. As the Court is aware, one of the primary issues to be resolved in the
10 Reorganization Case is the extent and treatment of unsecured claims of persons who contend they
11 were abused by clergy or other persons employed by or related to RCBSD for which such
12 claimants contend RCBSD is liable under various theories (the "Tort Claims").

13 4. In my capacity as one of the attorneys for RCBSD, I have supervised the
14 preparation of RCBSD's proposed modified Official Bankruptcy Form No. 10 for proofs of claim
15 form regarding Tort Claims (the "Tort Claim Form") a true and correct copy of which is attached
16 to this Declaration as Exhibit "A". The proposed modified Tort Claim Form is designed to be
17 both accessible to claimants yet elicit necessary information for the resolution of Tort Claims. In
18 addition I have circulated the proposed Tort Claim Form among counsel representing Official
19 Committee of Unsecured Creditors (the "Unsecured Committee"), James Stang, as well as
20 counsel for certain Tort Claimants Ray Boucher, Plaintiff's Liaison Counsel for the Clergy II
21 coordinated proceeding and Irwin Zalkin.

22 5. Although I have solicited comments from all of these constituencies, I have
23 received limited comments. Given that the Reorganization Case was filed almost two months ago
24 and the length of time being proposed for the Bar Date, it is important that this matter be dealt
25 with as early as possible. Therefore, rather than wait any further for additional comments, it is in
26 the best interests of creditors and the estate that the Debtor move forward with seeking a Bar
27 Date. This will not come as any surprise to the Unsecured Committee or any other party who has
28 been active in the Reorganization Case.

1 6. In addition to the Tort Claim Form, RCBSD further proposes that the Claim Form
2 for non Tort Claims (the "Other Claims Form") be modified only slightly in order to clearly
3 advise claimants that they should only use this claim form if they are asserting claims other than
4 Tort Claims. I have attached the proposed Other Claims Form to this Declaration as Exhibit "B".

5 7. In my capacity as one of the attorneys for RCBSD, I have supervised the
6 preparation of RCBSD's proposed Forms of Notice of Bar Date which are designed to give the
7 broadest notice possible of the bar date in light of the nature of the injuries of Tort Claimants,
8 some of whom may not have made themselves known to the Debtor or any other third party.
9 True and correct copies of RCBSD's proposed Notice Forms are attached to this Declaration as
10 Exhibit "C". Each of these forms will be translated into Spanish and Vietnamese.¹ As with the
11 proposed Tort Claim Form, the proposed Notice forms have been circulated to counsel
12 representing Tort Claimants. We anticipate several suggestions from counsel.

13 8. In addition to the forms of notice directed at Tort Claimants, RCBSD has prepared
14 a form of notice directed creditors other than Tort Claimants (the "Non-Tort Creditor Notice").
15 A true and correct copy of the proposed Non-Tort Creditor Notice is attached to this Declaration
16 as Exhibit "D".

17 9. In furtherance of our effort to give the broadest possible notice, and because of the
18 nature of the Tort Claims, RCBSD is requesting that the Court approve a form of notice for
19 publication as discussed in more detail below (the "Publication Notice"). True and correct copies
20 of the proposed Publication Notice, attached to this Declaration as Exhibit "E". As with the other
21 Notice Forms, the Publication Notice will be translated into Spanish and Vietnamese. I have
22 circulated the proposed Publication Notice to counsel representing the Unsecured Committee and
23 Tort Claimants. Again, RCBSD anticipates incorporating input from these parties into the final
24 form of notice.

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¹ There are five parishes within the Diocese of that offer Masses in Vietnamese.

1 10. In the Motion, RCBSD proposes to publish the Bar Date Notice in consecutive
2 issues of the following RCBSD or Parish publications: The Southern Cross Newspaper (twice)²,
3 Parish bulletins (three times)³ in English and Spanish. In addition, a Vietnamese translation of
4 the Bar Date Notice will be inserted in the weekly Vietnamese bulletin (three times). In addition,
5 RCBSD has requested that other Dioceses and Archdioceses in California, including San
6 Bernardino, Orange and Los Angeles, permit RCBSD to publish the Bar Date Notice in diocesan
7 newspapers and parish bulletins in those Dioceses and Archdioceses.

8 11. In the Motion, RCBSD proposes that publication of the Publication Notice be
9 given twice in the following publications: San Diego Union Tribune (Metro, North County and
10 Temecula Riverside editions), North County Times, San Diego Reader, Imperial Valley Press,
11 Chula Vista Star, Rancho Santa Fe Review, Poway News Chieftain, Rancho Bernardo News
12 Journal, Carlsbad Sun, Mabuhay Times, The Valley Roadrunner, San Bernardino County Sun,
13 Press Enterprise (Riverside), La Prensa (Spanish), San Diego Asian Journal, El Latino (Spanish),
14 Viet Bao San Diego (Vietnamese), Nguoi Viet Tu Do (The Freeviet News) (Vietnamese), El Sol
15 de Tijuana (Spanish), El Mexicano (Tijuana) (Spanish), La Voz de la Frontera (Mexicali), San
16 Francisco Chronicle, Los Angeles Times, Sacramento Bee, Fresno Bee, The Tribune (San Luis
17 Obispo), The Santa Barbara Independent, The Mercury News (San Jose), The Honolulu
18 Advertiser, and USA Today (National Newspaper).

19 12. As with the Tort Claim Form and the forms of notice, I have solicited input from
20 counsel representing Tort Claimants regarding publication of the Bar Date but have received no
21 comments.

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26 _____
27 ² This is a semi-monthly publication.

28 ³ These are weekly publications.

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I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct and, if called to testify in this matter, I would testify as set forth above.

DATED: April 19, 2007.


SUSAN G. BOSWELL

EXHIBIT "A"

THE ROMAN CATHOLIC BISHOP OF SAN DIEGO, A CALIFORNIA CORPORATION SOLE ("RCBSD")

PROOF OF CLAIM FOR CLAIMANTS WHO CLAIM SEXUAL ABUSE BY CLERGY AND OTHER WORKERS OF RCBSD OR FOR WHICH RCBSD IS CLAIMED TO BE RESPONSIBLE

IMPORTANT

THIS PROOF OF CLAIM FORM MUST BE RECEIVED NO LATER THAN 4:00 P.M. PACIFIC STANDARD TIME, _____, 2007,

This Space is for Court Use Only

In The United States Bankruptcy Court, Southern District of California
In re: The Roman Catholic Bishop of San Diego, a California corporation sole, Debtor,
Case Number 07-00939-LA11

Carefully read the instructions included with this PROOF OF CLAIM before completing. For your claim to be allowed for any purpose, you should complete ALL applicable questions and attach ALL required documents and supporting information to the PROOF OF CLAIM. If delivered or sent by U.S. Mail or overnight mail, address to: Clerk of the United States Bankruptcy Court, Southern District of California, Attention: _____, 325 West F Street, San Diego, California 92101-6991.

TO BE VALID, THE PROOF OF CLAIM MUST BE SIGNED BY THE CLAIMANT OR IF SOMEONE IS FILING THIS CASE ON BEHALF OF A CLAIMANT, SUCH PERSON MUST BE AUTHORIZED BY THE CLAIMANT TO FILE THE CLAIM ON HIS OR HER BEHALF AND MUST BE SIGNED BY THE CLAIMANT'S AUTHORIZED AGENT OR THE CLAIMANT'S ATTORNEY.

Please print clearly and use blue or black ink.

PART 1: IDENTIFYING INFORMATION

A. Injured Party

Injured Party's First Name Middle Initial Last Name Jr/St/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.)
Injured Party's Telephone No.

Home: _____
Work: _____
Cell: _____

E-mail address: _____

□ □ □ □ - □ □ □ □ □ □

Social Security Number of Injured Party

Injured Party's Birth Date □ □ □ □ □ □ □ □
Month Day Year

Injured Party's Gender Male Female

Marital Status: Single Married Divorced

Any other name or names by which Injured Party has been known: _____

Send mail to : Injured Party's Home Address
 Injured Party's Attorney's Address
 Other Address: _____

YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL AND OUTSIDE THE PUBLIC RECORD BY THE UNITED STATES BANKRUPTCY COURT, EXCEPT THAT THE INFORMATION IN THIS CLAIM WILL BE PROVIDED TO RCBS AND TO SUCH OTHER PERSONS AS THE BANKRUPTCY COURT DETERMINES NEED THE INFORMATION IN ORDER TO EVALUATE THE CLAIM

BUT,

YOU MAY CHOOSE TO MAKE YOUR IDENTITY PUBLIC BY CHECKING THE FOLLOWING BOX:

NOTE: ONLY CHECK THIS BOX IF YOU WANT YOUR IDENTITY PUBLIC. BY DOING NOTHING, YOUR IDENTITY WILL NOT BE MADE PUBLIC

I WOULD LIKE TO BE IDENTIFIED AS A CLAIMANT ON THE PUBLIC CLAIMS REGISTER, AND MY CLAIM BE PART OF THE PUBLIC RECORD.

B. Injured Party'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

1. Are you the Injured Party? Yes No

2. If you are not the Injured Party, what is your relationship to the Injured Party: _____

3. Has the Injured Party authorized you to file this claim on the Injured Party's behalf? Yes No

4. Is this authorization in writing? Yes No
 If so, please attach a copy of that authorization.

5. What is the name of the person who you contend committed the acts of abuse?

6. What is this person's relationship to the Injured Party and his/her family? _____

7. Where did the act or acts occur resulting in the claim?
 City, State, Parish/Mission/School: _____
 Specific Location: _____

8. What are the date or dates when the act or acts occurred? _____

9. How old was the Injured Party when the act or acts occurred? _____

10. How often did the act or acts occur? _____

11. Describe the act or acts which resulted in the claim (attach a separate sheet if necessary): _____

12. Describe the circumstances under which the act or acts occurred (attach a separate sheet if necessary):

13. Was anyone else present when the act or acts occurred? (State the name, address, and telephone number of each such person if known): _____

14. Did anyone else know about the act or acts at the time they occurred? (State the name, address, and telephone number of each such person if known): _____

15. How did the other persons referenced in Paragraph 14 above find out about the act or acts? (Please give details): _____

16. Did the Injured Party tell anyone about the act or acts that resulted in the claim? If yes, who did the Injured Party tell and when did he/she first tell them? _____

17. Has the Injured Party reported the act or acts which resulted in the claim to RCBSD or law enforcement authorities? If yes, to whom was the report given and when? _____

18. Does the Injured Party know about other people with similar claims against RCBSD? (State the name, address, and telephone number of each such person if known): _____

PART 3: IMPACT OF COMPLAINT

1. What has the impact been on the Injured Party of the act or acts that resulted in the claim (*i.e.*, education, employment, personal relationships, health)?

2. When did the Injured Party discover that the impact described above was the result of the abuse suffered?

3. What has the impact been on the Injured Party's family of the act or acts that resulted in the claim?

4. What has the impact been on people other than the Injured Party's family of the act or acts that resulted in the claim?

PART 4. RELATED LEGAL PROCEEDINGS

1. Has the Injured Party commenced any litigation relating to the act or acts that resulted in the claim? Yes No

2. If "yes" please attach a copy of the filed complaint and any judgment resolving the complaint.

3. Regardless of whether a complaint was ever filed, has the Injured Party settled any claim arising from the act or acts with RCBSD? If "Yes", identify the party _____

4. Regardless of whether a complaint was ever filed, has the Injured Party settled any claim arising from the act or acts with any party other than RCBSD? If "Yes", identify the party _____

5. Has the Injured Party filed bankruptcy? (Yes/No). If "Yes", please provide the following information: (a) Date of bankruptcy filing _____; (b) Chapter (7, 11, 12, or 13) _____; (c) Case Number _____; (d) City and State where case was filed _____; and (e) Name, address and telephone number of bankruptcy trustee.

Date: _____

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

Print Name: _____

THIS SPACE IS
FOR COURT
USE ONLY

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law and directions as to how to complete the Proof of Claim Form.

----- DEFINITIONS -----

Debtor

The Roman Catholic Bishop of San Diego ("RCBSD").

Creditor or Injured Party

If you or the person on whose behalf you are filing this Proof of claim contend that RCBSD is responsible for any damages to you because you claim that you were sexually abused by clergy, a worker, a volunteer, an employee or other person or entity associated with RCBSD, including any acts that occurred at or were committed by a person employed by or associated with a parish, school or mission within the territory of RCBSD and for which you claim RCBSD is responsible, you must complete this proof of claim form. If you need information regarding the names of the schools, parishes and missions within the territory of RCBSD or the names of clergy or other workers against whom credible allegations of abuse have been determined and published by RCBSD, you can obtain that information from www.diocese-sandiego.org or by calling 1-888-_-_-_-_-_-.

Person Filing Out Form

The Proof of Claim Form should be filled out by the person who claims he or she has been injured and is the Creditor or Injured Party. However, if the Injured Party is unable to complete the Proof of Claim Form or if the Injured Party does not wish to submit a Proof of Claim Form on his or her own behalf, and you are filing the Proof Claim on the Injured Party's behalf, you must indicate that on the Proof of Claim and also state the basis upon which you are filing the Proof of Claim on someone else's behalf.

Unsecured Claim

The claim of an Injured Party is an unsecured claim.

Proof of Claim

A form telling the Bankruptcy Court and RCBSD that you are making a claim and want to be included as a Creditor in the case. This form must be sent to:

The United States Bankruptcy Court
Southern District of California
Attention:
325 West F Street
San Diego, California 92101-6991

Items to be completed in Proof of Claim form (if not already filled in) and Additional Information

Information about Creditor or Injured Party

Complete the section giving the name, address, and telephone number of the creditor /Injured Party who is making the claim.

1. Basis for Claim:

Please provide as much information as possible regarding the Claim being filed. You may attach additional pages to the Claim. If you have any documents you want to submit with the Claim you may do so.

2. Confidentiality:

Every effort is being made to protect the confidentiality of the information provided and the names of any Injured Parties.

3. Court Judgments:

If you have a court judgment for this debt, state the date the court entered the judgment.

4.**Testifying to Truth of Claim:**

By signing this proof of claim, you are stating under oath that the information provided is true.

5.**Supporting Documents:**

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents.

EXHIBIT "B"

INSTRUCTIONS FOR PROOF OF CLAIM FORM

DO NOT USE THIS FORM IF YOUR CLAIM IS BASED ON SEXUAL ABUSE BY CLERGY, WORKERS OR OTHER PERSONS OR ENTITIES ASSOCIATED WITH THE DIOCESE OF SAN DIEGO

USE THIS FORM IF YOUR CLAIM IS NOT BASED ON SEXUAL ABUSE

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

----- DEFINITIONS -----

Debtor	Secured Claim	Unsecured Claim
The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.	A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.	If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.
Creditor A creditor is any person, corporation, or other entity to whom the debtor owed a debt to the date that the bankruptcy case was filed.	Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also <i>Unsecured Claim</i> .)	Unsecured Priority Claim Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as <i>Unsecured Nonpriority</i> claims.
Proof of Claim A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed.		

Items to be completed in Proof of Claim form (if not already filled in)

Court, Name of Debtor, and Case Number: Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.	Unsecured Priority Claim: Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above). A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.
Information about Creditor: Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.	Unsecured Nonpriority Claim Check the appropriate place if you have an unsecured nonpriority claim, sometimes referred to as a "general unsecured claim." (See DEFINITIONS, above). If your claim is partly secured and partly unsecured, state here the amount that is unsecured. If part of your claim is entitled to priority, state here the amount not entitled to priority.
1. Basis for Claim: Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid.	5. Total Amount of Claim at Time Case Filed: Fill in the applicable amounts, including the total amount of the entire claim. If the interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.
2. Date Debt Incurred: Fill in the date when the debt first was owed by the debtor.	6. Credits: By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.
3. Court Judgments: If you have a court judgment for this debt, state the date the court entered the judgment.	7. Supporting Documents: You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.
4. Secured Claim: Check the appropriate place if the claim is a secured claim. You must state the type of value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above).	

EXHIBIT "C"

**IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF CALIFORNIA**

In re:

THE ROMAN CATHOLIC BISHOP OF SAN
DIEGO, a California corporation sole,

Debtor.

In Proceedings Under Chapter 11

Case No. 07-00939-LA11

NOTICE

THIS IS AN IMPORTANT NOTICE – YOUR RIGHTS MAY BE AFFECTED

NOTE: _____, 2007 AT 4:00 P.M. Pacific _____ Time

IS THE LAST DATE TO FILE PROOFS OF CLAIM

TO ANY CREDITORS/INJURED PARTY OF THE ROMAN CATHOLIC BISHOP OF SAN DIEGO a/k/a THE DIOCESE OF SAN DIEGO ("DIOCESE") WHO ASSERTS A CLAIM BASED UPON SEXUAL ABUSE BY A PRIEST, MEMBER OF THE CLERGY, A WORKER OR OTHER PERSON OR ENTITY ASSOCIATED WITH THE DIOCESE:

On _____, the United States Bankruptcy Court for the Southern District of California (the "Bankruptcy Court") entered an order (the "Bar Date Order") in the Chapter 11 case of the Diocese setting, _____, **2007 AT 4:00 P.M. P_T** (the "Claims Bar Date") as the last date and time by which proofs of claim may be filed against the Diocese.

WHO MUST FILE A PROOF OF CLAIM

You must file a proof of claim if you claim you were injured by acts of sexual abuse or things that you contend the Diocese should have done but didn't do with respect to acts of sexual abuse that occurred before February 27, 2007, and for which you claim a right to be paid. Even if there has been no legal proceeding or other formal action to determine your claim, you may still have a claim against the Diocese. You are receiving this notice because you have been identified as someone who might contend that you have a claim against the Diocese for sexual abuse by a member of the clergy, a worker or other person or entity associated with the Diocese. Furthermore, if you contend that certain acts of sexual abuse occurred at a parish, school or mission within the territory of the Diocese or were committed by a member of the clergy, a worker, a volunteer or other person employed by or associated with a parish, school or mission within the territory of the Diocese or someone associated with the Diocese committed acts that occurred beyond the territory of the Diocese but for which you believe the Diocese is responsible

and that, in all events, you contend that the Diocese is responsible to you for damages you suffered because of those acts of sexual abuse, you must file a proof of claim.

IF YOU CONTEND THAT THE DIOCESE IS RESPONSIBLE FOR ANY DAMAGES TO YOU BECAUSE YOU CLAIM THAT YOU WERE SEXUALLY ABUSED BY CLERGY, A WORKER, A VOLUNTEER, AN EMPLOYEE OR OTHER PERSON OR ENTITY ASSOCIATED WITH THE DIOCESE, INCLUDING ANY ACTS THAT OCCURRED AT OR WERE COMMITTED BY A PERSON EMPLOYED BY OR ASSOCIATED WITH A PARISH, SCHOOL OR MISSION WITHIN THE TERRITORY OF THE DIOCESE OR ACTS THAT OCCURRED BEYOND THE TERRITORY OF THE DIOCESE AND FOR WHICH YOU CLAIM THE DIOCESE IS RESPONSIBLE, YOU MUST COMPLETE THE TORT CLAIMANT'S PROOF OF CLAIM WHICH IS ENCLOSED WITH THIS NOTICE. IF YOU NEED INFORMATION REGARDING THE NAMES OF THE SCHOOLS, PARISHES AND MISSIONS WITHIN THE TERRITORY OF THE DIOCESE OR THE NAMES OF CLERGY OR OTHER WORKERS AGAINST WHOM CREDIBLE ALLEGATIONS OF ABUSE HAVE BEEN DETERMINED AND PUBLISHED BY THE DIOCESE, YOU CAN OBTAIN THAT INFORMATION FROM www.diocese-sdiego.org OR BY CALLING 1-_____, TOLL FREE IN THE UNITED STATES AND MEXICO .

Under Section 101(5) of the Bankruptcy Code and as used in this Notice, the word "claim" means: (A) any right to payment, whether or not such right is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured or unsecured; or (B) any right to an equitable remedy for breach of performance if such breach gives rise to a right to payment, whether or not such right to an equitable remedy is reduced to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, secured or unsecured.

WHO SHOULD NOT FILE A CLAIM

You should **not** file a Proof of Claim if:

- Your claim has already been paid.
- You hold a claim that has been allowed by an order of the Bankruptcy Court on or before the Bar Date.

YOU SHOULD NOT FILE A PROOF OF CLAIM IF YOU DO NOT HAVE A CLAIM AGAINST THE DIOCESE.

THE FACT THAT YOU RECEIVED THIS NOTICE DOES NOT MEAN THAT YOU HAVE A CLAIM AGAINST THE DIOCESE OR THAT THE DIOCESE OR THE BANKRUPTCY COURT BELIEVES THAT YOU HAVE A CLAIM. BUT IF YOU WANT THE OPPORTUNITY TO PRESENT A CLAIM AGAINST THE DIOCESE, YOU MUST FILE A PROOF OF CLAIM FORM.

CONSEQUENCES OF FAILURE TO FILE A PROOF OF CLAIM

If you fail to file a proof of claim by _____, _____, 2007, at 4:00 p.m. PST, you will be **forever barred, estopped and enjoined** from (i) asserting any Claim against the Diocese; or (ii) voting upon, or receiving distributions under, any plan of reorganization in the Diocese's Chapter 11 case, notwithstanding that you may later discover facts in addition to, or different from, those which that you know or believes to be true as of the Claims Bar Date, and without regard to the subsequent discovery or existence of such different or additional facts.

WHEN AND WHERE TO FILE

A signed original of a completed Tort Claimant's Proof of Claim Form, together with any accompanying or supporting documentation, must be delivered or mailed to the address below so as to be **received** no later than 4:00 p.m. PST on _____, _____, 2007.

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF CALIFORNIA
ATTENTION: _____
325 WEST F STREET
SAN DIEGO, CALIFORNIA 92101-6991**

Proofs of Claim will be deemed timely **only if actually received on or before 4:00 p.m. PST, _____, 2007. Proofs of claim may not be submitted by facsimile or e-mail.**

If you wish to receive acknowledgement of receipt of your proof of claim, include with your original proof of claim, (a) a copy of your original proof of claim and (b) a self-addressed, stamped return envelope. Proofs of claim must include all documentation, if any, that you have to support your claim.

CONFIDENTIALITY

The Bankruptcy Court has determined that the Proofs of Claim filed by anyone who alleges that he or she was sexually abused by a member of the clergy, a worker or other person or entity associated with the Diocese will remain confidential unless you say on the Proof of Claim that you do not want your information to be kept confidential. Therefore, the Proof of Claim you file will not be available to the general public but will be kept confidential except that the information will be provided to the Diocese and such other persons as the Bankruptcy Court determines should have the information in order to evaluate the claim and unless you indicate that you do not want your information to be kept confidential.

WHAT TO FILE

YOU MUST FILE A PROOF OF CLAIM IN THE FORM THAT ACCOMPANIES THIS NOTICE. YOU SHOULD ATTACH TO YOUR PROOF OF CLAIM FORM COPIES OF ANY WRITINGS, IF ANY, ON WHICH YOUR CLAIM IS BASED.

PARA OBTENER EN ESPANOL

Para obtener más información o para solicitar un formulario de Prueba de Reclamación en Español, sírvase llamar al numero gratis _____ en los Estados Unidos y Mexico o dirigirse a www.diocese-sdiego.org donde encontrará el formulario en el enlace "Proof of Claims Forms."

YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER.

DATED this _____ day of April, 2007.

Gerald P. Kennedy
Geraldine A. Valdez
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP
530 B Street, Suite 2100
San Diego, California 92101

QUARLES & BRADY LLP
One South Church Avenue, Suite 1700
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By _____
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EXHIBIT "E"

IF YOU WERE ABUSED OR SUFFERED INJURY BY CLERGY OR OTHER PERSONS WORKING FOR THE ROMAN CATHOLIC BISHOP OF SAN DIEGO AKA THE DIOCESE OF SAN DIEGO OR FOR A CATHOLIC PARISH, SCHOOL OR MISSION IN THE DIOCESE AND YOU CONTEND THE DIOCESE IS RESPONSIBLE, YOU MUST ACT NOW TO FILE YOUR CLAIM
THE LAST DAY TO FILE CLAIMS IS _____, _____ 2007 AT 4:00 P.M. PACIFIC _____ TIME

THE ROMAN CATHOLIC BISHOP OF SAN DIEGO aka THE DIOCESE OF SAN DIEGO, filed for Chapter 11 on February 27, 2007, (Case No. 07-0939-LA11). The United States Bankruptcy Court has ordered that all persons claiming injury against the Diocese for acts of sexual abuse must file a claim on or before _____, 2007, at 4:00 p.m. PT .

IF YOU CONTEND THAT THE DIOCESE OF SAN DIEGO IS RESPONSIBLE FOR ANY INJURY TO YOU BECAUSE YOU CLAIM THAT YOU WERE SEXUALLY ABUSED BY CLERGY, A WORKER, A VOLUNTEER, AN EMPLOYEE OR OTHER PERSON OR ENTITY ASSOCIATED WITH THE DIOCESE, INCLUDING ANY ACTS THAT OCCURRED AT OR WERE COMMITTED BY A PERSON EMPLOYED BY OR ASSOCIATED WITH A PARISH, SCHOOL OR MISSION WITHIN THE TERRITORY OF THE DIOCESE OR ACTS THAT OCCURRED BEYOND THE TERRITORY OF THE DIOCESE AND FOR WHICH YOU CLAIM THE DIOCESE IS RESPONSIBLE, YOU MUST COMPLETE A PROOF OF CLAIM.

For additional information or to obtain a proof of claim form please call (1-800-000-0000) or download the forms from <http://www.diocese-sdiego.org> and follow the directions to the link.

EXHIBIT "D"

**IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF CALIFORNIA**

In re:

THE ROMAN CATHOLIC BISHOP OF SAN
DIEGO, a California corporation sole,

Debtor.

In Proceedings Under Chapter 11

Case No. 07-00939-LA11

NOTICE

THIS IS AN IMPORTANT NOTICE – YOUR RIGHTS MAY BE AFFECTED

**NOTICE OF CLAIMS BAR DATE OF _____, 2007 AT 4:00 P.M. PACIFIC
STANDARD TIME FOR FILING PROOFS OF CLAIM AND INTEREST**

**TO ANY CREDITORS OF THE DEBTOR IN THE ABOVE-CAPTIONED CASE WHO
ARE NOT ASSERTING CLAIMS FOR SEXUAL ABUSE BY A CLERIC, WORKER OR
OTHER PERSON OR ENTITY ASSOCIATED WITH THE DIOCESE:**

On _____, the United States Bankruptcy Court for the Southern District of California (the "Court") entered an order (the "Claims Bar Date Order") in the above-captioned Chapter 11 case setting _____, 2007, at 4:00 p.m. PACIFIC _____ TIME (the "Claims Bar Date") as the last date and time by which proofs of claim may be filed against the Roman Catholic Bishop of San Diego ("RCBSD" or "Debtor"). **The Claims Bar Date applies to all Entities (as defined below) including Governmental Units (as defined below).**

**IF YOU ASSERT A CLAIM BECAUSE OF SEXUAL ABUSE BY A CLERIC, WORKER
OR OTHER PERSON OR ENTITY ASSOCIATED WITH THE DIOCESE, YOU MUST
ALSO FILE A CLAIM BY THE CLAIMS BAR DATE AS EXPLAINED MORE FULLY
ON THE NOTICE APPLICABLE TO THOSE CLAIMANTS.**

KEY DEFINITIONS

As used in this Notice, the term "Claim" or "claim" shall mean, as to or against the Debtor and in accordance with Section 101(5), 11 U.S.C. §§ 101 et seq. (the "Bankruptcy Code"): (A) any right to payment, whether or not such right is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured or unsecured; or (B) any right to an equitable remedy for breach of performance if such breach gives rise to a right to payment, whether or not such right to an equitable remedy is reduced to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, secured or unsecured.

As used in this Notice, the term "Entity" has the meaning given to it in Section 101(15) of the Bankruptcy Code, and includes all persons, estates, trusts, Governmental Units and the United States Trustee.

As used in this Notice, the term "Governmental Unit" has the meaning given to it in Section 101(27) of the Bankruptcy Code and includes the United States; states; commonwealths; districts; territories; municipalities; foreign states; or departments, agencies or instrumentalities of the foregoing (but not including the United States Trustee while serving as a trustee under the Bankruptcy Code).

WHO MUST FILE A PROOF OF CLAIM AND THE DEADLINE TO FILE

Any Entity that wishes to assert a Claim against the Debtor must file a proof of claim **no later than** _____, _____, **2007 at 4:00 p.m. P.T.**

For all Claims that result from the rejection of an executory contract or unexpired lease, the deadline for filing a Claim is the earlier of (i) Thirty (30) days from the date of an order rejecting such executory contract or unexpired lease; or (ii) Thirty (30) days from the date a plan of reorganization is confirmed in this case.

CONSEQUENCES OF FAILURE TO FILE A PROOF OF CLAIM

Any Entity that fails to file a proof of claim by _____, _____, **2007 at 4:00 p.m. PST**, shall be **forever barred, stopped and enjoined** from (i) asserting any Claim against the Debtor; or (ii) voting upon, or receiving distributions under, any plan of reorganization in the Debtor's Chapter 11 case, notwithstanding that such Entity may later discover facts in addition to, or different from, those which that Entity knows or believes to be true as of the Claims Bar Date, and without regard to the subsequent discovery or existence of such different or additional facts.

PROCEDURE FOR FILING PROOFS OF CLAIM

If you wish to assert a Claim, you are required to use the Form that has been approved by the Bankruptcy Court for use by creditors who are **not** asserting claims based upon sexual abuse (the "Other Creditor Proof of Claim Form"). If you did not receive the Other Creditor Proof of Claim Form with this notice, it can be downloaded from the Diocese's website at www.diocese-sdiego.org and follow the link on the homepage. If you need additional information regarding the Other Creditor Proof of Claim Form or other matters associated with the Claims Bar Date, you can also call toll free 1-_____-_____-_____ in the United States or Mexico. Failure to use the Other Creditor Proof of Claim Form to assert a Claim may lead to such claim being barred even if it was otherwise properly filed.

If you are a creditor asserting a claim for sexual abuse by a cleric, worker or other person or entity associated with the Diocese, there is a special proof of claim form that you should use which can also be obtained at www.diocese-sdiego.org or by calling, toll free, 1-_____-_____-_____.

A signed original of a completed Other Creditor Proof of Claim Form, together with any accompanying or supporting documentation, must be delivered by hand delivery, United States Mail or other delivery means to the address below so as to be received no later than **4:00 p.m. P**
_____ T on _____, _____, 2007.

The United States Bankruptcy Court
Southern District of California
Jacob Weinberger U. S. Courthouse
Attention: _____
325 West F Street
San Diego, California 92101-6991
(619) 557-5620

Other Creditor Proof of Claim Forms may be filed electronically, submitted in person or by courier service, hand delivery or mail addressed to the Court at the foregoing address. **Proofs of claim submitted by facsimile or e-mail will not be accepted and will not be deemed filed until the proof of claim is submitted by one of the methods described in the foregoing sentence.** Proofs of claim will be deemed filed only when actually received by the Court. If you wish to receive acknowledgement of the Court's receipt of your proof of claim, you must also submit, by the Claims Bar Date and concurrently with submitting your original proof of claim, (a) a copy of your original proof of claim and (b) a self-addressed, stamped return envelope. Other Creditor Proof of Claim Forms must include all documentation required by Federal Rules of Bankruptcy Procedure 3001(c) and 3001(d) and the Other Creditor Proof of Claim Form, including a copy of any written document that forms the basis of the Claim.

YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER.

DATED this _____ day of April, 2007.

Gerald P. Kennedy
Geraldine A. Valdez
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