

**SCHEDULE "E"**  
**PROOF OF CLAIM FORM (ABUSE)**

See attached.

**PROOF OF CLAIM (ABUSE)**  
(See attached for instructions)

**IN THE MATTER OF THE COMPANIES' CREDITORS ARRANGEMENT ACT, R.S.C. 1985, c C-36, AS  
AMENDED**

**AND IN THE MATTER OF A PLAN OF ARRANGEMENT OF  
THE ROMAN CATHOLIC EPISCOPAL CORPORATION OF ST. JOHN'S ("RCECSJ")**

**NOTE TO CLAIMANTS**

This Proof of Claim (Abuse) form is part of the Plan of Arrangement and Reorganization of the Roman Catholic Episcopal Corporation of St. John's (the "RCECSJ") under the *Companies' Creditors Arrangement Act*. This Claims Process is a voluntary and confidential process.

This is intended for any Person asserting an Abuse Claim against the RCECSJ and/or any of its Directors and/or Officers, arising before December 21, 2021 (the "**Filing Date**"), in relation to sexual misconduct for which the RCECSJ is liable at law (the "**Abuse Claimants**"). RCECSJ may be liable for sexual misconduct perpetrated by priests, employees, or members of lay religious orders such as the Christian Brothers within the Archdiocese of St. John's.

If you believe that you have an Abuse Claim against the RCECSJ, you will have to file a Proof of Claim (Abuse) with the Monitor, Ernst & Young Inc., at the address below. Based on the information you provide in this Proof of Claim (Abuse) form, and in accordance with the Claims Protocol, an independent Claims Officer will determine the eligibility of your claim and, if applicable, the amount of compensation to you. Claims determinations may be appealed in accordance with the Claims Process Order.

Copies of all applicable forms, the Claims Protocol, and the Claims Process Order, including a complete list of defined terms, can be obtained from the Monitor's website at [www.ey.com/ca/rcecsj](http://www.ey.com/ca/rcecsj)

If you have any questions regarding the Claims Process or your potential claim, please contact the Monitor at the address provided below. Abuse Claimants may also contact Representative Counsel at the address provided below for additional guidance.

**Ernst & Young Inc.**

Court-appointed Monitor of  
Roman Catholic Episcopal Corporation of St. John's  
RBC Waterside Centre  
1871 Hollis Street, Suite 500  
Halifax, Nova Scotia B3J 0C3  
Email: [Drew.maccormackPparthenon.ev.com](mailto:Drew.maccormackPparthenon.ev.com)  
Tel: 902 496-8652

**Representative Counsel**

Budden & Associates  
5 Hallett Crescent, Unit 4  
St. John's NL A1B 4C4  
E-mail: [info@buddenlaw.com](mailto:info@buddenlaw.com)  
Tel (Toll free): 844-647-0077

## **COUNSELLING AND SUPPORT RECOMMENDATION**

Throughout this Claims Process, you will be asked for information about the sexual misconduct you experienced and the resulting impacts. The questions contained in this Proof of Claim (Abuse) form may be disturbing.

If you feel anxious or unwell when you think about your experience, or while you are filling out this Proof of Claim (Abuse) form, we encourage you to seek support from someone, such as a family member, counselor, treating health care professional, friend, or any trusted person in your community.

## **PRIVACY CONSIDERATIONS**

Abuse Claimants can complete this Proof of Claim (Abuse) form using a designated reference number in order to protect the identity of the Abuse Claimant from public record. Abuse Claimants should leave blank any reference to their identity or locality of residence on the Proof of Claim (Abuse) form and complete the attached supplemental form entitled "Abuse Claimant –Confidential Information".

Information in this Proof of Claim (Abuse) will be provided to such persons as the Court determines require the information in order to proceed with the Plan of Arrangement and Reorganization of the RCECSJ.

## **DEADLINE FOR SUBMISSIONS**

Proof of Claim (Abuse) forms must be returned to the Monitor, Ernst & Young Inc., by September 30, 2023 (the "**Pre-Filing Claims Bar Date**").

Abuse Claimants who do not return a Proof of Claim (Abuse) form to the Monitor by the Pre-Filing Claims Bar Date, may be barred from advancing their Abuse Claim in the future and shall:

- (a) not be entitled to receive further notice with respect to, and shall not be entitled to participate as a Claimant or creditor in the Claims Procedure or the CCAA Proceedings in respect of such Abuse Claim;
- (b) not be permitted to vote at any Meeting on account of such Abuse Claim; and
- (c) not be permitted to participate in any distribution under any Plan or other distribution mechanism related to such Abuse Claim or under these CCAA Proceedings.

## **DESTRUCTION OF DOCUMENTS**

Subject to the requirements of law, within 90 days of the completion of this Claims Process, all documents submitted by you in the possession of the Monitor or Claims Officer will be destroyed.

## **CLAIM SUPPORT LIMITATIONS AND REQUIREMENTS**

Complete all sections of the Proof of Claim (Abuse) form that apply to you by providing as much information and detail as possible. Remember to read all questions and requests for information carefully before answering.

If you cannot remember an exact date, you may provide an approximate period of time. If a section or a question does not apply to you, or if you do not know an answer, please write "Not Applicable" (N/A) or "Don't Know". Do not try to guess the answers but provide as much detail as you remember.

The information you provide in your Proof of Claim (Abuse) form is an important part of how the Claims Officer will determine the eligibility and value of your claim. Discrepancies in the Proof of Claim (Abuse) form may negatively impact your claim. If your Proof of Claim (Abuse) form is incomplete, or conflicting information is provided, you may be contacted for more details.

After completing the Proof of Claim (Abuse) form, make sure to read and sign the Declaration found at the end of the Proof of Claim (Abuse) form and attach any supporting documentation to a maximum of 15 additional pages, inclusive of submissions and documentary evidence. For greater certainty, any Statement of Claim document provided with the Proof of Claim (Abuse) form in accordance with Section 5 below is not included in the 15-page submission limit referenced above.

In addition to the Proof of Claim (Abuse) form, an Abuse Claimant may submit a maximum of 15 additional pages of submissions / evidence (the "Claim Supplement") as part of their Proof of Claim (Abuse), for consideration by the Claims Officer. If you attach additional pages, please write the question number the additional page relates to at the top of each page and write "see attached extra sheets" in the space provided to answer the question in the Proof of Claim (Abuse) form.

Abuse Claimants should provide sufficient information for the Claims Officer to determine the liability of the Applicant for any sexual misconduct, as well as any damages suffered by the Abuse Claimant as a result. Detailed questions with respect to claim submissions should be directed to the Abuse Claimants' legal counsel, if represented. Generally, the Proof of Claim (Abuse) should address the nature of sexual misconduct, the name(s) and role(s) of the alleged perpetrator(s), the approximate date of the misconduct, and the location of the misconduct. With respect to damages suffered by the Abuse Claimant as a result of any sexual misconduct, Abuse Claimants should include information relevant to the following heads of damages, if applicable:

1. Non-Pecuniary General Damages: provides solace for the pain, suffering and loss of enjoyment of life flowing from the abuse, and demonstrate vindication of the victim's rights of personal dignity and individual autonomy.
2. Economic Loss: provides compensation for financial loss experienced as a result of the abuse, including loss of income.
3. Future Care: provides compensation for the expenses associated with the treatment of physical or psychological injuries attributable to the sexual misconduct.
4. Pre-judgment Interest: calculated by the Claims Officer for applicable economic loss, at the discretion of the Claims Officer.

**PLEASE READ THE FOLLOWING BEFORE PROCEEDING TO THE  
NEXT PAGE**

**The following questions ask for detailed information about sexual abuse and misconduct that you suffered. These questions may trigger painful memories and feelings. Because of this, we suggest that you proceed slowly and that you read and complete this form in a safe place.**

**We recommend that you read and complete the following pages with a support person, such as a family member, counselor, treating health care professional, a friend, or someone else you trust.**

**IMPORTANT: THIS FORM MUST BE DELIVERED TO THE COURT-APPOINTED MONITOR OF THE RCECSJ, ERNST & YOUNG INC., AT THE ADDRESS BELOW, NO LATER THAN September 30, 2023 (the "Pre-Filing Claims Bar Date").**

**Ernst & Young Inc.**

Court-appointed Monitor of Roman Catholic Episcopal Corporation of St. John's  
RBC Waterside Centre  
1871 Hollis Street, Suite 500  
Halifax, Nova Scotia B3J 0C3

Email: [Drew.maccormack@parthenon.ey.com](mailto:Drew.maccormack@parthenon.ey.com)

**NOTE TO CLAIMANTS**

This Proof of Claim is for claims of sexual misconduct only. For the purposes of this Proof of Claim, sexual misconduct is defined as any and all acts or omissions that the RCECSJ 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, or sexually related psychological or emotional harm or contacts or interactions of a sexual nature involving a child or a non-consenting adult.

Please answer all the sections of the Claim Form that apply to you. If you cannot remember an exact date, you may provide an approximate period. If a section or a question does not apply to you or if you do not know an answer, please write "Not Applicable" (N/A) or "Don't Know". Do not try to guess the answers but provide as much detail as you remember.

You may wish to consult a lawyer regarding this matter.

**CERTIFICATION**

To be valid, this Proof of Claim (Abuse) must be signed by you or your lawyer. If the Abuse Claimant is deceased or incapacitated, this Proof of Claim (Abuse) may be signed by the Abuse Claimant's representative or the Abuse Claimant's representative's lawyer. If the Abuse Claimant is a minor, the Proof of Claim (Abuse) may be signed by the Abuse Claimant's parent or legal guardian, or the Abuse Claimant's lawyer.

## SECTION 1 - IDENTIFYING INFORMATION

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1. Please provide the following information relating to identifying and contact information.

### PRIVACY NOTICE

Abuse Claimants can complete this Proof of Claim (Abuse) form using a designated reference number in order to protect the identity of the Abuse Claimant from public record. Abuse Claimants may choose to leave blank any reference to their identity or locality of residence on the Proof of Claim (Abuse) form and complete the attached supplemental form entitled "Abuse Claimant – Confidential Information".

**SECTION 2 - INFORMATION RELATED TO THE SEXUAL MISCONDUCT**

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**2. Please provide the following information relating to the sexual misconduct for which the RCECSJ may be legally responsible**

**(Attach additional pages if necessary. If you attach additional pages, please write the question number which the additional page relates to at the top of each page, and write "see attached additional pages" in the space provided below)**

a) Who committed the act(s) of sexual misconduct against you? (Name of the perpetrator(s), and their position, title or relationship to you).

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b) When did the act(s) of sexual misconduct take place?

(If the sexual misconduct took place over a period of time — such as months or years — please state when it started, when it stopped, and approximately how many incidents occurred. Please also state your age(s) and your grade(s) in school (if applicable) at the time the sexual misconduct took place)

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c) Where did the act(s) of sexual misconduct take place?

(Name of the City/Town, building, room, or other information relevant to location. If there are multiple perpetrators or multiple incidents, please separate the information as clearly as possible)

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d) What happened?

(Please describe the nature of the sexual misconduct in as much detail as possible. If there are multiple perpetrators or multiple incidents, please separate the information as clearly as possible)

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e) Was the sexual misconduct accompanied by physical violence or threats of physical violence?

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f) Where were you residing at the time of the act(s) of sexual misconduct?

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g) Did you tell anyone about the sexual misconduct and, if so, who did you tell and when?

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b) If a specific difficulty, condition, or symptom described in question 3(a) is ongoing, when did you begin to experience the difficulty, condition, or symptom?

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c) If a specific difficulty, condition, or symptom described in question 3(a) has resolved, during what period or periods was the difficulty, condition, or symptom experienced? Give as much detail as possible.

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d) Have you ever received treatment, counseling, or healing (including but not limited to hospitalization or attending with a doctor/counselor/therapist) for any difficulties, conditions, or symptoms described in question 3(a). If you answered "Yes", please provide us with details in the chart below, as applicable.

Difficulty, condition, or symptom requiring treatment	Type of treatment received	Period in which treatment was received	Name of treatment provider	Location of treatment

- e) Have you at any time, due to affordability, been prevented from seeking treatment for any difficulties, conditions, or symptoms described in question 3(a)? If so, give as much detail as possible.

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- f) Would you presently benefit from treatment for any difficulties, conditions, or symptoms described in question 3(a)? If so, give as much detail as possible regarding the type of treatment you would seek.

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- g) In your own words, please describe how the sexual misconduct has impacted your family relationships, intimate relationships, friendships, and general social functioning?

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- h) Do you have a criminal record? If so, please summarize the nature and dates of the offences.

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- i) Please describe any other physical or psychological injuries or conditions not related to the sexual misconduct described in question 2, which you have experienced throughout your lifetime?

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**SECTION 4 - ECONOMIC IMPACT (Complete this Section ONLY if you are claiming an economic impact due to the sexual misconduct described in Section 2)**

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4. Please complete this Section 4 only if you are claiming an economic impact due to the sexual misconduct described in Section 2.

Please provide the following information regarding the economic impact of the sexual misconduct described in Section 2.

(Attach additional pages if necessary. If you attach additional pages, please write the question number which the additional page relates to at the top of each page, and write "see attached additional pages" in the space provided below)

- a) Please complete the below chart with respect to your education and training history.

School, college, university, or other faculty attended	Approximate dates		Grade/level reached and certificate, degree or diploma obtained
	From	To	



- c) Please complete the below chart with respect to other family members' employment history.

Parent/Siblings Name	Career	From	To	Annual Earnings

- d) In your own words, please describe how the sexual misconduct has impacted your ability to obtain education and/or employment commensurate with your goals and abilities. Give as much detail as possible regarding specific events and dates in which you were prevented from achieving your educational or employment goals. For periods you were not employed or underemployed, describe your activities during that time.

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- e) Please describe your current employment status and plans for the future. Give as much detail as possible.

If you are unemployed, do you plan to return to work or have educational pursuits (please describe your plans including approximate timing of a return to work or educational/training facility).

If you are retired, please describe the circumstances surrounding your retirement (the date you retired, your employer, your job title, reasons for your retirement and whether your retirement was voluntary or involuntary).

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**SECTION 5 - PRIOR PROCEEDINGS**

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If I have filed a statement of claim against any person in relation to an Abuse Claim, I confirm such statement of claim was filed on \_\_\_\_\_ and a copy of such statement of claim is attached hereto.

If I have received compensation from any person in relation to an Abuse Claim, I confirm that compensation of \$\_\_\_\_\_, has previously been awarded from other proceedings or settlement arrangements, with respect to the Abuse Claim currently being advanced against the RCECSJ (a copy of the associated release is attached).

**SECTION 6 - LEGAL REPRESENTATION**

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Legal counsel filing this Proof of Claim (Abuse) with the Monitor on behalf of an Abuse Claimant, shall include with the filed Proof of Claim (Abuse) a notice of legal representation signed by the Abuse Claimant confirming that its legal counsel is authorized to file a claim on the Abuse Claimant's behalf and that the Monitor is authorized and directed to issue all dividends, if approved, to its legal counsel.

Any legal fees incurred will be the sole responsibility of the individual who retained the legal services.

In the event this Proof of Claim (Abuse) form is being submitted on behalf of a deceased Applicant's Estate, I confirm that the deceased Applicant's date of death was \_\_\_\_\_ (death certificate and confirmation that the filer is legally permitted to file this Proof of Claim (Abuse) form on behalf of the Deceased Applicant's Estate is attached).

**SECTION 7 - DECLARATION**

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**PRIVACY NOTICE**

Abuse Claimants can complete this Proof of Claim (Abuse) form using a designated reference number in order to protect the identity of the Abuse Claimant from public record. Abuse Claimants should leave blank any reference to their identity or locality of residence on the Proof of Claim (Abuse) form and complete the attached supplemental form entitled "Abuse Claimant – Confidential Information".

I, \_\_\_\_\_ (name of the Abuse Claimant or representative of the Claimant), of \_\_\_\_\_ (City, Province or State) do hereby certify:

THAT I am the Abuse Claimant; or,

I am \_\_\_\_\_ (state position/title) of the Abuse Claimant.

THAT I have knowledge of all the circumstances connected with the Abuse Claim referred to in this form.

Per: \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that filing a false claim may be an offence under section 201 of the *Bankruptcy and Insolvency Act* that is punishable by fine and/or imprisonment of up to one year.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

Per: \_\_\_\_\_ [Name of Claimant]

**This Proof of Claim (Abuse) form must be received by no later than 5:00 p.m. (Newfoundland Time) on September 30, 2023 (the "Pre-Filing Claims Bar Date").**

Failure to file your Proof of Claim (Abuse) as directed by the Pre-Filing Claims Bar Date will result in your Abuse Claim being barred and you will not be permitted to participate in any distribution under any Plan or other distribution mechanism related to such Abuse Claim under these CCAA Proceedings.

**This Proof of Claim (Abuse) must be delivered by facsimile transmission, personal delivery, courier, electronic mail or prepaid mail at the following address:**

**Ernst & Young Inc.**

Court-appointed Monitor of  
Roman Catholic Episcopal Corporation of St. John's  
RBC Waterside Centre  
1871 Hollis Street, Suite 500  
Halifax, Nova Scotia B3J 0C3

E-mail: [Drew.maccormack@parthenon.ey.com](mailto:Drew.maccormack@parthenon.ey.com)

Fax: 902 420-0503

**ABUSE CLAIMANT - CONFIDENTIAL INFORMATION**

**The following information attributable to Abuse Claimants will be detached from the proof of claim filing and be held in confidence by Ernst & Young Inc., acting in its capacity as court appointed Monitor of the Roman Catholic Episcopal Corporation of St. John's and will only be supplied to the RCECSJ and its solicitors and will not be supplied to any other interested party as part of these insolvency proceedings, subject to the approval of the Court.**

IN THE MATTER OF THE COMPANIES' CREDITORS ARRANGEMENT ACT AND THE RESTRUCTURING OF THE ROMAN CATHOLIC EPISCOPAL CORPORATION OF ST. JOHN'S and the claim of \_\_\_\_\_, creditor.

All notices or correspondence regarding this claim are to be forwarded to the following address:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is acknowledged that the Monitor will allocate the aforementioned creditor a reference number and that such reference number will be inserted into the Proof of Claim (Abuse) form and used in other forms/reports where the Abuse Claimant's name would otherwise be required to be specified. All future correspondence and documents which may become public record will make use of the reference number noted below, in lieu of the Abuse Claimant's proper name, in order to protect the identity of the Abuse Claimant.

Reference # Assigned \_\_\_\_\_

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 2023,

\_\_\_\_\_  
Name of Creditor

\_\_\_\_\_  
Signature of Creditor or designee