

**UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF MARYLAND**

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In re:

ROMAN CATHOLIC ARCHBISHOP OF  
BALTIMORE,

Debtor.<sup>1</sup>

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:  
: Chapter 11  
:  
: Case No. 23-16969-MMH  
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:  
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**CERTIFICATE OF SERVICE**

I, HUGO SUAREZ, hereby certify that:

1. I am employed as a Senior Case Manager by Epiq Corporate Restructuring, LLC, with their principal office located at 777 Third Avenue, New York, New York 10017. I am over the age of eighteen years and am not a party to the above-captioned action.
2. On January 25, 2024, I caused to be served the:
  - a. *customized* “Proof of Claim (Official Form 410),” a sample of which is annexed hereto as Exhibit A, (the “POC Form”),
  - b. “Sexual Abuse Claim Supplement,” a copy of which is annexed hereto as Exhibit B, (the “SA Supplement”),
  - c. “Notice of the Deadline for Timely Filing Proofs of Claim Relating to, or Arising From, Sexual Abuse,” a copy of which is annexed hereto as Exhibit C, (the “SA Bar Date Notice”),
  - d. “Official Form 410 - Instructions for Proof of Claim,” a copy of which is annexed hereto as Exhibit D, (the “POC Instructions”), and
  - e. “Publication Notice,” a copy of which is annexed hereto as Exhibit E, (the “Publication Notice”),

by causing true and correct copies of the:

- i. SA Bar Date Notice to be enclosed securely in separate postage pre-paid envelopes and delivered via first class mail to those parties listed on the annexed Exhibit F, and

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<sup>1</sup> The last four digits of the Debtor’s federal tax identification number are 1535. The Debtor’s principal place of business is located at 320 Cathedral Street, Baltimore, Maryland 21201.

- ii. POC Form, SA Supplement, SA Bar Date Notice, POC Instructions, and Publication Notice to be enclosed securely in separate postage pre-paid envelopes and delivered via first class mail to those parties listed on the annexed Exhibit G.
- 3. All envelopes utilized in the service of the foregoing contained the following legend:  
“LEGAL DOCUMENTS ENCLOSED. PLEASE DIRECT TO THE ATTENTION OF ADDRESSEE, PRESIDENT OR LEGAL DEPARTMENT.”

/s/ Hugo Suarez  
Hugo Suarez

## **EXHIBIT A**

Roman Catholic Archbishop of Baltimore  
Claims Processing Center  
c/o Epiq Corporate Restructuring, LLC  
P.O. Box 4420  
Beaverton, OR 97076-4420

To submit your form online please go to <https://epiqworkflow.com/cases/RCA>

Name of Debtor:  
Case Number:

☐ Check box if the address on the envelope sent to you by the court needs to be updated. Identify your replacement address in Part 1 (Section 3) below.

For Court Use Only

## Proof of Claim (Official Form 410)

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. With the exception of claims under 503(b)(9), do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503. Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

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.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

### Part 1: Identify the Claim

#### 1. Who is the current creditor?

Name of the current creditor (the person or entity to be paid for this claim): \_\_\_\_\_

Other names the creditor used with the debtor: \_\_\_\_\_

2. Has this claim been acquired from someone else? ☐ No ☐ Yes. From whom? \_\_\_\_\_

#### 3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

##### Where should notices to the creditor be sent?

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Country (if International): \_\_\_\_\_

Contact phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

##### Where should payments to the creditor be sent? (if different)

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Country (if International): \_\_\_\_\_

Contact phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

#### 4. Does this claim amend one already filed?

☐ No

☐ Yes. Claim number on court claims register (if known) \_\_\_\_\_

Filed on \_\_\_\_\_  
MM / DD / YYYY

#### 5. Do you know if anyone else has filed a proof of claim for this claim?

☐ No

☐ Yes. Who made the earlier filing?  
\_\_\_\_\_

### Part 2: Give Information About the Claim as of the Date the Case Was Filed

#### 6. Do you have any number you use to identify the debtor?

☐ No

☐ Yes.

Last 4 digits of the debtor's account or any number you use to identify the debtor:  
\_\_\_\_\_

#### 7. How much is the claim?

\$ \_\_\_\_\_.

##### Does this amount include interest or other charges?

☐ No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

#### 8. What is the basis of the claim?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.  
\_\_\_\_\_

<p><b>9. Is all or part of the claim secured?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><b>Nature of property:</b></p> <p><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (official Form 410-A) with this <i>Proof of Claim</i>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p> <p><b>Basis for perfection:</b> _____</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ _____</p> <p><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>	<p><b>10. Is this claim based on a lease?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of petition.</b> \$ _____</p> <p><b>11. Is this claim subject to a right of setoff?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p>	<p><b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. <i>Check one:</i></p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a)( ) that applies. \$ _____</p> <p>* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> <p><b>Amount entitled to priority</b></p>
<p><b>13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. <b>Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9):</b> \$ _____</p>		

<p><b>Part 3: Sign Below</b></p> <p><b>The person completing this proof of claim must sign and date it. FRBP 9011(b).</b></p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p><b>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.</b></p>	<p><i>Check the appropriate box:</i></p> <p><input type="checkbox"/> I am the creditor.</p> <p><input type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.</p> <p>I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.</p> <p>I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date _____ MM / DD / YYYY Signature _____</p> <p><b>Print the name of the person who is completing and signing this claim:</b></p> <p>Name _____ First name Middle name Last name</p> <p>Title _____</p> <p>Company _____ Identify the corporate servicer as the company if the authorized agent is a servicer.</p> <p>Address _____ Number Street</p> <p>City State ZIP Code</p> <p>Contact Phone _____ Email _____</p>
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## **EXHIBIT B**

**UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF MARYLAND**

In re:

ROMAN CATHOLIC ARCHBISHOP OF  
BALTIMORE,Debtor.<sup>1</sup>

Chapter 11

Case No. 23-16969-MMH

**SEXUAL ABUSE CLAIM SUPPLEMENT**

**This Sexual Abuse Claim Supplement is optional, but the Debtor strongly encourages any holder of a sexual abuse claim to complete it to the best of their ability. If you do not complete this Sexual Abuse Claim Supplement or otherwise provide sufficient information to substantiate your claim, your claim may be subject to objection.** Carefully read the instructions included with this Sexual Abuse Claim Supplement and complete ALL applicable questions. You may complete this form and the proof of claim form (Official Form 410) online by logging on to the following website: <https://dm.epiq11.com/RCABaltimore>, clicking on the “File a Claim” link in Case Actions and creating an account. If you do not want to submit this supplement and the proof of claim form electronically, please use blue or black ink, print clearly, and send the **original** to the Debtor’s claims and noticing agent at the following address:

***If by First Class Mail:***

Roman Catholic Archbishop of Baltimore,  
Claims Processing Center  
c/o Epiq Corporate Restructuring, LLC  
P.O. Box 4420  
Beaverton, OR 97076-4420

***If by Hand Delivery or Overnight Mail:***

Roman Catholic Archbishop of Baltimore,  
Claims Processing Center  
c/o Epiq Corporate Restructuring, LLC  
10300 SW Allen Blvd.  
Beaverton, OR 97005

**THIS SUPPLEMENT IS FOR CLAIMANTS OF SEXUAL ABUSE ONLY.  
YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER.**

A sexual abuse claim includes, but is not limited to, any claim (as defined in section 101(5) of the Bankruptcy Code) resulting or arising in whole or in part, directly or indirectly from any actual or alleged sexual offense as laid out in Subtitle 3 of Title 3 of the Maryland Statutes as well as any sexual conduct or misconduct, sexual abuse or molestation, indecent assault and/or battery, rape, pedophilia, ephebophilia, or sexually-related physical, sexually-related psychological, or sexually-related emotional harm, or contacts, or interactions of a sexual nature between a child and an adult, or a nonconsenting adult and another adult, sexual assault, sexual battery, sexual psychological or emotional abuse, humiliation, or intimidation, or any other conduct constituting a sexual offense, incest, or use of a child in a sexual performance, and seeking monetary damages

<sup>1</sup> The last four digits of the Debtor’s federal tax identification number are 1535. The Debtor’s principal place of business is located at 320 Cathedral Street, Baltimore, Maryland 21201.

or any other relief, under any theory of liability, including vicarious liability, any negligence-based theory, contribution, indemnity, or any other theory based on any acts or failures to act by the Roman Catholic Archbishop of Baltimore, also known as the Roman Catholic Archdiocese of Baltimore (the “*Debtor*”), or any other person or entity for whose acts or failure to act the Debtor is or was allegedly responsible, including but not limited to, claims against clergy, deacons, seminarians, employees, teachers, volunteers, parishes, schools, or other entities related to the Debtor.

While this Sexual Abuse Claim Supplement is optional, to increase the chances that you will meet your burden to establish your claim under the Bankruptcy Code, you are strongly encouraged to complete this Sexual Abuse Claim Supplement or to otherwise provide information that is substantially similar to the information requested in this supplement. However, the completion of the Sexual Abuse Claim Supplement does not foreclose the filing of objections or requests for discovery.

**THIS SUPPLEMENT SHOULD: (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; AND (C) BE SIGNED BY THE SEXUAL ABUSE CLAIMANT, EXCEPT THAT IF THE SEXUAL ABUSE CLAIMANT IS A MINOR, INCAPACITATED, OR DECEASED, THIS SEXUAL ABUSE PROOF OF CLAIM MAY BE SIGNED BY THE SEXUAL ABUSE CLAIMANT’S PARENT, LEGAL GUARDIAN, OR EXECUTOR, AS APPLICABLE. IF THE SEXUAL ABUSE CLAIMANT DIES AFTER THE SUBMISSION OF THIS FORM, BUT BEFORE THE CLAIM IS RESOLVED, NOTIFICATION OF THE DEATH MUST BE PROVIDED AT THE ADDRESS LISTED ABOVE.**

The penalty for presenting a fraudulent claim: fine of up to \$250,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152, 3571.

**UNLESS YOU INDICATE OTHERWISE IN PART I 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 CONFIDENTIALITY GUIDELINES, TO COUNSEL FOR THE COMMITTEE AND OTHER COURT-APPROVED THIRD PARTIES IN ORDER TO EVALUATE THE CLAIM.**

**YOUR CLAIM MAY BE DISPUTED OR HONORED IN WHOLE OR IN PART. THE DEBTOR RESERVES THE RIGHT TO OBJECT OR TO ASSERT OFFSETS OR DEFENSES AGAINST ANY FILED PROOF OF CLAIM.**

### **PART I: CONFIDENTIALITY**

**THIS SEXUAL ABUSE CLAIM SUPPLEMENT (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.**



**NOTWITHSTANDING THE FOREGOING, AS REQUIRED BY THE MARYLAND FAMILY LAW CODE ANN. §§ 5-701 *ET SEQ.*, AND THE DEBTOR'S CHILD AND YOUTH PROTECTION POLICIES, ANY SEXUAL ABUSE CLAIM SUPPLEMENT RECEIVED BY THE DEBTOR INVOLVING A CLAIM OF CHILDHOOD SEXUAL ABUSE WILL BE REPORTED BY THE DEBTOR TO APPROPRIATE LAW ENFORCEMENT AND CIVIL AUTHORITIES AND THE DEBTOR'S OFFICE OF CHILD AND YOUTH PROTECTION, AND MAY BE USED FOR INVESTIGATION PURPOSES, AS SEXUAL ABUSE CLAIMS ARE RECEIVED BY THE DEBTOR.**

☐

I want my Proof of Claim (along with any accompanying exhibits and attachments) to be kept confidential.

☐

I want my Proof of Claim (along with any accompanying exhibits and attachments) to be made public.

Please verify this election by signing directly below:

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

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

## **PART II: IDENTIFYING INFORMATION**

### **A. Sexual Abuse Claimant**

First Name	M.I.	Last Name	Suffix
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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):

Street Number	Street Name
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City	State/Prov.	Zip Code (Postal Code)	Country
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Telephone Number:

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: \_\_\_\_\_

Month

Day

Year

☐

Male

☐

Female

Last four digits of your Social Security Number: XXX-XX-\_\_\_\_\_

Any other name(s) or alias(es) by which you have been known:

**B. Attorney Information (if applicable)**


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 Law Firm Name

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 Attorney's First Name

---

 Middle Initial

---

 Last Name

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 Street Address

---

 City

---

 State/Prov.

---

 Zip Code (Postal Code)

---

 County

---

 Telephone No.

---

 Fax No.

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 Email Address
**PART 3: NATURE OF ABUSE****(Attach additional separate sheets if necessary)**

**NOTE: IF YOU HAVE PREVIOUSLY FILED A LAWSUIT AGAINST THE DEBTOR 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.**

1. Who committed each act of sexual abuse?

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2. What is the position, title, or relationship to you of the individual who committed these acts?

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3. Where did the sexual abuse take place? Please be specific and detail all relevant information that you know, including the City and State, name of the parish or school (if applicable), and/or the names of any other location.

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4. When did the sexual abuse take place?

- a. Please be as specific as possible. If you can, please indicate the day, month, and year. If you cannot recall the month, please try to recall the season (winter, spring, summer, or fall).

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- b. If you were sexually abused on more than one occasion, please state when the abuse started, when it stopped, and how many times it occurred.

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- c. Please also state your age(s) and your grade(s) in school (if applicable) at the time the abuse took place.

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5. Please describe in as much detail as possible the nature of the sexual abuse. What happened?

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6. Did you tell anyone about the sexual abuse (this would include parents, relatives, friends, anybody affiliated with the Debtor, attorneys, counselors, law enforcement authorities)?

- a. If "Yes", who did you tell? Please list the name(s) and any contact information you have.

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- b. What did you say?

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c. When did you tell this person or persons about the abuse?

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d. If you know, what did the person or persons do in response?

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7. Were there any witnesses to the sexual abuse described in question (5)? If so, please list their name(s) and any contact information you have, including addresses.

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8. Do you personally know or have reason to believe that the Debtor knew that your abuser was abusing you or others before or during the period when such abuse occurred? If "Yes", please provide all information that supports your conclusion, including the information requested in items 8(a) through 8(e) below.

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a. Who at the Debtor knew that your abuser was abusing you or others?

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b. How did such person or persons at the Debtor learn this information?

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c. When did such person or persons at the Debtor learn this information?

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d. What exactly was the person or persons from the Debtor told or what exactly did they observe?

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- e. How did you come to have the information you provided in response to the questions above?

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**PART 4: ADDITIONAL INFORMATION**

1. Other than the incident(s) of sexual abuse described in Part 3 above, have you ever been sexually abused by anyone else? If “Yes”, please describe this abuse, including the date(s) of the abuse, and identify the abuser (if not by name then by relationship to abuser).

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2. Prior Non-Bankruptcy Claims: Have you previously filed any lawsuit seeking damages for the sexual abuse described in this claim?

☐ Yes ☐ No (if “Yes,” please answer the questions below)

- a. Where and when did you file the lawsuit?

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- b. Who were the parties to the lawsuit and what was the case number?

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- c. What was the result of that lawsuit?

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3. Prior Bankruptcy Claim: 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)

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4. Any Settlements: Regardless of whether a complaint was ever filed against any party because of the sexual abuse, have you settled any claim or demand relating to the sexual abuse described in this claim?

☐ Yes ☐ No (if “Yes,” please describe, including parties to, the settlement and you are required to attach a copy of any settlement agreement)

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5. 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 forgoing statements to be true and correct:**

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

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

**Title:** \_\_\_\_\_

## **EXHIBIT C**



**UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF MARYLAND**

In re:

ROMAN CATHOLIC ARCHBISHOP OF  
BALTIMORE,

Debtor.<sup>1</sup>

Chapter 11

Case No. 23-16969-MMH

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**NOTICE OF THE DEADLINE FOR TIMELY FILING PROOFS OF CLAIM  
RELATING TO, OR ARISING FROM, SEXUAL ABUSE**

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**THIS IS AN IMPORTANT NOTICE.  
YOUR RIGHTS MIGHT BE AFFECTED.**

**TO ALL PERSONS WITH CLAIMS ARISING FROM SEXUAL ABUSE FOR WHICH  
THE ROMAN CATHOLIC ARCHBISHOP OF BALTIMORE MAY BE LIABLE:**

**MAY 31, 2024  
IS THE LAST DATE TO TIMELY FILE  
PROOFS OF CLAIM FOR SEXUAL ABUSE**

On September 29, 2023, the Roman Catholic Archbishop of Baltimore, also known as the Roman Catholic Archdiocese of Baltimore (the “*Debtor*”), filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code (the “*Bankruptcy Code*”) in the United States Bankruptcy Court for the District of Maryland (the “*Court*”). The Debtor’s address, the case number, proof of claim form, and other relevant information related to this chapter 11 case may be obtained at the website maintained by the Debtor’s claims and noticing agent (<https://dm.epiq11.com/RCA Baltimore>). Individuals have asserted sexual abuse claims against the Debtor, on account of alleged actions by people and entities associated or alleged to have been associated with the Debtor. Any person who believes that he or she has, or may have, a claim (as defined in section 101(5) of the Bankruptcy Code) resulting or arising in whole or in part, directly or indirectly from any actual or alleged sexual offense as laid out in Subtitle 3 of Title 3 of the Maryland Statutes as well as any sexual conduct or misconduct, sexual abuse or molestation, indecent assault and/or battery, rape, pedophilia, ephebophilia, or sexually-related physical, sexually-related psychological, or sexually-related emotional harm, or contacts, or interactions of a sexual nature between a child and an adult, or a nonconsenting adult and another adult, sexual assault, sexual battery, sexual psychological or emotional abuse, humiliation, or intimidation, or any other conduct constituting a sexual offense, incest, or use of a child in a sexual performance, and seeking monetary damages or any other relief, under any theory of liability, including vicarious liability, any negligence-based theory, contribution, indemnity, or any other theory based on any acts or failures to act by the Debtor or any other person or entity for whose acts or failure

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to act the Debtor is or was allegedly responsible, including but not limited to, claims against clergy, deacons, seminarians, employees, teachers, volunteers, parishes, schools, or other entities related to the Debtor should carefully read this notice.

**YOU SHOULD CONSULT AN ATTORNEY IF YOU HAVE ANY QUESTIONS,  
INCLUDING WHETHER YOU SHOULD FILE A PROOF OF CLAIM.**

**LAST DATE FOR TIMELY FILING**

The Court entered an order establishing May 31, 2024 (the “*Claims Filing Deadline*”) as the last date for each individual with a sexual abuse claim to timely file a proof of claim. All references to “proof of claim” or “proof of claim form” herein are to Official Bankruptcy Form 410. The Claims Filing Deadline and the procedures set forth below for proofs of claim apply to all sexual abuse claims against the Debtor, based upon alleged acts of sexual abuse occurring prior to September 29, 2023.

**WHO SHOULD FILE**

If you believe that you have a sexual abuse claim against the Debtor or any other person or entity for whose acts or failure to act the Debtor is or was allegedly responsible, including but not limited to, claims against clergy, deacons, seminarians, employees, teachers, volunteers, parishes, schools, or other entities related to the Debtor, you must file a proof of claim form. A proof of claim form should include sufficient information to substantiate the claim. To provide such information, a claimant wishing to assert a sexual abuse claim may, but is not required to, accompany the proof of claim form with the Sexual Abuse Claim Supplement, substantially in the form included herein, or otherwise provide information substantially similar to the information requested by the Sexual Abuse Claim Supplement (such proof of claim with any additional forms or information provided in support of same, a “*Survivor Proof of Claim*”). You must file a Survivor Proof of Claim to maintain and preserve any claims that you have against the Debtor. Even if you have already filed a lawsuit against the Debtor alleging sexual abuse prior to September 29, 2023, you are still required to file a Survivor Proof of Claim to maintain and preserve your rights in the Debtor’s chapter 11 case.

**WHAT TO FILE**

**FILE A PROOF OF CLAIM FORM. THE DEBTOR STRONGLY ENCOURAGES YOU TO ALSO FILE A SEXUAL ABUSE CLAIM SUPPLEMENT, A COPY OF WHICH IS ENCLOSED, OR OTHERWISE PROVIDE INFORMATION SUBSTANTIALLY SIMILAR TO THE INFORMATION REQUESTED BY THE SEXUAL ABUSE CLAIM SUPPLEMENT. IF YOU DO NOT PROVIDE SUFFICIENT INFORMATION TO SUBSTANTIATE THE CLAIM, YOUR CLAIM MAY BE SUBJECT TO OBJECTION. ALL INFORMATION PROVIDED IN RESPONSE TO THE SEXUAL ABUSE CLAIM SUPPLEMENT WILL BE KEPT STRICTLY CONFIDENTIAL UNLESS THE CLAIM HOLDER ADVISES OTHERWISE. YOU MAY ALSO OBTAIN A COPY OF THE SEXUAL ABUSE CLAIM SUPPLEMENT BY FOLLOWING THE INSTRUCTIONS BELOW. IN ADDITION, YOU MAY ELECTRONICALLY COMPLETE AND SUBMIT**

**A PROOF OF CLAIM AND/OR THE SEXUAL ABUSE CLAIM SUPPLEMENT AT <https://dm.epiq11.com/rcabaltimore>.**

**PROCEDURES FOR FILING A SURVIVOR PROOF OF CLAIM**

To file a Survivor Proof of Claim, take the following steps:

Fill out a proof of claim form in its entirety and fill out the Sexual Abuse Claim Supplement or otherwise provide information substantially similar to the information requested by the Sexual Abuse Claim Supplement.

For additional copies of the Sexual Abuse Claim Supplement: (a) photocopy the Sexual Abuse Claim Supplement; (b) contact the Debtor's claims and noticing agent at (in the United States) (877) 337-1944 or (outside the United States) +1 (503) 438-3079; (c) visit the Debtor's website at: <https://www.archbalt.org/>; or (d) visit the website of the Debtor's claims and noticing agent at <https://dm.epiq11.com/RCABaltimore>.

**Please note that neither the Debtor's staff nor the Debtor's claims and noticing agent is permitted to give legal advice. You should consult your own attorney for assistance regarding any such inquiries.**

Return the completed original proof of claim form and any supporting forms or information to the Debtor's claims and noticing agent via online submission or at the address set forth below by the Claims Filing Deadline. Survivor Proofs of Claim will be deemed timely filed only if they are **actually received** by the Debtor's claims and noticing agent by **May 31, 2024**.

If you are returning a Survivor Proof of Claim by mail, allow sufficient mailing time so that the Survivor Proof of Claim is **received** on or before **May 31, 2024**. Survivor Proofs of Claim that are postmarked before that date, *i.e.*, the Claims Filing Deadline, but which are received by the Debtor's claims and noticing agent after the Claims Filing Deadline, will be considered tardy, and may result in legal consequences.

The filing of a timely proof of claim form with sufficient supporting information is the first step for all claims in a bankruptcy case. Any claim (even those providing sufficient supporting information) may be subject to objections or requests for discovery during the claims administration process.

You may file a claim using the proof of claim form and Sexual Abuse Supplement approved by the court by logging on to the following website: **<https://dm.epiq11.com/rcabaltimore>**, clicking on the "File a Claim" link in Case Actions and creating an account.

If you do not want to submit your claim electronically, proofs of claim along with the Sexual Abuse Claim Supplement or other supporting information should be delivered to the following address such that they are actually received by May 31, 2024:

<i><b>If by First Class Mail:</b></i>	<i><b>If by Hand Delivery or Overnight Mail:</b></i>
Roman Catholic Archbishop of Baltimore, Claims Processing Center c/o Epiq Corporate Restructuring, LLC P.O. Box 4420 Beaverton, OR 97076-4420	Roman Catholic Archbishop of Baltimore, Claims Processing Center c/o Epiq Corporate Restructuring, LLC 10300 SW Allen Blvd. Beaverton, OR 97005

**CONSEQUENCES OF FAILURE TO FILE A PROOF OF CLAIM**

There may be consequences for failing to file a claim. Please consult your attorney.

**CONFIDENTIALITY**

Filed Survivor Proofs of Claim and Sexual Abuse Claim Supplements will remain confidential in this chapter 11 case, unless you elect otherwise. Therefore, the Survivor Proof of Claim and Sexual Abuse Claim Supplement that you file will not be available to the general public, but will be kept confidential, except that information will be provided to the Debtor, the United States Trustee for the District of Maryland, the Debtor's insurers, attorneys for the Committee, any unknown claims representative appointed by the Court, any settlement trustee appointed to administer payments to Sexual Abuse Claimants, prison authorities for any incarcerated Sexual Abuse Claimants, and such other persons as the Court determines should have the information in order to evaluate the sexual abuse claim, all of whom will agree to keep the information provided by you confidential.

## **EXHIBIT D**

**Official Form 410 - Instructions for Proof of Claim**

United States Bankruptcy Court

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

**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**

**How to fill out this form**

- **Fill in all of the information about the claim as of the date the case was filed.**
- **Fill in the caption at the top of the form.** Fill in the name of the Debtor in the bankruptcy case, and bankruptcy case number.
- **If the claim has been acquired from someone else, then state the identity of the last party** who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- **Attach any supporting documents to this form.** Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of redaction below.) Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).
- **Do not attach original documents because attachments may be destroyed after scanning.**
- **If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.**
- **A Proof of Claim form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth.** See Bankruptcy Rule 9037.
- **For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian.** For example, write *A.B., a minor child (John Doe, parent, 123 Main St, City, State).* See Bankruptcy Rule 9037.

**Confirmation that the claim has been filed**

To receive confirmation that the claim has been filed, either enclose a stamped self-addressed envelope and a copy of this form or you may access the Claims Agent's website (<https://dm.epiq11.com/RCABaltimore>) to view your filed form under "Claims."

**Where to File Proof of Claim Form****First Class Mail:**

Roman Catholic Archbishop of Baltimore  
Claims Processing Center  
c/o Epiq Corporate Restructuring, LLC  
PO Box 4420  
Beaverton, OR 97076-4420

**Hand Delivery or Overnight Mail:**

Roman Catholic Archbishop of Baltimore  
Claims Processing Center  
c/o Epiq Corporate Restructuring, LLC  
10300 SW Allen Blvd  
Beaverton, OR 97005

**Electronic Filing:**

By accessing the E-filing Claims link at  
<https://epiqworkflow.com/cases/RCA>

**Understand the terms used in this form**

**Administrative expense:** Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

**Claim:** A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Claim Pursuant to 11 U.S.C. §503(b)(9):** A claim for the value of any goods that were sold to the Debtor in the ordinary course of its business and were received by the Debtor within 20 days before the date of commencement of the above case. Attached documentation supporting such claim.

**Creditor:** A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. §101 (10).

**Debtor:** A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

**Evidence of perfection:** Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

**Information that is entitled to privacy:** A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

**Priority claim:** A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. §507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

**Proof of claim:** A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

**Redaction of information:** Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

**Secured claim under 11 U.S.C. §506(a):** A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

**Setoff:** Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

**Uniform claim identifier:** An optional 24-character identifier that some creditors use to facilitate electronic payment.

**Unsecured claim:** A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

**Offers to purchase a claim**

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

## **EXHIBIT E**

# **United States Bankruptcy Court for the District of Maryland**

## **In re: Roman Catholic Archbishop of Baltimore Case No. 23-16969**

### **Claims Notice for Victims of Sexual Abuse and Others with Claims Against the Roman Catholic Archbishop of Baltimore**

If you were sexually abused by any person or entity connected with the Roman Catholic Archbishop of Baltimore (also known as the Archdiocese of Baltimore), a Roman Catholic parish or Roman Catholic school within the geographical area of the Roman Catholic Archdiocese of Baltimore, or have any claim against the Roman Catholic Archbishop of Baltimore, you must file a claim by **May 31, 2024**. If you fail to file a timely claim, you may lose the right to assert a claim at a later date.



For more Diocesan information, visit: **<https://www.archbalt.org/>**  
or **<https://dm.epiq11.com/RCABaltimore>**

For U.S. Bankruptcy Court for the District of Maryland information,  
visit: **<http://www.mdb.uscourts.gov/>**



## **EXHIBIT F**

Claim Name	Address Information
ALLEGANY COUNTY LOCAL	BEHAVIORAL HEALTH AUTHORITY PO BOX 1745 12501 WILLOWBROOK RD SE CUMBERLAND MD 21502
ANNAPOLIS CAPITAL	PO BOX 1377 BALTIMORE MD 21278
ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY	3 HARRY S. TRUMAN PARKWAY HD24 ANNAPOLIS MD 21401
BALTIMORE CITY BEHAVIORAL HEALTH SYSTEM	100 SOUTH CHARLES ST TOWER 2, 8TH FL BALTIMORE MD 21201
BALTIMORE COUNTY BEHAVIORAL HEALTH SERVICES	6401 YORK RD, 3RD FL BALTIMORE MD 21212
CALVERT COUNTY HEALTH DEPARTMENT	975 SOLOMONS ISLAND RD NORTH PO BOX 980 PRINCE FREDERICK MD 20678
CATHOLIC REVIEW	320 CATHEDRAL STREET BALTIMORE MD 21201
CUMBERLAND TIMES-NEWS	19 BALTIMORE STREET CUMBERLAND MD 21502
DEEP CREEK TIMES	PO BOX 753 MCHENRY MD 21541
DIOCESE OF ALTOONA JOHNSTOWN	2713 W CHESTNUT AVE ALTOONA PA 16601
DIOCESE OF ARLINGTON	200 N GLEBE RD #914 ARLINGTON VA 22203
DIOCESE OF GREENSBURG	723 E PITTSBURGH ST GREENSBURG PA 15601
DIOCESE OF HARRISBURG	4800 UNION DEPOSIT RD HARRISBURG PA 17111
DIOCESE OF WASHINGTON	PO BOX 29260 WASHINGTON DC 20017-0260
DIOCESE OF WHEELING-CHARLESTON	1311 BYRON ST WHEELING WV 26003
DIOCESE OF WILMINGTON	1925 DELAWARE AVE WILMINGTON DE 19806
DORCHESTER COUNTY ADDICTIONS PROGRAM	524 RACE ST, 1ST FL CAMBRIDGE MD 21613
HARFORD COUNTY OFFICE MENTAL HEALTH	2231 CONOWINGO RD, STE A BEL AIR MD 21015
KENT COUNTY BEHAVIORAL HEALTH	300 SCHEELER ROAD CHESTERTOWN MD 21620
MID SHORE BEHAVIORAL HEALTH	28578 MARY'S COURT, STE 1 EASTON MD 21601
NATIONAL CATHOLIC REPORTER	115 E ARMOUR BLVD. KANSAS CITY MO 64111-1203
OFFICE ON MENTAL HEALTH	CORE SERVICE AGENCY OF HARFORD COUNTY 2231 CONOWINGO ROAD, SUITE A BEL AIR MD 21015
QUEEN ANNE'S COUNTY HEALTH DEPT	NIELSEN CENTER 205 NORTH LIBERTY ST CENTREVILLE MD 21617
SOMERSET COUNTY	WELLNESS & RECOVERY CENTER 11674 SOMERSET AVE PRINCESS ANNE MD 21853
THE ASSOCIATED PRESS OF BALTIMORE	200 LIBERTY STREET NEW YORK NY 10281
THE BALTIMORE SUN	PO BOX 1377 BALTIMORE MD 21278
THE CARROLL COUNTY TIMES	501 N CALVERT ST BALTIMORE MD 21278
THE FREDERICK NEWS-POST	351 BALLENGER CENTER DRIVE FREDERICK MD 21703
THE HERALD-MAIL MEDIA	100 SUMMIT AVENUE HAGERSTOWN MD 21740
THE HOWARD COUNTY TIMES	PO BOX 1377 BALTIMORE MD 21278
THE NATIONAL CATHOLIC REGISTER	5817 OLD LEEDS ROAD IRONDALE AL 35210
THE SUSQUEHANNA PRESS	601 N. BRIDGE STREET ELKTON MD 21921
USA TODAY	7950 JONES BRANCH DRIVE MCLEAN VA 22108
W.A.C.S. HEALTH CENTER	11827 OCEAN GATEWAY OCEAN CITY MD 21842-9529
WASHINGTON COUNTY BEHAVIORAL HEALTH	925 N BURHANS BLVD HAGERSTOWN MD 21742
WASHINGTON COUNTY MENTAL HEALTH	AUTHORITY INC 1800 DUAL HWY HAGERSTOWN MD 21740
WASHINGTON COUNTY MENTAL HEALTH AUTHORITY	339 EAST ANTIETAM STREET, STE 5 HAGERSTOWN MD 21740
WBAL NEWSRADIO 1090	3800 HOOPER AVENUE BALTIMORE MD 21211
WBAL NEWSRADIO FM 101.5	3800 HOOPER AVENUE BALTIMORE MD 21211
WBAL-TV 11	3800 HOOPER AVENUE BALTIMORE MD 21211
WIYY 97.9 FM	3800 HOOPER AVENUE BALTIMORE MD 21211
WMAR-TV	6400 YORK ROAD BALTIMORE MD 21212
WPOC 93.1 FM	1 W PENNSYLVANIA AVE, #200 TOWSON MD 21204

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**Claim Name**

**Address Information**

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<b>Total Creditor count 43</b>
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## **EXHIBIT G**

Claim Name	Address Information
ALLEGANY COUNTY HEALTH DEPARTMENT	12501 WILLOWBROOK RD CUMBERLAND MD 21502
ALLEGANY COUNTY SHERIFF	CRAIG ROBERTSON- SHERIFF 695 KELLY ROAD CUMBERLAND MD 21502
ALLEGANY COUNTY STATE ATTORNEY	JAMES EILLIOTT, ESQ- STATES ATTORNEY 59 PROSPECT SQUARE, STE 111 CUMBERLAND MD 21502
ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH	1 HARRY S. TRUMAN PKWY ANNAPOLIS MD 21401
ANNE ARUNDEL COUNTY SHERIFF	EVERETT SESKER- SHERIFF 8 CHURCH CIRCLE ANNAPOLIS MD 21401
ANNE ARUNDEL COUNTY STATE ATTORNEY	ANNE COLT LEITESS- STATES ATTORNEY 8 CHURCH CIRCLE, STE 200 ANNAPOLIS MD 21401
BALTIMORE CITY DEPT OF HEALTH	CITY HALL - ROOM 250 100 N. HOLLIDAY ST BALTIMORE MD 21202
BALTIMORE COUNTY DEPT OF HEALTH	6401 YORK ROAD, FL3 BALTIMORE MD 21212
BALTIMORE COUNTY SHERIFF	R. JAY FISHER- SHERIFF COUNTY COURTS BUILDING 401 BOSLEY AVE. GROUND FL TOWSON MD 21204
BALTIMORE COUNTY STATE ATTORNEY	SCOTT D. SHELLENBERGER- STATES ATTORNEY COUNTY COURTS BUILDING 401 BOSLEY AVE, 511 TOWSON MD 21204
BALTIMORE DEPARTMENT OF LABOR	1100 NORTH EUTAW STREET, BALTIMORE MD 21201
BERLIN HEALTH CENTER	9730 HEALTHWAY DRIVE BERLIN MD 21811
CALVERT COUNTY HEALTH DEPARTMENT	975 SOLOMONS ISLAND RD N PRINCE FREDERICK MD 20678
CAROLINE COUNTY HEALTH DEPARTMENT	403 S 7TH ST DENTON MD 21629
CARROLL COUNTY HEALTH DEPARTMENT	290 S CENTER ST WESTMINSTER MD 21157
CARROLL COUNTY SHERIFF	JAMES T. DEWEES- SHERIFF 100 N. COURT STREET WESTMINSTER MD 21157
CARROLL COUNTY STATE ATTORNEY	HAVEN N. SHOEMAKER JR- STATES ATTORNEY 55 N. COURT ST, 100 WESTMINSTER MD 21157
CECIL COUNTY HEALTH DEPARTMENT	401 BOW ST ELKTON MD 21921
CHARLES COUNTY DEPARTMENT OF HEALTH	4545 CRAIN HWY WHITE PLAINS MD 20695
CHURCH HOME & HOSPITAL	100 N BROADWAY BALTIMORE MD 21231
CITY OF BALTIMORE	CITY HALL- ROOM 250 100 N. HOLLIDAY ST BALTIMORE MD 21202
DORCHESTER COUNTY HEALTH DEPARTMENT	3 E CEDAR ST CAMBRIDGE MD 21613
ER AT UMMC MIDTOWN CAMPUS	827 LINDEN AVE BALTIMORE MD 21201
FREDERICK COUNTY HEALTH DEPARTMENT	350 MONTEVUE LANE FREDERICK MD 21702
FREDERICK COUNTY SHERIFF	CHUCK JENKINS- SHERIFF 110 AIRPORT DRIVE EAST FREDERICK MD 21701
FREDERICK COUNTY STATE ATTORNEY	J. CHARLES SMITH III- STATES ATTORNEY 100 W. PATRICK ST. FREDERICK MD 21701
GARRETT COUNTY HEALTH DEPARTMENT	1025 MEMORIAL DR OAKLAND MD 21550
GARRETT COUNTY SHERIFF	BRYSON MEYERS- SHERIFF 311 E. ALDER STREET OAKLAND MD 21550
GARRETT COUNTY STATE ATTORNEY	CHRISTIAN W. MASH- STATES ATTORNEY FREDERICK A. THAYER III COURTHOUSE 313 EAST ALDER ST, 200 OAKLAND MD 21550
HARFORD COUNTY COUNTY HEALTH DEPARTMENT	120 S. HAYS STREET BEL AIR MD 21014
HARFORD COUNTY SHERIFF	JEFF GAHLER- SHERIFF 45 SOUTH MAIN ST BEL AIR MD 21014
HARFORD COUNTY STATE ATTORNEY	ALISON M. HEALEY- STATES ATTORNEY 20 W COURTLAND ST BEL AIR MD 21014
HOWARD COUNTY HEALTH DEPARTMENT	8930 STANFORD BLVD COLUMBIA MD 21045
HOWARD COUNTY SHERIFF	MARCUS HARRIS- SHERIFF CIRCUIT COURTHOUSE, 2ND FL 9250 JUDICIAL WAY ELLICOTT CITY MD 21043
HOWARD COUNTY STATE ATTORNEY	RICHARD H. GIBSON- STATES ATTORNEY CIRCUIT COURTHOUSE 9250 JUDICIAL WAY ELLICOTT CITY MD 21043
INS COMPLIANCE & REPORTING DIVISION	WORKERS' COMPENSATION COMMISSION 10 EAST BALTIMORE STREET BALTIMORE MD 21202-1641
JOHN HOPKINS HOSPITAL	1800 ORLEANS ST BALTIMORE MD 21287
JOHN HOPKINS HOSPITAL	600 N WOLFE ST BALTIMORE MD 21287
JOHN HOPKINS MEDICAL	1201 N CHARLES ST BALTIMORE MD 21201
KENT COUNTY HEALTH DEPARTMENT	125 S LYNCHBURG ST CHESTERTOWN MD 21620
KENT COUNTY HEALTH DEPARTMENT	300 SCHEELER RD CHESTERTOWN MD 21620
MARYLAND ATTORNEY GENERAL OFFICE	ANTHONY G. BROWN- ATTORNEY GENERAL 200 ST. PAUL PLACE BALTIMORE MD 21202

Claim Name	Address Information
MARYLAND DEPARTMENT OF HEALTH	201 W. PRESTON ST BALTIMORE MD 21201-2399
MARYLAND VEHICLE ADMINISTRATION	6801 RITCHIE HIGHWAY, NE, ROOM 200 GLEN BURNIE MD 21062
MEDSTAR HARBOR HOSPITAL	3001 S HANOVER ST BALTIMORE MD 21225
MEDSTAR UNION MEMORIAL HOSPITAL	201 E UNIVERSITY PKWY BALTIMORE MD 21218
MERCY MEDICAL CENTER	345 ST PAUL PL BALTIMORE MD 21202
MERCY MEDICAL CENTER	250 N CALVERT ST BALTIMORE MD 21202
MONTGOMERY COUNTY HEALTH DEPARTMENT	401 HUNGERFORD DRIVE, FL5 ROCKVILLE MD 20850
NORTHWEST HOSPITAL	5401 OLD COURT RD RANDALLSTOWN MD 21133
POCOMOKE HEALTH CENTER	400-A WALNUT ST POCOMOKE MD 21851
PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT	9314 PISCATAWAY RD CLINTON MD 20735
PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT	1701 MCCORMICK DR, #200 LARGO MD 20774
QUEEN ANNE'S COUNTY DEPARTMENT OF HEALTH	206 N COMMERCE ST CENTREVILLE MD 21617
QUEEN ANNE'S COUNTY DEPARTMENT OF HEALTH	206 NORTH LIBERTY ST CENTREVILLE MD 21617
SINAI HOSPITAL	2401 W BELVEDERE AVE BALTIMORE MD 21215
SNAP	SURVIVORS NETWORK OF THOSE ABUSED BY PRIESTS PO BOX 16376 CHICAGO IL 60616
SOMERSET COUNTY HEALTH DEPARTMENT	8928 SIGN POST RD, #2 WESTOVER MD 21871
ST. AGNES MEDICAL CENTER	3455 WILKENS AVE BALTIMORE MD 21229
ST. MARY'S COUNTY DEPARTMENT OF HEALTH	21580 PEABODY ST. LEONARDTOWN MD 20650
TALBOT COUNTY HEALTH DEPARTMENT	100 S HANSON ST EASTON MD 21601
UNIVERSITY OF MARYLAND	ST. JOSEPH MEDICAL CENTER 7601 OSLER DR TOWSON MD 21204
UNIVERSITY OF MARYLAND MEDICAL CENTER	22 S GREENE ST BALTIMORE MD 21201
UNIVERSITY OF MARYLAND MEDICAL CENTER	16 S EUTAW ST BALTIMORE MD 21201
UNIVERSITY OF MARYLAND MEDICAL SYSTEM	250 W PRATT ST BALTIMORE MD 21201
VETERANS HOSPITAL	UNIVERSITY OF MD, BALTIMORE 10 N GREENE ST, FL 1 BALTIMORE MD 21201
WASHINGTON COUNTY HEALTH DEPARTMENT	1302 PENNSYLVANIA AVE HAGERSTOWN MD 21742
WASHINGTON COUNTY SHERIFF	BRIAN K. ALBERT- SHERIFF 500 WESTERN MARYLAND PKWY HAGERSTOWN MD 21740
WASHINGTON COUNTY STATE ATTORNEY	GINA CIRCINCION- STATES ATTORNEY 33 WEST WASHINGTON ST, 302 HAGERSTOWN MD 21740
WICOMICO COUNTY HEALTH DEPARTMENT	108 E MAIN ST SALISBURY MD 21801
WORCESTER COUNTY HEALTH DEPARTMENT	6040 PUBLIC LANDING RD SNOW HILL MD 21863

**Total Creditor count 71**