



The relief described hereinbelow is **SO ORDERED**.

Signed April 21, 2026.

*Christopher G. Bradley*  
CHRISTOPHER G. BRADLEY  
UNITED STATES BANKRUPTCY JUDGE

IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
EL PASO DIVISION

IN RE: §  
CATHOLIC DIOCESE OF EL PASO, §  
DEBTOR<sup>1</sup> §  
CASE NO. 26-30311-CGB  
CHAPTER 11

**CORRECTED<sup>2</sup> ORDER ESTABLISHING DEADLINE FOR FILING PROOFS OF CLAIM AND APPROVING THE FORM AND MANNER OF NOTICE THEREOF**

Upon the *Motion of the Diocese for an Order Establishing Deadlines for Filing Proofs of Claim and Granting Related Relief* (the “**Bar Date Motion**” or “**Motion**”) (Dkt. No. 77)<sup>3</sup> of the Diocese of El Paso (the “**Diocese**”), the debtor and debtor-in-possession in the above-captioned chapter 11 bankruptcy case (the “**Chapter 11 Case**”). It appears that the Motion was brought in compliance with the Federal Rules of Bankruptcy Procedures (“**Bankruptcy Rules**”) and the

<sup>1</sup> The Diocese’s address is 499 St. Matthews Street, El Paso, TX 79907. The last four digits of the Diocese’s federal tax identification number are 0751.

<sup>2</sup> This Corrected Order Establishing Deadline for Filing Proof of Claim and Approving the Form and Manner of Notice Thereof corrects the omission of Exhibit A. There are no changes to the order.

<sup>3</sup> Capitalized terms used but not defined herein shall have the meanings ascribed to them in the Motion.

Local Rules of Bankruptcy Procedure for the United States Bankruptcy Court for the Western District of Texas (“**LBR**”); that certain objections were filed by London Market Insurers’ Limited [Dkts. 110], and heard, considered and overruled at a hearing held in El Paso, TX on April 14, 2026; that the Court has jurisdiction over this matter pursuant to 28 U.S.C. § 157(b)(2); that notice of the Motion is appropriate and no other or further notice is required; it appearing that the relief requested is in the best interest of the Diocese, its estate, and creditors; and after due deliberation and good and sufficient cause appearing therefor,

**IT IS HEREBY ORDERED:**

1. The Motion is granted as set forth in the Order.
2. Except as otherwise provided herein, any entity holding a pre-petition claim against the Diocese **must** file a proof of claim in accordance with the procedures described herein **on or before September 11, 2026** (the “**General Bar Date**”). The General Bar Date applies to all entities, other than governmental units, that assert claims, as defined in § 101(5) of the Bankruptcy Code, against the Diocese (whether secured, unsecured priority, or unsecured non-priority) that arose prior to or on the Petition Date. The General Bar Date shall be identified in the General Creditor Bar Date Notice, the Abuse Claim Bar Date Notice, and the Plain Language Notice.
3. Except as otherwise provided herein, any governmental unit holding a pre-petition claim against the Diocese **must** file a proof of claim in accordance with the procedures described herein **on or before September 2, 2026** (the “**Governmental Unit Bar Date**”). The Governmental Unit Bar Date applies to all governmental units, excluding general claimants and Abuse Claimants, that assert claims, as defined in § 101(5) of the Bankruptcy Code, against the Diocese (whether secured, unsecured priority, or unsecured non-priority) that arose prior to or on

the Petition Date. The Governmental Unit Bar Date shall be identified in the General Creditor Bar Date Notice.

4. The form of the General Proof of Claim Form, attached hereto as Exhibit A; the Abuse Proof of Claim Supplement, attached hereto as Exhibit B; the form of the Abuse Claim Bar Date Notice, attached hereto as Exhibit C; the General Creditor Bar Date Notice, attached hereto as Exhibit D; the Plain Language Notice, attached hereto as Exhibit E; the Targeted Digital Media Notice, attached hereto as Exhibit F; and the Notice Protocol, attached hereto as Exhibit G, are approved in all respects.

5. The following procedures for the filing of proofs of claim shall apply:

- a. General Proofs of Claim must conform substantially to Official Bankruptcy Form No. 410;
- b. Abuse Claims may conform to Official Bankruptcy Form No. 410 or to the Abuse Proof of Claim Supplement, *provided, however*, that Abuse Claimants that submit their Abuse Claim on Official Bankruptcy Form No. 410 are strongly encouraged to submit an Abuse Proof of Claim Supplement;
- c. Proofs of claim must be submitted (i) electronically through Stretto, Inc.'s (the "**Claims Agent**") website for this case at <https://cases.stretto.com/diocesefelpaso> by following instructions for filing proofs of claim electronically; or (ii) by delivering the original proof of claim either by U.S. Postal Service mail, hand delivery, or overnight mail to Catholic Diocese of El Paso, Claims Processing, c/o Stretto, 410 Exchange, Suite 100, Irvine, CA 92602
- d. Proofs of claim will be deemed filed only when received by the Claims Agent on or before the applicable Bar Date;
- e. Proofs of claim must (i) be signed, and (ii) be in the English language; and
- f. Proofs of claim sent by facsimile, telecopy, or electronic mail transmission **will not** be accepted.

6. Unless they fall within one of the exceptions described in paragraph 8 below, all entities must file proofs of claim by the applicable Bar Date.

7. Specifically, the following entities are required to file proofs of claim on or before the applicable Bar Date:

- a. any entity (i) whose prepetition claim (including any 503(b)(9) Claims) against the Diocese is not listed in the Diocese's Schedules or is listed as disputed, contingent, or unliquidated and (ii) that desires to share in any distributions in this Chapter 11 Case;
- b. any entity that believes that its prepetition claim is improperly classified in the Schedules or is listed in an incorrect amount and that desires to have its claim allowed in a classification or amount different from the classification or amount identified in the Schedules; and
- c. any Putative Abuse Survivor who believes that he or she has a claim against the Diocese, including but not limited to, Putative Abuse Survivors who have previously filed lawsuits against the Diocese, Putative Abuse Survivors who previously gave notice to the Diocese of their abuse (including informal notice thereof), who have never filed a lawsuit, entered into a settlement or reported their abuse to the Diocese (including any parish or schools that are located within the boundary of the Diocese), or who was abused at, or by an affiliate of, a parish or school under the ecclesiastical jurisdiction of the Diocese at the time of the alleged abuse, and believes the Diocese is responsible.<sup>4</sup> For the avoidance of doubt, this includes any individual who believes that the Diocese, or persons affiliated with the Diocese, is liable for his or her injuries arising from abuse that occurred prior to the Petition Date—regardless of when the alleged abuse took place, and regardless of whether the individual is a minor, incompetent, or incarcerated—must file a claim. Claims may also be filed by such individual's representatives, parents, or guardians, as applicable.

8. The following entities need **not** file a proof of claim on or prior to the applicable Bar Date:

- a. any entity that already has filed a proof of claim against the Diocese in a form substantially similar to Official Bankruptcy Form No. 410, *provided, however*, that any holder of an Abuse Claim who files a proof of claim using a form substantially similar to Official Bankruptcy Form No. 410 rather than the Abuse

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<sup>4</sup> This may include parishes formerly under the ecclesiastical jurisdiction of the Diocese and, as of August 17, 1982, under the ecclesiastical jurisdiction of the Diocese of Las Cruces, NM as set forth on the following websites:  
<https://www.elpasodiocese.org/parishes-by-vicariate.html>  
[https://www.elpasocatholicschools.org/apps/pages/index.jsp?uREC\\_ID=653277&type=d&pREC\\_ID=1108512](https://www.elpasocatholicschools.org/apps/pages/index.jsp?uREC_ID=653277&type=d&pREC_ID=1108512)  
<https://oldredlc.org/parishes-1>  
<https://oldredlc.org/catholicschools>

Proof of Claim Form (defined below) may subsequently be encouraged, but it no event required, to complete the Abuse Proof of Claim Form;

- b. any entity whose claim is listed on the Schedules filed by the Diocese, provided that (i) the claim is not scheduled as “disputed”, “contingent”, or “unliquidated” and (ii) the claimant does not disagree with the amount, nature and priority of the claim as set forth in the Schedules;
- c. any holder of a claim that heretofore has been allowed by Order of this Court;
- d. any entity whose claim has been paid in full by the Diocese;
- e. any holder of a claim for which specific deadlines have previously been fixed by this Court; and
- f. any officer, director, employee, or independent contractor of the Diocese who held such position as of the Petition Date and has a claim against the Diocese for indemnification, contribution, or reimbursement; provided, however, that any of the foregoing parties that wishes to assert a claim other than a claim arising from or relating to indemnification, contribution, or reimbursement will be required to file a proof of claim by the applicable Bar Date, unless another exception identified in this paragraph applies.

9. Nothing in this Order shall prejudice the right of the Diocese or any other party in interest to dispute or assert offsets or defenses to any claim reflected in the Schedules.

10. Pursuant to Bankruptcy Rule 3003(c)(2), all holders of claims that fail to comply with this Order by timely filing a proof of claim in appropriate form shall not be treated as a creditor with respect to such claim for the purposes of voting and distribution. For the avoidance of doubt, nothing contained in this Order shall preclude a claimant from seeking relief from the Court to file a late-filed claim in accordance with Bankruptcy Rule 9006.

11. The confidentiality protocol set forth in the *Proposed Order Approving Diocese’s Expedited Motion for an Order Authorizing and Approving Special Noticing and Confidentiality Procedures* (the “**Confidentiality Protocol Order**”), once entered, shall apply to all Abuse Claims to keep confidential the Protected Information in the Abuse Claims or their attachments, as defined in the Motion.

12. Within fourteen (14) days after the entry of an order by this Court setting the Bar Dates, the Diocese shall serve by United States mail, first-class postage prepaid the: (i) General Creditor Bar Date Notice; and (ii) General Proof of Claim Form (together with the General Creditor Bar Date Notice, the “**General Creditor Bar Date Notice Package**”), upon (a) the Office of the United States Trustee for the Western District of Texas; (b) counsel to any Committee formed in this case; (c) all entities who have filed a notice of appearance in the Diocese’s case; (d) all entities listed in the Diocese’s schedules; (e) all parties to executory contracts and unexpired leases of the Diocese; (f) all entities that have previously filed proofs of claims in the Diocese’s case; (g) any other entities or their counsel, including governmental units, known to the Diocese as entities who may have claims against the estate; and (h) such additional entities as deemed appropriate by the Diocese.

13. Within fourteen (14) days after the entry of an order by this Court setting the Bar Dates, the Diocese shall serve by United States mail, first-class postage prepaid the: (i) Abuse Claim Bar Date Notice; (ii) Abuse Proof of Claim Supplement; (iii) the Plain Language Notice; and (iv) the Bar Date Order without exhibits (together with the Abuse Claim Bar Date Notice, the Abuse Proof of Claim Supplement, and the Plain Language Notice, the “**Abuse Bar Date Notice Package**” and, together with the General Creditor Bar Date Notice Package, the “**Bar Date Packages**”).

14. Service of the Bar Date Notice Packages in the manner set forth in this Order is and shall be deemed to be good and sufficient notice of the Bar Dates to all known claimants.

15. Pursuant to Bankruptcy Rules 2002(l) and 9008, and as a means to provide notice of the Bar Dates to such unknown potential claimants, the Diocese shall publish notice of the General Bar Date in accordance with the Notice Protocol approved herein.

16. The Diocese and the Claims Agent are authorized and empowered to take such steps and perform such acts as may be necessary to implement and effectuate the terms of this Order.

17. The entry of this Order is without prejudice to the right of the Diocese to seek a further order of this Court fixing a date by which holders of claims or interests not subject to the Bar Dates established herein must file proofs of claim or be barred from doing so.

18. This Court shall retain jurisdiction to hear and determine all matters arising from or related to this Order.

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**PROPOSED ATTORNEYS FOR THE DEBTOR  
AND DEBTOR IN POSSESSION, CATHOLIC DIOCESE OF EL PASO**

**EXHIBIT A**

**GENERAL PROOF OF CLAIM FORM**

**Fill in this information to identify the case:**

Debtor 1 Catholic Diocese of El Paso

Debtor 2 (Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: Western District of Texas

Case number 26-30311-cgb

Official Form 410

**Proof of Claim**

04/25

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. 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?

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

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

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Name \_\_\_\_\_

Name \_\_\_\_\_

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

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

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

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

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

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

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

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

Uniform claim identifier (if you use one):  
 \_\_\_\_\_

4. Does this claim amend one already filed?

No  
 Yes. Claim number on court claims registry (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.

\_\_\_\_\_

9. Is all or part of the claim secured?  No  Yes. The claim is secured by a lien on property.

**Nature of property:**

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

Motor vehicle

Other. Describe: \_\_\_\_\_

**Basis for perfection:** \_\_\_\_\_

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

**Value of property:** \$\_\_\_\_\_

**Amount of the claim that is secured:** \$\_\_\_\_\_

**Amount of the claim that is unsecured:** \$\_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)

**Amount necessary to cure any default as of the date of the petition:** \$\_\_\_\_\_

**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %

Fixed

Variable

10. Is this claim based on a lease?  No  Yes. Amount necessary to cure any default as of the date of the petition. \$\_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  Yes. Identify the property: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

<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 \$3,800* 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 \$17,150*) 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)(<u>    </u>) that applies.</p>	<p><b>Amount entitled to priority</b></p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
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\* Amounts are subject to adjustment on 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

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.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* 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.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_  
Signature

**Print the name of the person who is completing and signing this claim:**

Name \_\_\_\_\_  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

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

City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

**EXHIBIT B**

**CONFIDENTIAL ABUSE CLAIM FORM**

**IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
EL PASO DIVISION**

<b>IN RE:</b>	§	
	§	<b>CASE NO. 26-30311-CGB</b>
<b>CATHOLIC DIOCESE OF EL PASO,</b>	§	
	§	<b>CHAPTER 11</b>
<b>DEBTOR<sup>1</sup></b>	§	

**ABUSE PROOF OF CLAIM SUPPLEMENT**

**IMPORTANT:**  
**IMPORTANT: DO NOT FILE THIS DOCUMENT WITH THE COURT**

1. You may wish to consult an attorney regarding this matter. The Diocese and Committee are not permitted to provide legal advice to Abuse Claimants.
2. Please read the instructions included with this **ABUSE PROOF OF CLAIM SUPPLEMENT** and complete **ALL** applicable questions to the best of your ability. Please print clearly and use blue or black ink. Send the original, as follows:

If sent by mail, hand delivery, or overnight courier, send to:

**Catholic Diocese of El Paso, Claims Processing  
c/o Stretto  
410 Exchange, Suite 100  
Irvine, CA 92602**

If submitted electronically, at this website: <https://cases.stretto.com/diocesefelpaso>

Claims sent by any other means (e.g., facsimile or email) will **not** be accepted.

3. **To be valid, the Abuse Proof of Claim Supplement must be signed by either the Abuse Claimant or their attorney (if applicable).** If the Abuse Claimant is deceased or incapacitated, the form may be signed by the Abuse Claimant’s representative, executor of the Abuse Claimant’s estate, or the attorney for the estate. If the Survivor is a minor or legally incapacitated adult, the form may be signed by the Survivor’s parent or legal guardian, legal custodian, or attorney.
4. **This form is optional but strongly encouraged.** If you choose not to fill out this form, you **must** fill out and file an Official Bankruptcy Form No. 410 or a form that substantially conforms to Bankruptcy Form No. 410. Form No. 410 can be found at

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<sup>1</sup> The Diocese’s address is 499 St. Matthews Street, El Paso, TX 79907. The last four digits of the Diocese’s federal tax identification number are 0751.

[https://www.uscourts.gov/sites/default/files/2025-04/b\\_410\\_0425-form.pdf](https://www.uscourts.gov/sites/default/files/2025-04/b_410_0425-form.pdf).

**PART 1. CONFIDENTIALITY**

**YOUR IDENTITY, PROOF OF CLAIM, AND ANY ABUSE PROOF OF CLAIM SUPPLEMENT (ALONG WITH ANY ACCOMPANYING EXHIBITS AND ATTACHMENTS, IF ANY) WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL, AND OUTSIDE THE PUBLIC RECORD BY BANKRUPTCY COURT.**

**THIS CLAIM WILL BE PROVIDED PURSUANT TO COURT-APPROVED GUIDELINES TO THE DIOCESE, COUNSEL TO THE DIOCESE, COUNSEL TO THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS, AND TO SUCH OTHER PERSONS AS THE COURT DETERMINES NEED THE INFORMATION TO EVALUATE THE CLAIM**

**PART 2: IDENTIFYING INFORMATION**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_ Last Name: \_\_\_\_\_ Jr/Sr/III: \_\_\_\_\_

Any other name by which the individual has been known: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ If the individual is in jail, the jail identification number: \_\_\_\_\_

Email: \_\_\_\_\_

For communications regarding your claim, you may use (check the appropriate boxes):

Email     Us Mail     Voicemail     Counsel Listed Below

Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

Gender:  Male     Female     Other (specify): \_\_\_\_\_

**Abuse Claimant's Attorney (if any):**

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

Attorney's Name: \_\_\_\_\_

Address:	_____	
	_____	
Telephone:	_____	Facsimile: _____
Email:	_____	

**PART 3: NATURE OF THE ABUSE**  
**(Attach additional sheets if necessary)**

**A.** Who abused you? If applicable, you may identify more than one abuser. Please provide the complete name(s) of each abuser to the best of your knowledge or memory. If you do not know the name(s) of each abuser, please identify them by title, position or other description.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B.** What was the abuser's position, title, or relationship to you (if you know)? (For example, was he or she your parish priest, teacher, coach, etc.?)

\_\_\_\_\_

\_\_\_\_\_

**C.** Where did the abuse take place? Please be specific. Include everything you can remember, including the city, state, church, school and/or parish where the abuse occurred.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. When were you abused?**

- (1) If the abuse took place over a period of time (months or years) please state when it started, when it stopped, and how many times it occurred.

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- (1) Please also state your age(s) and your grade(s) in school at the time the abuse took place. If exact dates are not available or cannot be recalled, please provide the season (winter (December-February), spring (March-May), summer (June-August), fall (September-November)), or other date indicator.

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- (2) Please describe what happened to you and when it happened. How were you abused?

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- (3) Did anyone witness or otherwise know of the abuse? If so, provide the person's(s') name, address, email address and phone number.

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- E. Did you tell anyone about the abuse? (You might have told your parents, relatives, a friend, the Diocese, your parish priest, a teacher, your doctor, a coach, an attorney, a counselor, a police officer or other law enforcement authorities, or someone else.) If you did tell someone, please write down who you told, when you told them, and the address, email address, and phone number for the person(s) you told.**

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F. Did you ever write a letter to or contact the Diocese, your parish, your school, or anyone else about the abuse? If so, and you have copies of any correspondence, please attach copies of the correspondence.

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**PART 4: IMPACT OF ABUSE**  
**(Attach additional sheets if necessary)**

A. How did the abuse affect you? Specifically, have you sustained any injuries because of the abuse? (For example, did the abuse negatively affect your education, employment, personal relationships, health? Did it cause you emotional, physical, or psychological injuries?) If so, please describe those injuries.

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B. Have you sought counseling or other treatment related to your sexual abuse? If so, with whom, when, and in what city and state did the counseling or treatment occur?

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**PART 5: ADDITIONAL INFORMATION**

A. **Prior Litigation.** Was a lawsuit regarding the sexual abuse you have described in this Sexual Abuse Survivor Proof of Claim filed by you or on your behalf?

No     Yes (If “Yes,” you are required to attach a copy of the complaint.)

B. **Prior Settlement.** Have you ever agreed to settle the abuse claim that is described in this proof of claim (whether or not you filed a lawsuit)?

No     Yes (If “Yes,” please describe the settlement (the amount that was or will be paid to you, when and how it was or will be paid, the date of the settlement, and the parties to the agreement). You may attach a copy of the settlement agreement if you have one.

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**C. Prior Abuse.** Have you been the victim of sexual, physical, or mental abuse that is not the basis of your claim in this bankruptcy? If yes, please identify who abused you, and describe when and where it took place, how you were abused, and the name and location of anyone from whom you sought counseling or treatment for such abuse.

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**D. Prior Bankruptcy Claim.** Have you filed any claims in any other bankruptcy case relating to the abuse you have described in this Abuse Proof of Claim Supplement?

No  Yes (If “Yes,” you are required to attach a copy of any completed claim form.)

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**E. Prior Bankruptcy Filing.** Have you ever filed bankruptcy?

No  Yes (If “Yes”, please provide the information below.)

Name of Case: \_\_\_\_\_ Court: \_\_\_\_\_

Date filed: \_\_\_\_\_ Case No: \_\_\_\_\_

Name of Trustee: \_\_\_\_\_

Chapter:  7  11  12  13

**SIGNATURE**

**To be valid, this Abuse Proof of Claim Supplement must be signed by you or your attorney (if you are represented by one).** If the Abuse Claimant is deceased or incapacitated, the form may be signed by the Abuse Claimant’s representative, executor of the Abuse Claimant’s estate, or the attorney for the estate. If the Abuse Claimant is a minor or legally incapacitated adult, the form may be signed by the Abuse Claimant’s parent or legal guardian, legal custodian, or attorney.

**Penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.**

**Sign and print your name. If you are signing on behalf of another person or estate, print your title.**

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

Date:	_____
Signature:	_____
Print Name:	_____
Title:	

**EXHIBIT C**

**FORM OF ABUSE CLAIM BAR DATE NOTICE**

IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
EL PASO DIVISION

IN RE: §  
CATHOLIC DIOCESE OF EL PASO, § CASE NO. 26-30311-CGB  
DEBTOR<sup>1</sup> § CHAPTER 11  
§

**NOTICE OF DEADLINE FOR FILING CLAIMS  
RELATING TO OR ARISING FROM ABUSE**

**TO ALL PERSONS WITH CLAIMS ARISING FROM ABUSE FOR WHICH THE  
DIOCESE OF EL PASO MAY BE LIABLE:**

**SEPTEMBER 11, 2026 IS THE LAST DATE TO FILE PROOFS OF CLAIM FOR  
ABUSE**

On March 6, 2026 (the “**Petition Date**”), the Diocese of El Paso (the “**Diocese**”), the debtor and debtor-in-possession in the above-captioned case, filed a voluntary petition for relief under Chapter 11 of Title 11 of the United States Code in the United States Bankruptcy Court for the Western District of Texas (the “**Court**”). The Diocese, its address, case number, proof of claim forms, and other relevant information related to this Chapter 11 Case may be obtained at: <https://cases.stretto.com/dioceसेofelpaso>. Individuals (each a “**Putative Abuse Survivor**” and collectively, the “**Putative Abuse Survivors**”) who believe that the Diocese, or persons affiliated with the Diocese, is liable for his or her injuries arising from abuse should carefully read this notice.

**FILING DEADLINE**

The United States Bankruptcy Court for the Western District of Texas entered an order (the “**Bar Date Order**”) establishing September 11, 2026, as the last date and time (the “**General Bar Date**”) for each Putative Abuse Survivor to file a proof of claim form by filing either (i) a proof of claim form on Official Bankruptcy Form No. B410 (or in substantial conformity therewith); or (ii) the Abuse Proof of Claim Supplement appended to the Bar Date Order as Exhibit B. The General Bar Date and the procedures set forth below for filing proofs of claim apply to all Survivor Claims against the Diocese.

**WHO MUST FILE**

Any individual who believes that the Diocese, or persons affiliated with the Diocese, is liable for his or her injuries arising from abuse that occurred prior to the Petition Date—regardless of when the alleged abuse took place, and regardless of whether the individual is a minor,

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<sup>1</sup> The Diocese’s address is 499 St. Matthews Street, El Paso, TX 79907. The last four digits of the Diocese’s federal tax identification number are 0751.

incompetent, or incarcerated—must file a claim. Claims may also be filed by such individual's representatives, parents, or guardians, as applicable.

### **WHO SHOULD NOT FILE**

Putative Abuse Survivors should not file a claim if:

- Your abuse claim has already been paid in full;
- You hold a claim that has been allowed by an order of the Bankruptcy Court on or before the General Bar Date; or
- If you do not have an abuse claim against the Diocese.

### **WHAT TO FILE**

**YOU MUST FILE EITHER (I) OFFICIAL BANKRUPTCY FORM NO. 410 CLAIM FORM (OR A FORM SUBSTANTIALLY SIMILAR THERETO); OR (II) THE ABUSE PROOF OF CLAIM SUPPLEMENT, COPIES OF WHICH ARE ENCLOSED. PUTATIVE ABUSE SURVIVORS ARE STRONGLY ENCOURAGED TO FILE THE ABUSE PROOF OF CLAIM SUPPLEMENT. YOU MAY ALSO OBTAIN A COPY OF THESE FORMS BY FOLLOWING THE INSTRUCTIONS BELOW.**

### **PROCEDURES FOR FILING A CLAIM**

To file a claim, you must take the following steps:

- Fill out either Official Bankruptcy Form No. 410 (or a form substantially similar thereto) or the Abuse Proof of Claim Supplement. Putative Abuse Survivors are strongly encouraged to fill out both forms.
- For additional copies of Official Bankruptcy Form No. 410 or the Abuse Proof of Claim Supplement, (a) visit the website of the Diocese's claims agent, Stretto, Inc., at <https://cases.stretto.com/diocesefelpaso> or contact Stretto via phone, toll free at (833) 345-0351, between the hours of 9:00 a.m. and 5:00 p.m. (prevailing Central Time), Monday through Friday or by email at: [TeamDioceseofElPaso@stretto.com](mailto:TeamDioceseofElPaso@stretto.com); or (b) visit the Diocese's website at <https://www.elpasodiocese.org/>. A copy of the Bankruptcy Form No. 410 claim form may also be found at [https://www.uscourts.gov/sites/default/files/2025-04/b\\_410\\_0425-form.pdf](https://www.uscourts.gov/sites/default/files/2025-04/b_410_0425-form.pdf).
- **Please note that the Diocese's staff is not permitted to give legal advice. You should consult your own attorney for assistance regarding any other inquiries, such as questions concerning the completion or filing of a proof of claim.**
- Return the completed Official Bankruptcy Form No. 410 and/or the Abuse Proof of Claim Supplement **so as to be received** by **Stretto, Inc.**, as follows:

**If the Official Bankruptcy Form No. 410 or the Abuse Proof of Claim Supplement is sent by mail, Hand Delivery, or Overnight Courier, send to:**

**Catholic Diocese of El Paso, Claims Processing  
c/o Stretto  
410 Exchange, Suite 100  
Irvine, CA 92602**

**Alternatively, Putative Abuse Survivors may submit a claim through Stretto, Inc.'s portal: <https://cases.stretto.com/dioceseofelpaso>.**

- Putative Abuse Survivors' claims will be deemed timely filed only if they are **received by Stretto, Inc. by** September 11, 2026 at 11:59 pm MT.
- **Please note that claims submitted by facsimile, telecopy or electronic mail transmission will not be accepted and will not be deemed filed.**

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

**The deadline for a Putative Abuse Survivor to file a claim is September 11, 2026. Any Putative Abuse Survivor does not mail or file their claim by that date may not be treated as a creditor for voting or distribution purposes under any plan of reorganization, and such claim will be subject to discharge. Failure by a Putative Abuse Survivor to file a claim may prevent such person from voting on any plan of reorganization in this case. Further, if such claim is discharged, the Putative Abuse Survivor may be forever barred and prevented from asserting his or her claim against the Diocese or its property and may not receive any payment or distribution in connection with such claim.**

#### **CONFIDENTIALITY**

Pursuant to the Bar Date Order and Confidentiality Protocol Order, claims filed by Abuse Claimants will remain confidential in this bankruptcy case. Therefore, any claim form that you file will not be available to the general public, but will be kept confidential, except that information will be provided to the Diocese, the Diocese's attorneys, the Diocese's insurers, attorneys for the Official Committee of Unsecured Creditors and its members, any unknown claims representative appointed under a plan of reorganization, any settlement trustee appointed to administer payments to Abuse Claimants, prison authorities for incarcerated Abuse Claimants and such other persons as the Court determines should have the information in order to evaluate Abuse Claims, all of whom will agree to are required to keep the information provided by you confidential.

Respectfully submitted:

**HUSCH BLACKWELL LLP**

*/s/ Lynn Hamilton Butler*

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**PROPOSED ATTORNEYS FOR THE DEBTOR  
AND DEBTOR IN POSSESSION, CATHOLIC  
DIOCESE OF EL PASO**

**EXHIBIT D**

**FORM OF GENERAL CREDITOR BAR DATE NOTICE**

**IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
EL PASO DIVISION**

<b>IN RE:</b>	§	
	§	<b>CASE NO. 26-30311-CGB</b>
<b>CATHOLIC DIOCESE OF EL PASO,</b>	§	
<b>DEBTOR<sup>1</sup></b>	§	<b>CHAPTER 11</b>

**NOTICE OF BAR DATES FOR FILING OF GENERAL PROOFS OF CLAIM**

**TO ALL ENTITIES WITH CLAIMS AGAINST THE DIOCESE OF EL PASO (THE “DIOCESE”):**

**PLEASE TAKE NOTICE** that on March 6, 2026 (the “**Petition Date**”), the Diocese of El Paso, debtor-in-possession in the above-captioned case, filed a voluntary petition for relief under Chapter 11 of Title 11 of the United States Code in the United States Bankruptcy Court for the Western District of Texas (the “**Court**”). The Diocese, its address, case number, proof of claim forms, and other relevant information related to this chapter 11 case (the “**Chapter 11 Case**”) may be obtained at: <https://cases.stretto.com/dioceseofelpaso>.

**PLEASE TAKE FURTHER NOTICE** that on \_\_\_\_, 2026, the Court entered an order (the “**Bar Date Order**”) establishing certain claims bar dates in the Diocese’s Chapter 11 Case. By the Bar Date Order, the Court established September 11, 2026, as the date by which general claims must be filed (the “**General Bar Date**”). Except as described below, the Bar Date Order requires all Entities, excluding Governmental Units, that have or may assert any prepetition Claims against the Diocese to mail proofs of claim at the following address:

**Catholic Diocese of El Paso, Claims Processing  
c/o Stretto  
410 Exchange, Suite 100  
Irvine, CA 92602**

on the applicable bar date set forth herein. Please note that the terms “Entity,” “Governmental Unit” and “Claim” are defined below.

**PLEASE TAKE FURTHER NOTICE** that for your convenience, enclosed with this notice (the “General Creditor Bar Date Notice”) is a proof of claim form (the “General Proof of Claim Form”). If this notice does not include a proof of claim form, a proof of claim form may be obtained from the Claims Agent’s website at: <https://cases.stretto.com/dioceseofelpaso>.

<sup>1</sup> The Diocese’s address is 499 St. Matthews Street, El Paso, TX 79907. The last four digits of the Diocese’s federal tax identification number are 0751.

## KEY DEFINITIONS

- As used in this Notice, the term “Entity” has the meaning given to it in section 101(15) of the Bankruptcy Code.
- As used in this Notice, the term “Governmental Unit” has the meaning given to it in section 101(27) of the Bankruptcy Code.
- As used in this Notice, the term “Claim” shall mean, as to or against the Diocese and in accordance with section 101(5) of the Bankruptcy Code.

### **A CLAIMANT SHOULD CONSULT AN ATTORNEY IF THE CLAIMANT HAS ANY QUESTIONS, INCLUDING WHETHER SUCH CLAIMANT MUST FILE A PROOF OF CLAIM.**

#### **I. WHO MUST FILE A PROOF OF CLAIM AND THE APPLICABLE BAR DATES**

- a. ***The Bar Dates:*** The Bar Date Order establishes the following applicable bar dates for filing proofs of claim in this case:
  1. **The General Bar Date.** Except as set forth below, pursuant to the Bar Date Order, all Entities, excluding Governmental Units, holding Claims against the Diocese (whether secured, unsecured priority, or unsecured nonpriority) that arose or are deemed to have arisen prior to the Petition Date, are required to mail or file proofs of claims by the General Bar Date September 11, 2026.
  2. **The Governmental Unit Bar Date.** Except as set forth below, pursuant to the Bar Date Order, all Governmental Units holding Claims against the Diocese that arose or are deemed to have arisen prior to the Petition Date are required to mail or file proofs of claims by the Governmental Unit Bar Date, **September 2, 2026.**
- a. **Entities that MUST File Proofs of Claims by the General Bar Date:** Except as set forth in paragraph “2.b.” below, the following Entities must file proofs of claim on or before the applicable Bar Date:
  - A. any entity (i) whose prepetition claim (including any 503(b)(9) Claims) against the Diocese is not listed in the Diocese’s Schedules or is listed as disputed, contingent, or unliquidated and (ii) that desires to share in any distributions in this Chapter 11 Case;
  - B. any entity that believes that its prepetition claim is improperly classified in the Schedules or is listed in an incorrect amount or against an incorrect Diocese and that desires to have its claim allowed in a classification or amount or against a Diocese different from the classification, amount, or Diocese identified in the Schedules; and
  - C. Claims based on acts or omissions of the Diocese that occurred before the Petition Date must be filed on or prior to the applicable Bar Date, even if such claims are not now fixed,

liquidated, or certain or did not mature or become fixed, liquidated, or certain before the Petition Date.

**PLEASE NOTE THAT INDIVIDUALS ASSERTING CLAIMS ARISING FROM ABUSE FOR WHICH SUCH INDIVIDUALS BELIEVE THE DIOCESE OF EL PASO MAY BE LIABLE ARE INSTRUCTED TO FILE A SURVIVOR PROOF OF CLAIM FORM, CONSISTENT WITH THE BAR DATE ORDER AND THE SURVIVOR BAR DATE NOTICE. CLAIMANTS MAY OBTAIN COPIES OF THESE FORMS FROM THE DIOCESE'S CLAIMS AGENT, STRETTO, INC., AT THE ADDRESS SET FORTH HEREIN.**

- b. **Entities NOT Required to File Proofs of Claim by the General Bar Date or Governmental Unit Bar Date:** The Bar Date Order further provides that the following Entities need not file proofs of claim by the General Bar Date:
- A. any entity that already has filed a proof of claim against the Diocese in a form substantially similar to Official Bankruptcy Form No. 410, provided, however, that any holder of a Survivor Claim who files a proof of claim on account of a Survivor Claim using a form substantially similar to Official Bankruptcy Form No. 410 rather than the Survivor Proof of Claim Form (defined below) may subsequently be required to complete the Survivor Proof of Claim Form or otherwise answer additional questions regarding such Survivor Claim, including the questions set forth in the Survivor Proof of Claim Form, in connection with the administration of his or her Survivor Claim;
  - B. any entity whose claim is listed on the Schedules filed by the Diocese, provided that (i) the claim is not scheduled as “disputed”, “contingent”, or “unliquidated” and (ii) the claimant does not disagree with the amount, nature and priority of the claim as set forth in the Schedules;
  - C. any holder of a claim that heretofore has been allowed by Order of this Court;
  - D. any entity whose claim has been paid in full by the Diocese;
  - E. any holder of a claim for which specific deadlines have previously been fixed by this Court; and
  - F. any officer, director, employee, or independent contractor of the Diocese who held such position as of the Petition Date and has a claim against the Diocese for indemnification, contribution, or reimbursement; provided, however, that any of the foregoing parties that wishes to assert a claim other than a claim arising from or relating to indemnification, contribution, or reimbursement will be required to file a proof of claim by the applicable Bar Date, unless another exception identified in this paragraph applies.

## **II. CONSEQUENCES OF FAILURE TO FILE PROOF OF CLAIM**

**Any Entity that is required to file a proof of claim, but fails to do so by the applicable Bar Date described in this General Creditor Bar Date Notice: (i) may NOT be treated as a creditor with respect to such Claim for the purposes of voting on and distribution under any chapter 11 plan proposed and/or confirmed in this case; and (ii) may be forever barred, estopped, and enjoined from asserting such Claim against the Diocese (or filing a proof of claim with respect thereto), and the Diocese and its property may be forever discharged from any and all indebtedness or liability with respect to such Claim.**

**If it is unclear from the Schedules whether your Claim is disputed, contingent or unliquidated as to amount or is otherwise properly listed and classified, you must file a proof of claim on or before the applicable Bar Date. Any Entity that relies on the information in the Schedules bears responsibility for determining that its Claim is accurately listed therein.**

### **RESERVATION OF RIGHTS**

The Diocese reserves the right to: (i) dispute, or to assert offsets or defenses against, any filed Claim or any Claim listed or reflected in the Schedules as to nature, amount, liability, classification or otherwise; and (ii) subsequently designate any Claim as disputed, contingent or unliquidated. Nothing contained in this Notice shall preclude the Diocese from objecting to any Claim, whether scheduled or filed, on any grounds.

### **PROCEDURE FOR FILING PROOFS OF CLAIM**

Unless one of the exceptions described in Section I.2.b above applies, you **MUST** file an original proof of claim by mail, overnight delivery, courier, or hand delivery by the General Bar Date or the Governmental Unit Bar Date, as applicable, as follows:

**If Proof of Claim is sent by mail, Hand Delivery, or Overnight Courier, send to:**

**Catholic Diocese of El Paso, Claims Processing  
c/o Stretto  
410 Exchange, Suite 100  
Irvine, CA 92602**

**Alternatively, a Proof of Claims may be submitted through Stretto, Inc.'s portal:  
<https://cases.stretto.com/dioceseofelpaso>**

**Any proof 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 the method described in the foregoing sentence**

All proof of claim forms must be signed by the creditor or, if the creditor is not an individual, by an authorized agent of the creditor. The proof of claim form must be written in English and be denominated in United States currency. In addition, all proofs of claim must include all documentation required by Bankruptcy Rules 3001(c) and 3001(d), including an original or a copy of any written document that forms the basis of the Claim or, for secured Claims, evidence that the alleged security interest has been perfected.

If you wish to receive acknowledgement of receipt of your proof of claim, you must also submit by the General Bar Date or the Governmental Unit Bar Date, as applicable, and concurrently with submitting your original proof of claim: (i) one additional copy of your original proof of claim; and (ii) a self-addressed, stamped return envelope.

### **ADDITIONAL INFORMATION**

1. You may be listed as the holder of a Claim against the Diocese in the Schedules. If you choose to rely on the Schedules, it is your responsibility to determine that the claim is accurately listed in the Schedules. If you hold or assert a Claim that is not listed in the Schedules or if you disagree with the amount or priority of your Claim as listed in the Schedules, or your Claim is listed in the Schedules as either contingent, unliquidated, or disputed, you must file a proof of claim. Copies of the Schedules and the Bar Date Order are available at <https://cases.stretto.com/diocesefelpaso>.
2. Questions concerning the contents of this Notice and requests for proofs of claim forms should be directed to Stretto, Inc. via e-mail at [TeamDioceseofElPaso@stretto.com](mailto:TeamDioceseofElPaso@stretto.com) or via phone, toll free at (833) 345-0351, between the hours of 9:00 a.m. and 5:00 p.m. (prevailing Central Time), Monday through Friday. Please note that Stretto, Inc. is not permitted to give legal advice. You should consult your own attorney for assistance regarding any other inquiries, such as questions concerning the completion or filing of a proof of claim.

Respectfully submitted:

**HUSCH BLACKWELL LLP**

*/s/ Lynn Hamilton Butler*

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**PROPOSED ATTORNEYS FOR THE DEBTOR  
AND DEBTOR IN POSSESSION, CATHOLIC  
DIOCESE OF EL PASO**

**EXHIBIT E**

**PLAIN LANGUAGE NOTICE**

## Public Notice – Action Required

### Sexual Abuse Claims in the Diocese of El Paso Bankruptcy

**Regardless of how old you are today or when the sexual abuse occurred, you need to file your claim so that it is received by September 11, 2026.**

The Diocese of El Paso (“**Diocese**”) has filed bankruptcy to restructure its nonprofit organization and pay Putative Abuse Survivors. Please read this notice carefully as it may impact your rights against the Diocese and provides information about the case, *In re: Diocese of El Paso* (Bankr. W.D. Tx.). This notice is a short summary. For more detail, go to <https://cases.stretto.com/diocesefelpaso> or call (833) 345-0351.

#### Who Should File a Claim?

**Anyone who alleges they were abused and believes the Diocese, or persons affiliated with the Diocese, may be responsible for the abuse must file a claim.** This includes abuse in connection with any entity or activity associated with the Diocese, including schools, orphanages, parishes, or Catholic Charities. A list of such entities associated with the Diocese is available on the website or by calling the toll-free number listed below.<sup>1</sup> If you have an abuse claim against any entity on that list, you may have a claim against the Diocese. Only the Diocese is in bankruptcy. If you have a claim against any entity on that list, you must take additional legal action to preserve and pursue your rights.

#### When and How Should I File a Claim?

You should file a claim using either Official Bankruptcy Form No. 410 (or a form substantially similar thereto) or the Abuse Proof of Claim Supplement Claim so that it is received by September 11, 2026. **If you do not file a timely claim, you may lose rights against the Diocese, including any right to compensation.**

**Your information will be kept private.** You can download and file a claim at the website or call the toll-free number listed below for help on how to file a claim by mail.

#### **Your information will be kept private**

**<https://cases.stretto.com/diocesefelpaso> and (833) 345-0351**

<sup>1</sup>This may include parishes formerly under the ecclesiastical jurisdiction of the Diocese and, as of August 17, 1982, under the ecclesiastical jurisdiction of the Diocese of Las Cruces, NM as set forth on the following websites:

- A. <https://www.elpasodiocese.org/parishes-by-vicariate.html>
- B. [https://www.elpasocatholicschools.org/apps/pages/index.jsp?uREC\\_ID=653277&type=d&pREC\\_ID=1108512](https://www.elpasocatholicschools.org/apps/pages/index.jsp?uREC_ID=653277&type=d&pREC_ID=1108512)
- C. <https://oldredlc.org/parishes-1>
- D. <https://oldredlc.org/catholicschools>

**EXHIBIT F**

**TARGETED DIGITAL MEDIA NOTICE**

## **Public Notice – Action Required**

The Diocese of El Paso has filed bankruptcy to restructure its nonprofit organization and pay Putative Abuse Survivors. Please read the full notice, which is available at:

<https://cases.stretto.com/diocesefelpaso>.

**EXHIBIT G**

**NOTICE PROTOCOL**

## NOTICE PROTOCOL

### TIMING AND FORM OF NOTICE (ABUSE SURVIVOR CLAIMS)

#### I. General

1. The Notice Protocol consists of the following.

TYPE OF NOTICE	FORM OF NOTICE	CROSS-REFERENCE
<i>Mail</i>	Abuse Bar Date Notice Package	Section I
<i>Publication</i>	Plain Language Notice	Section II
<i>Third Party Requests</i>	Plain Language Notice	Section III
<i>Digital Media</i>	Targeted Digital Media Notice	Section IV

2. The relevant documents consist of the following:

TITLE	EXHIBIT REFERENCE (TO THE MOTION)
Plain Language Notice	Exhibit F
Abuse Claim Bar Date Notice	Exhibit D
Official Bankruptcy Form No. 410	n/a
Abuse Proof of Claim Supplement	Exhibit C
Bar Date Order	Exhibit A
Targeted Digital Media Notice	Exhibit G

#### II. Mail Notice

##### B. Abuse Claim Bar Date Notice Package

1. The Abuse Claim Bar Date Notice Package will consist of the following documents:

- (a) Abuse Claim Bar Date Notice;
- (b) Plain Language Notice;
- (c) Official Bankruptcy Form No. 410;
- (d) Abuse Proof of Claim Supplement; and
- (e) Bar Date Order (without exhibits).

2. Within fourteen (14) days following entry of the Bar Date Order, the Claims Agent will mail the Abuse Claim Bar Date Notice Package to any person listed on the portion of the

Diocese’s Schedule F filed under seal. If counsel for a Putative Abuse Survivor has sent the Diocese a demand, previously filed a complaint on behalf of the Putative Abuse Survivor, or entered an appearance in the Chapter 11 Case, the Abuse Claim Bar Date Notice Package shall be served solely on counsel to such person and shall **not** be served on the individual personally.

3. Any such notice that is returned as undeliverable will be re-mailed to any address indicated by the United States Postal Service in the case of an expired automatic forwarding order. Notices returned as non-deliverable, but for which a new address is not indicated by the USPS, will be further searched through a third-party vendor to obtain a more current address. If any such address is found, the notice will be re-mailed to such addresses.

**C. Plain Language Notice Only Mailing**

4. The Diocese shall request copies of any student or alumni mailing lists from schools under the ecclesiastical jurisdiction of the Diocese, and if such lists are received, the Diocese shall mail the Plain Language Notice to persons on such mailing list(s).

**III. Publication Notice**

**A. Placement of Notices**

<b>Tactic</b>	<b>Flights</b>	<b>Est. Impressions</b>
Official Journal Ads	2 ads (× newspapers)	Circulation × 2
Facebook/Instagram Ads	14-day flight overlapping print run	Reachable Population × 3
Google Display & Search	14-day flight overlapping print run	Population × 1.5
National Newspaper	2 ads	National Circulation × 2

**B. Digital Reach Plan**

<b>Channel</b>	<b>Targeting Method</b>	<b>Estimated Reach</b>	<b>Key Benefits</b>
<b>Facebook/Instagram</b>	Geo-fencing each county, age 18+, language filters	See Appendix A	High daily reach, scroll-stopping creative, engagement metrics
<b>Google Ads (Display &amp; Search)</b>	County-level location targeting, contextual keywords	Incremental +10-20 % reach vs Facebook	Captures users browsing local websites or searching legal keywords

**C. Estimated Distribution Timeline**

<b>Date Range</b>	<b>Activity</b>
Day 0 - Day 24	Secure insertion orders with newspapers; load creative into Facebook & Google Ads Managers
Day 24 - Day 38	Newspaper ads run (minimum one insertion each week for 2 weeks)
Day 14 - Day 38	Facebook and Google campaigns live, daily optimization
Day 39	Pull performance reports & tear sheets; compile affidavit package

**D. The Diocese’s and Claims Agent’s Website**

11. Within seven (7) days following entry of the Bar Date Order, the Diocese will post a link on its website to the (a) General Creditor Bar Date Notice; (b) General Proof of Claim Form; (c) Plain Language Notice; (d) Putative Abuse Survivor Bar Date Notice; and (e) Putative Abuse Survivor Proof of Claim Form and cause the same to be posted on the case management website maintained by the Claims Agent.

**E. Press Releases**

13. Following entry of the Bar Date Order, the Diocese shall issue a nationwide press release regarding the Bar Dates.

**F. Diocesan Publications**

14. The Diocese shall place a copy of the Plain Language Notice in each edition of *The Church Today* until the General Bar Date.

**G. Appendix A**

State	County	County Seat	Population	Est. Facebook Audience Size (Low)	Est. Facebook Audience Size (High)
NM	Luna	Deming	25,878	10,800	12,700
NM	Dona Ana	Las Cruces	219,561	97,700	114,900
NM	Sierra	Truth or Consequences	11,576	5,700	6,700
NM	Otero	Alamogordo	68,823	29,300	34,400
NM	Hidalgo	Lordsburg	4,178	1,700	2,100
NM	Grant	Silver Seat	28,185	11,800	13,900
NM	Catron	Reserve	3,579	1,500	1,800
NM	Socorro	Socorro	16,595	6,900	8,200
NM	Lincoln	Carrizozo	20,269	8,500	10,000
NM	Chaves	Roswell	65,157	27,200	32,100
NM	Eddy	Carlsbad	62,314	26,000	30,700
NM	Lea	Lovington	74,455	31,000	36,600
TX	El Paso	El Paso	865,657	361,000	425,900
TX	Hudspeth	Sierra Blanca	3,432	1,400	1,700
TX	Culberson	Van Horn	2,188	900	1,100
TX	Jeff Davis	Fort Davis	1,996	800	1,000
TX	Presidio	Marfa	6,131	2,600	3,000
TX	Reeves	Pecos	14,748	6,100	7,300
TX	Loving	Mentone	64	too low	too low
TX	Winkler	Kermit	7,791	3,200	3,800
TX	Ward	Monahans	11,644	4,900	5,700
TX	Brewster	Alpine	9,546	4,000	4,700
TX	Pecos	Fort Stockton	15,119	6,300	7,400
TX	Terrell	Sanderson	760	300	400
TX	Crockett	Ozona	3,098	1,300	1,500
TX	Upton	Rankin	3,308	1,400	1,600
TX	Crane	Crane	4,675	1,900	2,300
TX	Ector	Odessa	165,171	68,900	81,300
TX	Midland	Midland	169,983	70,900	83,600
TX	Martin	Stanton	5,237	2,200	2,600
TX	Andrews	Andrews	18,610	7,800	9,200
TX	Gaines	Seminole	21,598	9,000	10,600

**IV. Third Party Requests**

15. Within seven (7) days following entry of the Bar Date Order, the Diocese shall request that each Parish include a copy of the Plain Language Notice bi-weekly in its weekly bulletin until the General Bar Date. The Diocese shall also request the Bishop of the Diocese of

Las Cruces, NM to publish the Plain Language Notice bi-weekly in its parishes' weekly bulletins until the General Bar Date.

16. Within fourteen (14) days following entry of the Bar Date Order, the Claims Agent will mail the Putative Abuse Survivor Bar Date Notice Package to the following, with a request from the Diocese that the party post the Plain Language Notice in a prominent place until the expiration of the General Bar Date:

- (a) The Attorney General for the State of Texas and
- (b) For each of the civil counties in which the Diocese is located, all of the following:
  - (i) The District Attorney's office;
  - (ii) The Sheriff's office;
  - (iii) Any county government center;

**V. Measurement and Reporting**

17. For print publication, the Diocese or its agent will provide affidavits of publication and tear sheets from each journal/newspaper.

18. For the digital publication, the Diocese or its agent will provide impression, reach, click-through-rate, and demographic data exported from ad platforms.