

## LINE-BY-LINE INSTRUCTIONS FOR FILLING OUT PROOF OF CLAIM

Attached to this letter is a SAMPLE Proof of Claim intended to provide guidance for your church to fill in the blanks in the Proof of Claim. What follows is a line-by-line description of what is in the Proof of Claim and how to complete it.

<b>Debtor selection:</b>	Select the box beside “In re Boy Scouts of America, Case No. 20-10343 (LSS)” (PDF) or “Boy Scouts of America” (online)
<b>Line 1: Who is the current creditor?</b>	Insert the name of your local church.
<b>Line 2: Has this claim been acquired from someone else?</b>	Select “No”
<b>Line 3: Where should notices and payments to the creditor be sent?</b>	Insert the address and responsible person of your church (e.g., (“Treasurer, ABC UMC”))
<b>Line 4: Does this claim amend one already filed?</b>	Select “No”
<b>Line 5: Do you know if anyone else has filed a proof of claim for this claim?</b>	Select “No”
<b>Line 6: Do you have any number you use to identify the debtor?</b>	Select “No”
<b>Line 7: How much is the claim?</b>	For the PDF, enter “Unknown” and select “No” as to whether this includes interest. Online, leave this blank and select “No.”
<b>Line 8: What is the basis of the claim?</b>	For the PDF, enter “BSA’s obligation to provide insurance coverage, indemnification, and contribution to claimant under BSA’s policies of general liability insurance, and all other agreements, documents and laws providing such rights to claimant.” Online, enter “See supplementary information,” or enter “INDEMNIFICATION AND INSURANCE COVERAGE UNDER CHARTER AGREEMENT”
<b>Line 9: Is all or part of the claim secured?</b>	Select “No” and move on to Line 10
<b>Line 10: Is this claim based on a lease?</b>	Select “No”
<b>Line 11: Is this claim subject to a right of setoff?</b>	Select “No”
<b>Line 12: Is this claim for the value of goods received...?</b>	Select “No”
<b>Line 13: Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	Select “No”
<b>Person completing the proof of claim?</b>	Select “I am the creditor”

**AFTER YOU HAVE FILED THE PROOF OF CLAIM, PLEASE LET THE CONFERENCE KNOW THAT YOU HAVE FILED THE CLAIM.**

Send email to: [boyscouts@nccumc.org](mailto:boyscouts@nccumc.org)

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE

Fill in the information to identify the case (Select only one Debtor per form):

- In re Boy Scouts of America, Case No. 20-10343 (LSS)
- In re Delaware BSA, LLC, Case No. 20-10342 (LSS)

Official Form 410

Proof of Claim

04/19

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 section 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. This form should not be used if you have a claim arising from sexual abuse and you were under the age of eighteen (18) at the time the sexual abuse began. If you have such a claim, you must file a Sexual Abuse Survivor Proof of Claim. For more information on how to file a Sexual Abuse Survivor Proof of Claim, go to: [www.officialbsaclaims.com](http://www.officialbsaclaims.com).

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? Church Name  
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)

<p>Where should notices to the creditor be sent?  <u>Treasurer/Pastor/Other name</u>  <small>Name</small>  <hr/> <small>Number Street</small>  <hr/> <small>City State ZIP Code</small>  <hr/> <small>Contact Phone</small>  <hr/> <small>Contact email</small>  <hr/>                 Uniform claim identifier for electronic payments in chapter 13 (if you use one)                  _____</p>	<p>Where should payments to the creditor be sent? (if different)                  Name  <hr/>                 Number Street  <hr/>                 City State ZIP Code  <hr/>                 Contact Phone  <hr/>                 Contact email  <hr/> </p>
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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? \$ Unknown 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 **BSA's obligation to provide insurance coverage, indemnification, and contribution to claimant under BSA's policies of general liability insurance, and all other agreements, documents and laws providing such rights to claimant.**

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 this claim for the value of goods received by the debtor within 20 days before the commencement date of this case (11 U.S.C. §503(b)(9)).?  No  Yes Amount of 503(b)(9) Claim: \$ \_\_\_\_\_

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

- No**  
 Yes *Check all that apply*

**Amount entitled to priority**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ \_\_\_\_\_
- Up to \$3,025\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ \_\_\_\_\_
- Wages, salaries, or commissions (up to \$13,650\*) 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). \$ \_\_\_\_\_
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ \_\_\_\_\_
- Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5). \$ \_\_\_\_\_
- Other. Specify subsection of 11 U.S.C. § 507(a)(\_\_\_\_) that applies. \$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/22 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)(2) 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 the 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