

Diocese of Harrisburg Survivor Compensation Program Confidential Questionnaire

For Mediation & Settlement Purposes Only – Subject to 42 Pa.C.S. § 5949

NOTICE: Any questionnaire submitted to the Program that involves a claim of childhood sexual abuse that has *not* been previously reported to law enforcement by the Diocese will be reported by the Diocese to ChildLine and the appropriate District Attorney.

A. Personal Background Information

1. Contact Information.

First Name

Middle Initial / Name

Last Name

Address (Street Address, P.O. Box)

City

State

Zip

Telephone

Email

2. Gender: M F

3. Date Of Birth (*MM/DD/YYYY*)

4. If under 18, names of parents or legal guardians:

5. Residence address at the time of the abuse, and all residences since that time:

6. Current occupation & employer:

7. How long employed:

8. How long in your current occupation:

9. List all previous employers and/or occupations (include dates and job titles):

10. List every school (including colleges) attended, dates of attendance and degrees:

11. Have you ever been convicted of a felony? Y N If so, explain nature of the conviction:

12. Are you currently married? Y N (If never married, proceed to Question No. A.15. If divorced, widowed, or had a previous marriage, proceed to Question No. A.14).

13. If currently married, how long have you been married?

14. If previously married, how long did your previous marriage last?

15. Do you have any children? Y N (If no, proceed to Section B.)

16. If so, how many children do you have, and what are their ages?

17. Do your children currently live with you? Y N

18. If your children are minors and do not live with you, with whom do they live? (Describe any joint custody or other arrangement you may have):

B. Description of Abuse

1. Name of the person or persons who abused you, and parish he was associated with at the time (if you know):

2. When did the abuse begin? (Be as specific as possible, providing an exact date if you remember):

3. When did the abuse end? (Be as specific as possible, providing an exact date if you remember):

4. How many times were you abused by this person or persons? (Be as specific as possible; if you were abused more than once, but cannot remember an exact number, please estimate an approximate range):

5. Where did the abuse take place? (Be as specific as possible, indicating the city or town in which the abuse took place. If the abuse took place at a parish, indicate the name of the parish and the location [e.g., sacristy, rectory, etc.]. If the abuse took place somewhere other than a parish [e.g., on a camping trip, at your home], indicate that. If the abuse took place at multiple locations, please identify each location at which the abuse took place):

6. Describe, in as much detail as you can, the nature of abuse. (Please use additional pages and attach them to this questionnaire, if necessary):

7. Were there any witnesses to the abuse? Y N If so, identify the witnesses:

8. Do you remember if there were other priests or individuals working at the parish or location where the abuse took place? Y N If so, what were their names:

9. Are there any other individuals whom you believe would be able to corroborate your complaint? Y N If so, what are their names:

10. Have you made any contact with the person or persons who abused you since the date(s) of the abuse? Y N If so, please describe the circumstances in which the contact took place, including the date:

11. Have you made a claim or filed a lawsuit against any other individual(s) or institution(s) for damages or other relief arising out of the abuse you described in Question No. B.6 ? Y N (If your answer to this question is no, proceed to Question No. B.14.)

12. If the answer to Question No. B.11 is yes, what is the name of the individual(s) or institution(s) against which you have made a claim or filed a lawsuit:

13. If the answer to Question No. B.11 is yes, have you reached a settlement with any individual(s) or institution(s) identified in your answer to Question No. B.12? Y N If so, with whom did you settle and what was the amount of the settlement:

14. Would you be willing to be interviewed by a representative of the Diocese of Harrisburg in the presence of your counsel? Y N

15. Would you be willing to give a sworn, written statement to a representative of the Diocese of Harrisburg, so that the Diocese may commence or proceed with a canonical proceeding against the priest or priests you identified in Question No. B.1 ? Y N

16. Would you be willing to give oral testimony in support of a canonical proceeding against the priest or priests you identified in Question No. B.1 ? Y N

17. Have you ever been abused by an individual or individuals other than the individual or individuals identified in your answers to Question No. B.1? Y N If so, by whom were you abused and when:

C. Effects of Abuse on Your Life

1. Describe, in as much detail as you can, the physical, psychological, emotional, economic, and spiritual effects the abuse has had on your life. (Please use additional pages and attach them to this questionnaire, if necessary):

2. Were you treated by a psychiatrist, psychologist, social worker, counselor, or other mental health specialist *before* the alleged abuse? Y N

If so, please provide the person who treated you, the reasons for the treatment, the frequency of the treatment, whether you were ever hospitalized during said treatment and the diagnosis, if any, of the condition for which you were treated. (Please use additional pages and attach them to this questionnaire, if necessary):

3. Have you been treated by a psychiatrist, psychologist, social worker, counselor, or other mental health specialist *after* the time of the alleged abuse? Y N

If so, please provide the person who treated you, the reasons for the treatment, the frequency of the treatment, whether you were ever hospitalized during said treatment and the diagnosis, if any, of the condition for which you were treated. (Please use additional pages and attach them to this questionnaire, if necessary):

4. Have you been hospitalized for any reason in the past five years? Y N

If so, what was the reason for your hospitalization? (Please provide the name(s) of the hospital(s) and the dates of hospitalization):

5. Is there any other information that you think should be considered in assessing your claim?

Y N If so, please describe the information. (Please use additional pages and attach them to this questionnaire, if necessary):