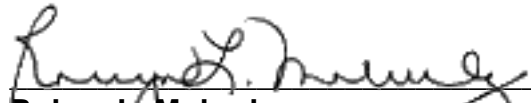


SO ORDERED: April 16, 2019.



  
Robyn L. Moberly  
United States Bankruptcy Judge

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION**

In re:

USA GYMNASTICS,<sup>1</sup>

Debtor.

Chapter 11

Case No. 18-09108-RLM-11

**ORDER GRANTING DEBTOR'S  
MOTION FOR CLARIFICATION OF BAR DATE ORDER**

This matter came before the Court on the *Debtor's Motion For Clarification Of Bar Date Order* (the "**Motion**"), filed by USA Gymnastics as debtor and debtor in possession (the

---

<sup>1</sup>The last four digits of the Debtor's federal tax identification number are 7871. The location of the Debtor's principal office is 130 E. Washington Street, Suite 700, Indianapolis, Indiana 46204.

“**Debtor**”), for the entry of an order pursuant to sections 105, 501 and 502 of title 11 of the United States Code, 11 U.S.C. §§ 101–1532 (the “**Bankruptcy Code**”); and the Court finds that (i) it has jurisdiction over this matter pursuant to 28 U.S.C. §§ 157 and 1334; (ii) this matter is a core proceeding pursuant to 28 U.S.C. § 157(b)(2)(A) and (B); (iii) a hearing on the Motion on an emergency basis was warranted and notice was appropriate under the circumstances; and (iv) the relief requested in the Motion is in the best interests of the Debtor, its estate, and creditors; and after due deliberation, and good and sufficient cause appearing therefore, the Court hereby determines the Motion should be GRANTED.

IT IS HEREBY ORDERED:

1. The Motion is granted.
2. Nothing in the Bar Date Order, including the Confidentiality Protocol, precludes a Permitted Party from discharging any obligations to report Sexual Abuse or child abuse under applicable federal or state law.
3. Nothing in the Bar Date Order, including the Confidentiality Protocol, precludes a Permitted Party from giving notice to any other Permitted Party that such Permitted Party has reported information contained in a Sexual Abuse Proof of Claim pursuant to applicable federal or state law.
3. To the extent a Permitted Party reports information contained in a Sexual Abuse Proof of Claim Form pursuant to applicable federal or state law, it shall provide written notice to the claimant filing the Sexual Abuse Proof of Claim Form.
4. The Debtor and the Sexual Abuse Survivors Committee have agreed that to the extent either of them reports an incidence of Sexual Abuse or child abuse based upon a Sexual Abuse

Proof of Claim Form that they will advise the other of the claim that has been reported (by claim number), to whom the report was made, and when the report was made.

5. The Debtor agrees to (a) post the entry of this Order on its website ([www.usagym.org](http://www.usagym.org)) and the Omni Management website ([www.omnimgt.com/usagymnastics](http://www.omnimgt.com/usagymnastics)); (b) post on its Facebook, Instagram, and Twitter social media pages that the confidentiality of a Sexual Abuse Proof of Claim is subject to the Debtor's reporting obligations under federal and applicable state law; and (c) email a copy of this Order to all USAG members and former members who received e-mail notice of the Bar Date Order with a transmittal message that the Debtor has or will report all claims set forth in a Sexual Abuse Proof of Claim in accordance with applicable federal and state law.

6. For purposes of the Sexual Abuse Proof of Claim Form, "Questionnaire" means any pre-mediation form submitted by a survivor in the Michigan State University mediation in the form of Exhibit 1 attached to this Order, regardless of whether the pre-mediation form was submitted to USAG.

7. To the extent this Order is inconsistent with the Bar Date Order, this Order controls.

8. The terms and conditions of this Order shall be immediately effective and enforceable upon its entry.

9. The Court retains jurisdiction with respect to all matters arising from or related to the implementation of this Order.

###

**EXHIBIT 1**

**MSU Pre-Mediation Form**

**CONFIDENTIAL PLAINTIFF QUESTIONNAIRE**

**Identifying Information**

**Maiden Name:**

**Married Name:**

**Litigation Alias:**

**Date of Birth:**

**Place of Birth:**

**Current Address:**

**Name of Counsel:**

**Names of Parents/Guardians:**

**Educational and Work History**

**Educational history (please list all schools attended, degrees obtained, and date(s) of graduation):**

**Current employer:**

**Position:**

**Current salary:**

**Held position since:**

**Work history (please list all former places of employment, positions held, and approximate dates of employment):**

**Michigan State University Affiliation**

**Have you ever been a student at MSU?** Yes / No

**Dates of attendance:**

**Date of graduation:**

**Have you ever participated in a MSU-sponsored program?** Yes / No

**Name and description of program(s):**

**Date(s) of participation:**

**Do you have any other past or present affiliation with MSU?** Yes / No

**If yes, please describe:**

**Twistars Affiliation**

**Have you ever been a member of Twistars?** Yes / No

**Dates of membership:**

**USA Gymnastics Affiliation**

**Have you ever been a member of USA Gymnastics?** Yes / No

**Dates of membership:**

**Have you ever been a national team member?** Yes / No

**Dates of membership:**

**Have you ever participated in a national competition, such as the U.S. National Championship, U.S. Classic, or American Classic?** Yes / No

**Dates of participation:**

**Have you ever attended a training camp or other event at the National Team Training Center (Karolyi Ranch)?** Yes / No

**Dates of attendance:**

**Particulars of Alleged Abuse**

**When did you begin treating with Dr. Nassar?**

**When did you stop treating with Dr. Nassar?**

---

**During the time that you received treatment from Dr. Nassar, did you receive treatment from any other doctor or medical professional? Yes / No**

**If yes, please list the names of all such doctors or medical professionals:**

---

**Did someone refer you to Dr. Nassar? Yes / No**

**If yes, please list the name of each person who referred you to Dr. Nassar, their relationship to you (e.g., doctor, trainer, coach), and, if applicable their affiliation with MSU, Twistars, or USA Gymnastics.**

---

**On approximately how many separate occasions did you treat with Dr. Nassar?**

---

**When was the first time you believe you were assaulted by Dr. Nassar?**

---

**On approximately how many separate occasions do you believe you were assaulted by Dr. Nassar?**

---

**When and where did those assaults occur? Please specify the location(s) of each assault (e.g., MSU Sports Medicine Clinic, Jenison Field House, Dr. Nassar's home, Twistars, meet/sporting event, USA Gymnastics national competition, Karolyi Ranch) and the associated date(s). If you do not know the exact dates, please approximate the year or your age at the time.**

---

**To the extent you believe you were assaulted by Dr. Nassar at one or more meets or sporting events, please list the name and location of the meet(s)/event(s) and state whether the meet(s)/event(s) involved MSU, Twistars, or USA Gymnastics.**

---

**During any incident of assault by Dr. Nassar, was anyone in the room or nearby? Yes / No**

**If yes, for each such incident, please provide the name(s) of such person(s) and relationship to you (e.g., parent, teammate, nurse, trainer):**

---

**Please describe in your own words what Dr. Nassar did that forms the basis of your claims:**



---

Aside from your attorneys, did you tell anyone about the way Dr. Nassar touched you? Yes / No

If yes, please list the names of all persons told, the approximate date on which you told them, their relationship to you, their affiliation with MSU, Twistars, or USA Gymnastics (if any), and describe, in detail, what you told them:

---

Did you, your parent, or legal guardian report Dr. Nassar's conduct to anyone? Yes / No

If yes, please list the names of all persons to whom you, your parent, or legal guardian reported Dr. Nassar's conduct and their affiliation with MSU, Twistars, or USA Gymnastics (if any), the approximate date of the report, and describe in detail what was reported:

---

When and how did you first come to believe that Dr. Nassar had touched you inappropriately?

---

**Damages**

**To date, have you sought medical treatment as a result of Dr. Nassar’s conduct? Yes / No**

**If yes, please describe, including approximate dates of treatment, name of treating physician, diagnosis, treatment plan, and medical expenses incurred to date:**

---

**To date, have you sought mental health treatment as a result of Dr. Nassar’s conduct? Yes / No**

**If yes, please describe, including approximate dates of treatment, name of treating mental health professional, diagnosis, treatment plan, and medical expenses incurred to date:**

---

**Please describe in your own words any other damages suffered to date as a result of Dr. Nassar’s conduct, including physical, mental, emotional, financial, or otherwise:**

**Personal Background Information**

**Have you ever received mental health treatment for reasons unrelated to Dr. Nassar? Yes / No**

**If yes, please describe, including approximate dates of treatment, name of treating mental health professional, and diagnosis:**

---

**Have you ever been convicted of a crime?** Yes / No

**If yes, please describe each crime for which you were convicted, including the approximate date of conviction, city and state of conviction, and sentence received:**

---

**Have you ever filed for bankruptcy?** Yes / No

**If yes, please provide the date of filing, attorney's name, court, case number, judge assigned, and disposition:**

---

**Have you ever been the victim of abuse unrelated to Dr. Nassar?** Yes / No

**If yes, please describe:**

---

**Certification**

Pursuant to 28 U.S.C. § 1746, I certify under penalty of perjury that the foregoing is true and correct.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_