

**CONFIDENTIAL SUBJECT TO BANKRUPTCY COURT ORDER**

**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

**SEXUAL ABUSE PROOF OF CLAIM FORM**

**THIS FORM MUST BE *RECEIVED* NO LATER THAN  
APRIL 29, 2019 AT 4:00 P.M. (PREVAILING EASTERN TIME).**

**THIS PROOF OF CLAIM IS FOR SURVIVORS OF SEXUAL ABUSE ONLY. ANY PERSON ASSERTING A CLAIM BASED ON ANYTHING OTHER THAN SEXUAL ABUSE (DEFINED BELOW) MUST USE THE GENERAL PROOF OF CLAIM FORM (BANKRUPTCY FORM 410)**

**IF YOU HAVE GENERAL QUESTIONS REGARDING THIS FORM,  
YOU MAY CALL 888-682-0360—DO NOT CALL THIS NUMBER FOR LEGAL ADVICE**

**YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER**

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For purposes of this Sexual Abuse Proof of Claim Form, “**sexual abuse**” is defined as any and all acts or omissions that USA Gymnastics may be legally responsible for that arise out of, are based upon, or involve sexual conduct or misconduct, sexual abuse or molestation, sexual exploitation, indecent assault and/or battery, rape, pedophilia, ephedophilia, or sexually related psychological or emotional harm, humiliation, anguish, shock, sickness, disease, disability, dysfunction, or intimidation, or any other sexual misconduct or injury, or contacts or interactions of a sexual nature between an adult or child and a medical professional, coach, trainer, therapist, volunteer, or other authority figure affiliated with USA Gymnastics, or any current or former employee or volunteer of USA Gymnastics, or any other person for whose acts or failures USA Gymnastics is or was allegedly responsible, or the alleged failure by USA Gymnastics or its agents, employees, or volunteers to report the same. An adult or child may have been sexually abused whether or not this activity involved explicit force, whether or not this activity involved genital or other physical contact, and whether or not there was physical, psychological, or emotional harm to the adult or child.

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Carefully read the instructions included with this Sexual Abuse Proof of Claim Form and complete ALL applicable questions. Please print clearly and use blue or black ink. You may submit the Sexual Abuse Proof of Claim Form: (a) electronically by filing the Sexual Abuse Proof of Claim Form at: <https://omnimgt.com/usagymnastics/sexualabuseclaims>; or (b) by first-class U.S. Mail, overnight mail, or other hand-delivery system at the following address: USA Gymnastics Sexual

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

Abuse Claims Processing, c/o Omni Management Group, 5955 DeSoto Avenue, Suite 100, Woodland Hills, California 91367.

**TO BE VALID, YOU OR YOUR AUTHORIZED AGENT MUST SIGN THIS PROOF OF CLAIM. IF THE SEXUAL ABUSE SURVIVOR IS DECEASED OR INCAPACITATED, THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE SURVIVOR'S REPRESENTATIVE OR THE ATTORNEY FOR THE ESTATE. IF THE SEXUAL ABUSE SURVIVOR IS A MINOR, THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE SURVIVOR'S PARENT OR LEGAL GUARDIAN, OR THE SEXUAL ABUSE SURVIVOR'S ATTORNEY.**

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

**UNLESS YOU INDICATE OTHERWISE 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 GUIDELINES TO COUNSEL FOR THE ADDITIONAL TORT CLAIMANTS COMMITTEE OF SEXUAL ABUSE SURVIVORS, THE DEBTOR, ITS INSURERS, AND TO SUCH OTHER PERSONS AS THE COURT DETERMINES NEED THE INFORMATION IN ORDER TO EVALUATE THE CLAIM.**

**THIS SEXUAL ABUSE PROOF OF CLAIM (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.**

- I do not want this Proof of Claim (along with any accompanying exhibits and attachments) to be kept confidential. Please verify this election by signing directly below.

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

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

**SEXUAL ABUSE PROOF OF CLAIM FORM**

***“You” and/or “Claimant” refers to the person alleging that she/he was sexually abused or is otherwise asserting any claim related to the Claimant’s sexual abuse. If the person completing this form is not the person alleging that she/he was sexually abused, please provide the below information regarding the person alleging that she/he was sexually abused.***

***If you previously submitted a pre-mediation form (“Questionnaire”) to USA Gymnastics (USAG) attesting to your claim of sexual abuse, and if that Questionnaire contains complete and current information regarding any and all sexual abuse claims you assert against USAG, you may elect to attach that form to this Sexual Abuse Proof of Claim Form instead of completing the questions in Parts I-VI below, provided that you sign the certification at page 8 verifying the information provided on your Questionnaire. If you have not previously submitted a Questionnaire to USAG, if the information concerning your claim substantively differs from that in the prior Questionnaire response, if you allege that someone other than Nassar sexually abused you, or if you prefer not to attach a Questionnaire, you must complete the questions below.***

***If the space provided is not sufficient to record your response, please attach additional pages.***

**PART I—CLAIMANT IDENTIFYING INFORMATION:**

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Claimant’s Current Name: \_\_\_\_\_ Former Name(s) (if applicable): \_\_\_\_\_

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Litigation Case Number, Court, and Alias (if applicable): \_\_\_\_\_

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Claimant’s Date of Birth: \_\_\_\_\_ Claimant’s Place of Birth: \_\_\_\_\_

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Claimant’s Current Address: \_\_\_\_\_

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Name of Parents/Guardian (if Claimant is a minor): \_\_\_\_\_

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Claimant’s Relationship To Individual Alleging She/He Was Abused (only applicable if the claimant submitting this form is not the individual alleging she/he was abused):

Parent: \_\_\_\_\_ Spouse: \_\_\_\_\_ Other: \_\_\_\_\_

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Claimant's Counsel (if applicable):

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Counsel's Address (if applicable):

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Counsel's E-Mail Address and Phone Number (if applicable):

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**If the Claimant completing this form is not the person alleging that she/he was abused, but is claiming damages such as loss of consortium, please provide the identifying information below regarding the person who alleges that she/he was abused:**

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Current Name:                                      Former Name(s) (if applicable):

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Litigation Case Number, Court, and Alias (if applicable):

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Date of Birth:                                      Place of Birth:

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Current Address:

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**PART II—NATURE OF COMPLAINT:**

1.     Were you sexually abused by Larry Nassar?  
**YES NO (circle one)**
  
2.     Were you sexually abused by a person(s) for whom you contend USAG is responsible other than Nassar (including, without limitation, a coach, trainer, therapist, volunteer or USAG employee)? **YES NO (circle one)**
  - a.     If yes, please provide the name of the person(s) who you allege sexually abused you and their role, title, and/or connection to USAG (this/these person(s) other than Nassar is referred to below as an "Other Abuser"):

3. When was the first time you were sexually abused by Nassar or the Other Abuser?

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4. On how many separate occasions were you sexually abused by Nassar or the Other Abuser?

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5. When and where did this sexual abuse occur? Please specify the location(s) (e.g., Michigan State University (MSU) Sports Medicine Clinic, Jenison Field House, Nassar's home, Twistars, meet/sporting event, USAG 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.

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6. To the extent you were sexually abused by Nassar or any Other Abuser, 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, a USAG affiliated gym or coach, or USAG.

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7. If, during any incident of sexual abuse by Nassar or any Other Abuser,, any other person was in the room or nearby, please provide the name(s) of such person(s) and their relationship to you:

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8. Aside from your attorneys, did you, or your parent, or legal guardian tell anyone about the sexual abuse by Nassar or any Other Abuser? **YES NO (circle one)**

a. If yes, please list the names of all persons told, the approximate date on which you told them, their relationship to you, a USAG affiliated coach or gym, or USA Gymnastics (if any), and describe, in detail, what you told them?

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- b. If you know, what did these people do in response when you told them about the sexual abuse?

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- 9. Did you, or your parent, or legal guardian report to anyone the sexual abuse of Nassar or any Other Abuser? **YES NO (circle one)**

- a. If yes, please list the names of all persons to whom you, your parent, or legal guardian reported the sexual abuse by Nassar or any Other Abuser,, and their connection to a USAG affiliated gym or coach, or USAG (if any), the approximate date of the report, and describe in detail what was reported:

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- b. If you know, what did these people do in response when you told them about the sexual abuse?

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- 10. When and how did you first discover that Nassar or any Other Abuser, sexually abused you?

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- 11. Please describe in your own words what Nassar, or any Other Abuser did that forms the basis of your claims:

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**PART III—CONTACT WITH LARRY NASSAR**

***If you do not allege that Nassar sexually abused you, you do not need to complete this Part III.***

1. Were you seen by Nassar for purported medical treatment? **YES NO (circle one)**
  - a. If yes, please state when you began seeing Nassar for purported medical treatment and when you stopped seeing Nassar for purported medical treatment.  

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  - b. If yes, please state the approximate number of times you saw Nassar for purported medical treatment during which he sexually abused you.  

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2. Did someone refer you to Nassar? **YES NO (circle one)**
  - a. If yes, please list the name of each person who referred you to Nassar, their relationship to you, and if applicable, their connection to USAG, MSU, or Twistars.  

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**PART IV—CONNECTIONS TO USA GYMNASTICS AND MICHIGAN STATE UNIVERSITY**

1. Have you ever trained at a USAG member gym(s)? **YES NO (circle one)**
  - a. If yes, please provide the name of the USAG gym and dates of training:  

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2. Have you ever trained with a USAG member coach(es)? **YES NO (circle one)**
  - a. If yes, please provide the name of the USAG member coach(es) and the dates of training with the USAG member coach:  

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3. Have you ever been a member of USAG? **YES NO (circle one)**
  - a. If yes, please provide your dates of membership:  

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4. Have you ever been a USAG national team member? **YES NO (circle one)**
  - a. If yes, please provide your dates of membership:  

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5. Have you ever participated in a national competition, such as the U.S. National, U.S. Classic, or American Classic? **YES NO (circle one)**

a. If yes, please provide the dates of your participation:

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6. Have you ever attended a training camp or other event at the former National Team Training Center (Karolyi Ranch)? **YES NO (circle one)**

a. If yes, please provide the dates of attendance:

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7. Have you ever been a student at MSU? **YES NO (circle one)**

a. If yes, please provide your dates of attendance and date of graduation, if applicable:

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8. Do you have any past or present connection to MSU, including but not limited to participation in a MSU-sponsored program? **YES NO (circle one)**

a. If yes, please describe, including the name, location, and date of any such program:

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**PART V—DAMAGES:**

1. To date, have you sought medical treatment as a result of sexual abuse by Nassar or any Other Abuser? **YES NO (circle one)**

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

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2. To date, have you sought mental health treatment or counseling as a result of sexual abuse by Nassar or any Other Abuser? **YES NO (circle one)**

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

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3. Please describe any other damage you have suffered to date as a result of sexual abuse by Nassar or any Other Abuser:

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4. Have you ever received mental health treatment for reasons unrelated to the sexual abuse by Nassar or the Other Abuser? **YES NO (circle one)**

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

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5. Are you the survivor of sexual abuse unrelated to Nassar or the Other Abuser? **YES NO (circle one)**

a. If yes, please describe the abuse and the date(s) of the abuse:

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6. Have you commenced any lawsuit seeking damages stemming from the sexual abuse described in this Sexual Abuse Proof of Claim Form? **YES NO (circle one)**

a. If yes, please provide a copy of the complaint you filed and/or provide the case number of the lawsuit and state the court in which the lawsuit is pending:

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7. Have you received a settlement or judgment for any claims associated with the sexual abuse described in this Sexual Abuse Proof of Claim Form? **YES NO (circle one)**

a. If yes, please provide a copy of the settlement or judgment and state: (1) the amount of the settlement; and (2) if the settlement was pre-litigation, the name of the entity(ies) being released by the settlement:

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**PART VI—CLAIMANT BACKGROUND INFORMATION:**

***If Claimant does not seek damages for loss of income, Claimant does not need to complete these questions.***

1. Please provide your educational history (list all schools attended, degrees obtained, and date(s) of graduation:

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2. Please state your current employer, position, salary, and length of time with which Claimant has held that position:

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3. Please provide your work history, including all former places of employment, positions held, and approximate dates of employment:

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**CERTIFICATION:**

Pursuant to 28 U.S.C. §1746, I certify under penalty of perjury that the foregoing (or, to the extent I submitted a pre-mediation form, the information on that form) is true and correct to the best of my knowledge and recollection.

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

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

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