

**CONFIDENTIAL SUBJECT TO BANKRUPTCY COURT ORDER**

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

In re:

USA GYMNASTICS,

Debtor.

Chapter 11

Case No. 18-09108-RLM-11

**SEXUAL ABUSE PROOF OF FUTURE CLAIM FORM**

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

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For purposes of this Sexual Abuse Proof of Future 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, ephebophilia, 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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“**Future claim**” is defined as a Claim by a Future Claimant. “**Future Claimant**” is defined as a Person who (a) held a Sexual Abuse Claim as of the Bar Date; and (b) meets one of the following criteria: (i) was under the age of majority under applicable state law as of March 1, 2019; (ii) as of March 1, 2019, the statute of limitations for such Person was tolled under applicable state law or had not begun to run under applicable state law, including because of a Sexual Abuse Claim based on repressed memory or similar theory; (iii) as of March 1, 2019, the Debtor was estopped under applicable state law from asserting the statute of limitations; or (iv) such Person’s Sexual Abuse Claim was barred by the applicable statute of limitations as of March 1, 2019, but is or becomes no longer barred by the applicable statute of limitations for any reason, including the enactment of legislation that revives such Claims; *provided, however*, that the following persons are not Future Claimants: any Person who has, at any time before the Bar Date, asserted a Sexual Abuse Claim, asserted a cause of action based on a Sexual Abuse Claim, provided notice of a Sexual Abuse Claim, or made a demand based on a Sexual Abuse Claim, or whose parent or guardian or other legal representative had done so on behalf of such Person, at any time before the Bar Date. In addition, holders of Allowed Sexual Abuse Claims Filed After the Bar Date may file a Claim to be deemed a Future Claimant, if the Settlement Trustee, in consultation with the Future Claims Reviewer, determines that the Holder of such

Claim has proven by a preponderance of the evidence that such Holder meets the definition of a Future Claimant and such Holder's Claim meets the definition of a Sexual Abuse Claim.

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Complete ALL applicable questions on the Sexual Abuse Proof of Future Claim Form. Type or print clearly using blue or black ink. You may add a personal statement to the form if you desire. You must submit the Sexual Abuse Proof of Future Claim Form electronically by filing the Sexual Abuse Proof of Future Claim Form at: [www.usagymnasticstrust.com](http://www.usagymnasticstrust.com).

**TO BE VALID, YOU OR YOUR AUTHORIZED AGENT MUST SIGN THIS PROOF OF FUTURE 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 FUTURE 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 Future 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 FUTURE 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 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): \_\_\_\_\_

**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**

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**

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"):

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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**

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**

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**

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**
- 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**
- 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**
- 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**
- 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**
- 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**
- 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**
- a. If yes, please provide the dates of attendance:
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7. Have you ever been a student at MSU? **YES** **NO**
- 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**
- 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**
- 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**
- 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 what injuries have occurred to you or you have suffered to date as a result of the act or acts of sexual abuse that resulted in this claim (for example, the effect on your education, employment, personal relationships and health).

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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**
- 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**

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 Future Claim Form? **YES NO**

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 Future Claim Form? **YES NO**

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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8. Please explain why you believe this is a valid future claim, not barred under any potentially applicable state or federal statute of limitations.

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**PART VI—CLAIMANT BACKGROUND INFORMATION:**

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: \_\_\_\_\_