

OUR LADY OF THE ANGELS PROVINCE STATEMENT FORM

Please answer all questions as fully and accurately as possible. **If you need additional space, attach separate sheets of paper.** If questions are not applicable, please indicate by answering "N/A".

Personal Information:

1. Name: _____ DOB: _____
Marital status: _____
2. Address: _____
3. Cell: _____ Is it okay to leave a voice message? ___Y ___N
Email address: _____
When is the best time to contact you? _____
4. What is your preferred method of contact? Cell _____ Email _____
5. List other names (i.e. maiden names, nicknames and/or alias(es) by which you have been known:

6. Have you previously reported the misconduct (e.g. law enforcement, the Diocese, the Province)? If yes, list to whom it was reported and when. What was the result of the reporting?

7. Have you previously reported the misconduct to others (family, friends etc.)? If yes, list to whom it was reported and when:

Information on the Accused

1. Name: _____
2. Church/Parish/Ministry assignment at the time of the misconduct:

Information Regarding the Misconduct

1. Date and place when the misconduct began: _____
Date when the misconduct ended: _____
2. Age when the misconduct began: _____
Age when the misconduct ended: _____
3. Date(s) and time(s) when misconduct occurred:

4. Place(s) where sexual misconduct occurred: _____
5. Description and circumstances surrounding the misconduct (Please add additional sheets as needed):

6. Names, addresses and phone numbers for witnesses or persons that may have additional information related to the misconduct:

Impact of the misconduct

1. List medical treatment, mental health, therapy/counseling or other services that you have sought as a result of the misconduct. Include the name, address, phone numbers for the service providers:

2. Describe other impact of the misconduct that you wish to share with us:

3. What assistance are you asking Our Lady of the Angels Province to provide?
(As part of our pastoral outreach, we can offer assistance with psychological and spiritual counseling.)

The information I have provided on this statement form is true and correct to the best of my knowledge.

Name (printed): _____ Date _____

Signature: _____

Please email or mail completed form to:

Kristin Austin, LCSW-C, CCTP
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