

1 PETER C. ANDERSON
UNITED STATES TRUSTEE
2 JILL M. STURTEVANT, State Bar No. 089395
ASSISTANT UNITED STATES TRUSTEE
3 HATTY YIP, State Bar No. 246487
ALVIN PAN MAR, State Bar No. 151482
4 TRIAL ATTORNEY
OFFICE OF THE UNITED STATES TRUSTEE
5 915 Wilshire Blvd., Suite 1850
Los Angeles, California 90017
6 (213) 894-1507 telephone
(213) 894-2603 facsimile
7 Email: hatty.yip@usdoj.gov

8 UNITED STATES BANKRUPTCY COURT
9 CENTRAL DISTRICT OF CALIFORNIA
10 LOS ANGELES DIVISION

11 In re:) Lead Case No.: 2:18-bk-20151-ER

12)
13) **VERITY HEALTH SYSTEM OF**
CALIFORNIA, INC. et al.,

14) Debtor(s).
15)

- 16) Affects All Debtors
17) Affects Verity Health System of
California, Inc.
18) Affects O'Connor Hospital
19) Affects Saint Louise Regional Hospital
20) Affects St. Francis Medical Center
21) Affects St. Vincent Medical Center
22) Affects Seton Medical Center
23) Affects O'Connor Hospital Foundation
24) Affects Saint Louise Regional Hospital
Foundation
25) Affects St. Francis Medical Center of
Lynwood Foundation
26) Affects St. Vincent Foundation
27) Affects St. Vincent Dialysis Center, Inc.
28) Affects Seton Medical Center
Foundation
 Affects Verity Business Services
 Affects Verity Medical Foundation
 Affects Verity Holdings, LLC
 Affects De Paul Ventures, LLC
 Affects De Paul Ventures – San Jose
Dialysis, LLC

Debtors and Debtors In Possession)

) Jointly Administered With:
) Case No.: 2:18-bk-20162-ER;
) Case No.: 2:18-bk-20163-ER;
) Case No.: 2:18-bk-20164-ER;
) Case No.: 2:18-bk-20165-ER;
) Case No.: 2:18-bk-20167-ER;
) Case No.: 2:18-bk-20168-ER;
) Case No.: 2:18-bk-20169-ER;
) Case No.: 2:18-bk-20171-ER;
) Case No.: 2:18-bk-20172-ER;
) Case No.: 2:18-bk-20173-ER;
) Case No.: 2:18-bk-20175-ER;
) Case No.: 2:18-bk-20176-ER;
) Case No.: 2:18-bk-20178-ER;
) Case No.: 2:18-bk-20179-ER;
) Case No.: 2:18-bk-20180-ER;
) Case No.: 2:18-bk-20181-ER
)
) Chapter 11 Cases
) **NOTICE OF FORMATION MEETING**
) **FOR OFFICIAL COMMITTEE OF**
) **UNSECURED CREDITORS**
)
) **Formation Meeting Time:**
) **Date: September 14, 2018**
) **Time: 9:00 a.m.**
) **Place: 915 Wilshire Blvd, 10th Fl. Room 2**
) **Los Angeles, CA 90017-3560**



1 **TO THE HONORABLE ERNEST M. ROBLES, UNITED STATES BANKRUPTCY JUDGE**
2 **FOR THE CENTRAL DISTRICT OF CALIFORNIA, DEBTOR, AND ALL PARTIES IN**
3 **INTEREST:**

4 The above-named debtors filed a voluntary petition for relief under Chapter 11 of the
5 Bankruptcy Code. Section 1102(b) of the Bankruptcy Code authorizes the United States Trustee to
6 appoint an Official Committee of Unsecured Creditors ("Committee"). The Committee represents
7 the interests, and acts on behalf of all unsecured creditors. Members of the Committee are
8 generally selected from the list of the twenty largest unsecured creditors. Under the Bankruptcy
9 Code, the Committee has the right to demand that the debtor consult with the Committee before
10 making major decisions or changes, to request the appointment of a trustee or examiner, to
11 participate in the formation of a plan of reorganization, and in some cases, to propose its own plan
12 of reorganization. If appropriate, the Committee may request that the Bankruptcy Court convert a
13 chapter 11 case to one under chapter 7, at which time the debtor's operations would cease and its
14 assets would be liquidated. The Committee is authorized to select and employ an attorney and
15 other necessary professionals, subject to court approval. Fees of professionals employed by the
16 Committee may be paid from available assets, if any, of the bankruptcy estate after court approval.
17 Further, Committee members' actual expenses may be reimbursed from estate assets.

18 **PLEASE TAKE NOTICE** that the United States Trustee will hold a meeting to form a
19 Committee on **FRIDAY, SEPTEMBER 14, 2018 AT 9:00 A.M. at the Office of the United**
20 **States Trustee, 915 Wilshire Blvd, 10th Floor, Room 2, Los Angeles, CA 90017-3560.** If you
21 **wish to be considered for membership on the Committee**, please complete the attached
22 Questionnaire and return to the form to the Office of the United States Trustee, Attn. Hatty Yip,
23 915 Wilshire Blvd, Suite 1850, Los Angeles, CA 90017 by September 13, 2018. The United States
24 Trustee will take completed Questionnaires at the formation meeting, but submission of the
25 Questionnaire by September 13 is preferable. No telephonic appearances for the meeting will be
26 available.

27 If you wish to be considered for Committee membership but are unable to attend, you
28 should immediately notify the Office of the United States Trustee and return a completed

1 Questionnaire. If you do not attend the meeting and do not affirmatively indicate your willingness
2 to serve, you will not be considered. If you send an individual to represent you at the meeting, that
3 representative must present your written notarized proxy authorizing him or her to act on your
4 behalf.

5 **PLEASE ALSO TAKE NOTICE** that all professionals who wish to seek employment as a
6 professional for the Committee should arrive *no earlier than 1:00 p.m.* on September 14, 2018 in
7 Room 2, 915 Wilshire Blvd, Suite 1850, Los Angeles, CA. The United States Trustee urges said
8 professionals to arrive no earlier than 1:00 p.m. due to the limited amount of space available.

9 DATED: September 6, 2018

Respectfully submitted,
PETER C. ANDERSON
UNITED STATES TRUSTEE

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By: HATTY YIP
Trial Attorney

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U.S. Department of Justice
United States Trustee
Central District of California

915 Wilshire Boulevard, Suite 1850
Los Angeles, California 90017

Phone: (213) 894-6811
Fax: (213) 894-2603
Website www.justice.gov/ust/r16

September 6, 2018

RE: VERITY HEALTH SYSTEM OF CALIF INC; 18-20151-ER

QUESTIONNAIRE FOR OFFICIAL COMMITTEE OF UNSECURED CREDITORS¹

Please Type or Print Clearly.

I am willing to serve on a Committee of Unsecured Creditors. Yes () No ()

A. Unsecured Creditor's Name and Contact Information:

Name: _____ Phone: _____
Address: _____ Fax: _____
_____ E-mail: _____

B. Counsel (If Any) for Creditor and Contact Information:

Name: _____ Phone: _____
Address: _____ Fax: _____
_____ E-mail: _____

C. If you have been contacted by a professional person(s) (e.g., attorney, accountant, or financial advisor) regarding the formation of this committee, please provide that individual's name and/or contact information:

Name: _____ Phone: _____

¹ Note: This is not a proof of claim form. Proof of claims forms are filed with the Clerk of the Bankruptcy Court, not with the United States Trustee

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Address: _____ Fax: _____
_____ E-mail: _____

D. Amount of Unsecured Claim (U.S. \$) _____

E. If your claim is against more than one debtor, list all debtors:

F. Describe the nature of your claim(s), *i.e.*, whether arising from goods or services provided; loans made; litigation; *etc.*, including whether any portion is secured. If secured, please describe the collateral securing the claim. If any portion of the claim(s) arises from litigation, please state the nature of the claim, the case number and jurisdiction (if applicable) and the status.

G. Amount of Unsecured Claim entitled to 11 U.S.C. §503(b) treatment as an administrative expense:

H. Would your schedule permit you to actively participate on the committee by attending weekly meetings (either by telephone or in person)? Yes () No ()

Representations:

1. Are you or the company you represent in any way "affiliated" with any of the debtors within the meaning of Section 101(2) of the Bankruptcy Code, or a shareholder of, or related to, the debtor(s)? Yes () No ()

If a shareholder, state the number of shares: _____

2. Do you, or the company you represent, engage in a business which directly or indirectly competes with any of the businesses of the debtor(s)? Yes () No ()

3. Have you ever been or are you an officer, director, agent, representative or employee of the debtor(s)? Yes () No ()

Does your claim arise from this relationship? Yes () No ()

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4. State when you acquired the claim, the amount paid, and the face amount of the claim:

5. Have you or your attorney entered into a settlement agreement with the debtor regarding resolution of your claim? Yes () No ()
6. Do you have a claim against any entity affiliated with the debtor? Yes () No ()
State the name of the entity and the nature and amount of the claims:

7. Do you or any affiliated entities have any other claims against, or debt or equity securities of, the debtor(s)? Yes () No ()
8. Do you or any affiliated entities have any financial arrangement that may affect the value of your claim(s) against or interest(s) in the debtor(s) (*e.g.*, personal guarantees, credit insurance, *etc.*)? Yes () No ()
9. If you have given a proxy to a third party either to represent you at the creditors' committee formation meeting, or in connection with your claim, please attach a copy of the written proxy. If a professional person has arranged for someone to hold a proxy on your behalf, please identify that individual: _____

You may attach a written statement to explain or supplement any responses.

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Creditors wishing to serve as fiduciaries on an official committee are advised that they may not purchase, sell or otherwise trade in or transfer claims against the debtor while they are committee members absent an order of the court on application of the creditor.

Please be advised that once a committee is formed, the United States Trustee will file a notice of appointment in the court record that contains contact information for any creditor appointed, including the creditor's name, address, and telephone number.

Privacy Act Statement. 11 U.S.C. § 1102 authorizes the collection of this information. The information will be used by the United States Trustee to determine your qualifications for appointment to the Committee. Disclosure of this information may be to a bankruptcy trustee or examiner when the information is needed to perform the trustee's or examiner's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Your disclosure of information is voluntary; however, failure to provide the requested information may result in the rejection of your application to be appointed to the Committee.

I hereby certify that, to the best of my knowledge and belief, the answers to this Questionnaire are true and correct. By executing this Questionnaire, I also agree to the restrictions and conditions set forth in the preceding paragraphs and in the Committee Information Sheet, and I agree to provide the periodic certifications upon the request of the United States Trustee.

Date: _____

Signature

Print Name

Title