

JUL 08 2022

Sherri R. Carter, Executive Officer/Clerk of Court

By: K. Sandoval, Deputy

**SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES**

Coordinated Proceeding
Special Title (Rule 3.550)

LAOSD ASBESTOS CASES

J.C.C.P. No. 4674

Los Angeles County Superior Court

GENERAL ASBESTOS LITIGATION CASE MANAGEMENT ORDER

A. Introduction

For purposes of this case management order, the term "asbestos litigation" means any lawsuit asserting claims for personal injury, wrongful death and/or loss of consortium arising from alleged injurious exposure to asbestos-containing substances or products. It does not include asbestos property damage claims.

For more than 40 years, the Los Angeles County Superior Court ("LASC") has been at the forefront nationally in managing mass tort asbestos litigation in the nation's largest trial court. Through the efforts of dedicated judicial officers and a highly capable plaintiff and defense bar, the LASC over these decades has promulgated more than fifty general orders and instituted policies and procedures designed to meet the profound and

1 unique challenges of asbestos litigation. Much has changed over those decades including
2 the normalization of remote appearances, electronic filing and service, and enhanced
3 electronic communications generally. But many traditional challenges remain including the
4 large number of asbestos litigation cases filed annually in Los Angeles, Orange and San
5 Diego counties, the setting of preferential trial dates due to age or health of a litigant, and
6 the parties' heavy reliance on former testimony.

7
8 Drawing upon judicial and attorney subject matter expertise, and in furtherance of
9 its mission to provide prompt and predictable litigation outcomes, whether by motion, trial
10 or settlement, the LASC now hereby issues this updated General Asbestos Litigation Case
11 Management Order ("Asbestos CMO"). Except as specified in this Asbestos CMO,
12 asbestos litigation is otherwise subject to the applicable provisions of the California Code
13 of Civil Procedure, the California Rules of Court and the Los Angeles County Superior
14 Court Local Rules.

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16 It is the policy of the LASC that all or virtually all pretrial matters in asbestos
17 litigation will be conducted and concluded in Department 15 under the supervision of the
18 Coordination Trial Judge. It will be the general practice that cases only truly ready for trial
19 will be assigned to a trial department which then can then promptly commence the trial
20 proceedings. This means, generally, that before an asbestos litigation case is sent to a
21 trial department, discovery and discovery motion practice are completed, required pretrial
22 filings timely completed, motions in limine ruled upon, and at least Tier One (see below)
23 former testimony designations have been made and objections thereto ruled upon. The
24 court recognizes that preference matters may require a more flexible approach on a case-
25 by-case basis.

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27 Counsel are requested to familiarize themselves with this Asbestos CMO and to
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1 comply with its provisions to avoid any unintended waiver or the imposition of evidentiary
2 or other sanctions.

3 B. Effective Date of This Asbestos CMO

4 This Asbestos CMO is effective as of July 8, 2022. However, the deadlines set out
5 in section P concerning former testimony page-line designations and related submissions
6 shall be effective for any final status conference set to occur on or after October 3, 2022.

7 C. Rescission of Prior Asbestos General Orders

8 Except as specified herein, all previously promulgated Asbestos Litigation General
9 Orders and all Asbestos Litigation JCCP 4674 Orders are hereby rescinded, effective July
10 8, 2022.

11 D. Complex and JCCP "Add-On" Determinations

12 All asbestos litigation lawsuits, as defined above, are hereby determined to be
13 complex and "add-on" cases to JCCP 4674 LAOSD Asbestos Cases. Any party to such a
14 case may within 10 court days following a first appearance bring a noticed motion before
15 the Assistant Supervising Judge of the Complex Litigation Program, or his or her designee,
16 to challenge the determination that the case is complex and/or is an add-on case to JCCP
17 4674. (Asbestos property damage claims are not subject to this case management order.)

18 The JCCP 4674 LAOSD Asbestos Cases coordination proceeding has been
19 assigned to the Coordination Trial Judge presiding in Department 15, Spring Street
20 Courthouse, located at 312 N. Spring St., Los Angeles, California 90012. The Judicial
21 Assistant in Department 15 may be reached at 213-310-7070.

22 E. Cases Originating in Orange County or San Diego County

23 Asbestos litigation filed in Orange County or San Diego County are deemed
24 complex and "add-on" cases to JCCP 4674. Following filing in those counties, plaintiffs
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1 are promptly to provide a conformed copy of the complaint directed to the LASC Clerk of
2 Court, 111 North Hill St., Los Angeles, CA 90012 and marked "new JCCP 4674 litigation."
3 Any party to such a case may within 10 court days following a first appearance bring a
4 noticed motion before the Assistant Supervising Judge of the Complex Litigation Program,
5 or the Assistant Supervising Judge's designee, to challenge the determination that the case
6 is complex and/or is an add-on case to JCCP 4674. If the challenge to the "add-on" status
7 is sustained, the case will be returned to the originating county. It is the expectation that
8 cases will be returned to their originating county for trial.
9

10 F. Electronic Filing and Service

11 All filings in asbestos litigation are subject the General Order of September 15,
12 2021 concerning mandatory electronic filing for complex civil cases.

13 Electronic service shall be governed by the provisions of the Order Authorizing
14 Electronic Service of October 25, 2011 and the Further Order Re Electronic Service of
15 November 14, 2013 both of which are attached hereto in Appendix A.
16

17 G. Pro Hac Vice Applications

18 An out of state attorney applying to appear pro hac vice in asbestos litigation is
19 presumed not to have engaged in "repeated appearances" in California within the meaning
20 of California Rule of Court 9.40 if the attorney has five or fewer pro hac vice applications
21 or admissions in California within 24 months of the current application.
22

23 H. Initial Case Management Conferences and Group Status Conferences

24 The court will hold an initial case management conference pursuant to California
25 Rule of Court, Rule 3.750 at the earliest practical date. The court may conduct the initial
26 case management conference and subsequent conferences, including a trial setting
27 conference, at a group status conference. Approximately every four months the court will
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1 hold a group status conference with all counsel in cases brought by a particular plaintiffs'
2 firm at which time all pending cases are discussed. Trial dates may be set at the group
3 status conference.

4 Plaintiffs' counsel are requested to file and serve a group status conference report
5 five court days before the conference. The report should contain for each case listed: case
6 identifying information; the filing date; the trial date (if any); whether currently a personal
7 injury or a wrongful death/survival action; whether a trial preference motion had been
8 granted; the number and identities of each defendant currently remaining in litigation; and
9 for cases fully resolved, when plaintiff expects to dismiss all defendants.
10

11 Otherwise, any counsel may at any time request an initial management
12 conference, a status conference or a trial setting conference by written motion or stipulation
13 and proposed order.

14 I. Law and Motion and Ex Parte Applications

15 Department 15 hears law and motion every Tuesday through Friday at 9:00 a.m.
16 Parties may set (notice) motion hearings without prior approval of the court. Department
17 15 does not utilize the LASC's civil reservation system. However, counsel are advised to
18 examine the Department 15 calendar via the court's attorney portal and to avoid where
19 possible setting a motion for summary judgment or adjudication on any day where four or
20 more such motions are already set. The court may continue motion hearings as reasonably
21 necessary in light of the number of motions set.
22

23 Moving parties are required to notify Department 15 as soon as possible if a motion
24 is withdrawn or otherwise will not proceed. Such notification should be made by telephone
25 to the Judicial Assistant or Court Attendant at 213-310-7070.
26

27 Parties may present a stipulation and proposed order to continue a hearing or, if
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1 time so requires, an unopposed ex parte application. No hearing date may otherwise be
2 changed absent a court order.

3 Department 15 hears ex parte applications each court day at 8:30 a.m.

4 J. Preferential Trial Settings

5 Asbestos litigation often presents disputed motions for preferential trial settings.
6 Such motions implicate important and conflicting interests including the ability of an elderly
7 and/or very ill plaintiff to participate in the trial proceeding while alive, insuring that all
8 parties have sufficient time to prepare for trial on a very shortened pretrial schedule, and
9 parties having an opportunity to present dispositive motions and oppositions thereto under
10 Code of Civil Procedure section 437c. The court recognizes that specialized orders tailored
11 to the circumstances of a particular case may be required. The court notes that
12 experienced counsel often are able to solve issues by good faith meet and confer—conduct
13 the court both greatly appreciates and expects. The court invites parties to bring unresolved
14 controversies, following a good faith meet and confer, to the court's attention as soon as
15 possible in such cases.
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18 Before the hearing on any motion for a preferential trial date, the parties shall meet
19 and confer on a proposed form of Preference Case Trial Setting Order in the event the
20 motion is granted. The Preference Case Trial Setting Order should, at a minimum, identify
21 fact and expert discovery cutoffs; a schedule for exchange and submission of former
22 testimony designations; agreements concerning any modification of notice and hearing
23 timing relative to that set out in Code of Civil Procedure section 473c; and the issuance of
24 commissions under Code of Civil Procedure section 2026.010 et seq.
25

26 At least two court days before the hearing, plaintiff shall file and serve a stipulated
27 form of such Preference Case Trial Setting Order or, in the absence of agreement, a form
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1 containing all parties' competing provisions. Defendants shall submit their competing
2 provisions to plaintiff for inclusion in the proposed order no later than three court days
3 before the hearing. The competing provisions should be placed adjacent to one another
4 together with a bracket identifying their proponent.

5 No party waives objection to the granting of the motion by participating in this
6 mandatory meet and confer.

7
8 K. Discovery in Asbestos Litigation

9 1. General

10 The provisions of this Section K shall apply in all cases in which no preferential
11 trial setting order has been made. In preferential trial setting cases, the following provisions
12 shall apply except as modified by the Preference Case Trial Setting Order.

13 Discovery shall be governed by the provisions of the Order Re: Discovery in All
14 Coordinated LAOSD Cases, dated August 11, 2014 which is attached hereto as Appendix
15 B. The provisions of the August 11, 2014 order shall apply, notwithstanding the expiration
16 dates contained therein, until further order of the court.

17
18 Should a later-named defendant be brought into the action, plaintiff shall re-serve
19 Plaintiffs' Standard Interrogatories to Defendants and Plaintiffs' verified responses to
20 Defendants' Standard Interrogatories on the later-named defendant in order to trigger that
21 defendant's obligation to provide responses to Plaintiffs' Standard Interrogatories.

22 Special interrogatories may be served on a party only following that party's
23 answering the standard interrogatories.

24
25 2. Time For Completion of Discovery

26 As provided in the Code of Civil Procedure, unless ordered otherwise by the court,
27 fact discovery is to be completed on or before the 30th day before the initial trial date, expert
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1 discovery on or before the 15th day before the initial trial date, and discovery motions to be
2 heard on or before the 15th day before the initial trial date.

3 3. Length of Defense Deposition Examination in Potential Preference Cases

4 Counsel are strongly urged to agree on the length of the defense examination of
5 plaintiffs for which a physician has supplied the declaration identified in Code of Civil
6 Procedure section 2025.295. No party waives objection to the granting of the motion for
7 preference by so agreeing.
8

9 4. Selection of Records Vendor and Authorizations and Disclosure of Bankruptcy
10 Trust Information

11 The provisions of this subsection 4 are set out in the Order Regarding Plaintiffs'
12 Authorizations and selection of a records vendor dated January 31, 2012 and the Corrected
13 Case Management Order Requiring Disclosure of Bankruptcy Trust Claims, Claims-
14 Related Materials, and Asbestos Exposure Facts dated July 15, 2015, jointly attached
15 hereto as Appendix C and D, respectively.
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17 5. Pathology Materials

18 The provisions of this subsection 5 are set out in General Order 28 dated
19 September 15, 1989 which is attached hereto as Appendix E.

20 6. Expert Discovery

21 Upon the setting of an initial trial date, each party is deemed to have made a
22 demand of each other party for the exchange of information concerning expert trial
23 witnesses under Code of Civil Procedure section 2034.230. Each party is deemed to have
24 demanded the deposition of any person identified by any other party under Code of Civil
25 Procedure section 2034.260(b)(1).
26

27 Parties shall promptly offer their trial experts for deposition and shall (1) allow the
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opposing side at least until 5:00 p.m. on the second business day after the offer to respond to the offer and (2) provide a minimum of five days' notice of the offered deposition. Absent agreement or a court order, no more than three expert depositions may be scheduled on any one day.

L. Cross-complaints for Equitable Indemnity, Contribution and Declaratory Relief and Demands for Apportionment of Fault Under Civil Code section 1431.2

Each appearing defendant is deemed to have filed a cross-complaint for equitable indemnity, contribution and declaratory relief against each other appearing defendant. All such deemed cross-complaints are ordered severed for a separate trial pursuant to Code of Civil Procedure section 1048.

Each appearing defendant is deemed to have sought apportionment pursuant to Civil Code section 1431.2. A defendant seeking apportionment bears the burden of proof to establish apportionment.

M. Final Status Conference

The Final Status Conference ("FSC") is a critical case management event. The parties are reminded of their obligations under the requirements of LASC Local Rule 3.25(f) and this Asbestos CMO, except as otherwise specified herein or otherwise ordered by the court. In preferential trial setting cases, the following provisions shall apply except as modified by the Preference Case Trial Setting Order.

At least five court days before the FSC, the parties are to file and serve: a joint witness list; a joint exhibit list; a joint short statement of the case; form agreed-upon and, separately, disputed CACI jury instructions, edited for the case with all blanks filled in as appropriate; agreed-upon and, separately, special jury instructions; and agreed-upon or competing special verdict form(s).

1 The court shall use the jury questionnaire and the hardship questionnaire approved
2 by the court on February 3, 2012 attached hereto as Appendix F. Any party seeking to
3 modify either such questionnaire shall file the proposed form(s) at least five court days
4 before the FSC.

5 No less than three court days before the FSC, plaintiff's counsel shall lodge with
6 Department 15 a well-organized collection of electronic versions of all the above-identified
7 required filings and motion in limine filings on a USB drive.

8
9 O. Motions in Limine

10 It is the court's experience that in asbestos litigation the parties often file too many
11 and unnecessary motions in limine. The court seeks to reduce the number of motions in
12 limine. To that end, the court observes: (a) motions in limine are not substitutes for motions
13 for summary judgment or summary adjudication—thus, motions in limine seeking to
14 "prevent application" of a legal theory or a cause of action are discouraged; (b) motions in
15 limine are not necessary to secure the court's commitment to follow extant law (such
16 matters are better raised in the trial brief)—thus, motions in limine to exclude "irrelevant" or
17 "speculative" or "unsupported" evidence are strongly discouraged; (c) the moving party
18 should be as specific as possible as to the subject of the motion in limine—thus, a motion
19 in limine to exclude "government commentary" or "trade group records" without further
20 specification are strongly discouraged; and (d) evidence inadmissible for one purpose may
21 be admissible for another purpose—thus, a moving party is encouraged to offer a proposed
22 limiting instruction if there is no objection to the evidence coming in for a limited purpose.
23
24

25 Parties must adhere to the requirements of LASC Local Rule 3.57 including the
26 requirement of a good faith meet and confer regarding the proposed motion in limine prior
27 to its being filed. Such meet and confer must be in real time, in person by telephone or
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1 video conference. Exchange of correspondence is not sufficient. Among the issues to be
2 discussed in any meet and confer is whether a stipulation may be reached concerning the
3 limited purpose for which certain evidence may be admitted.

4 In non-preference cases, motions in limine shall be filed and served on regular
5 notice to permit their being heard at the FSC. Motions in limine concerning expert
6 testimony obtained in deposition less than 16 court days before the FSC may be filed and
7 served to be heard on the first day of trial provided that the responding party has no less
8 than nine court days to file an opposition. In preference cases, the motion in limine briefing
9 schedule will be set out in the Preference Case Trial Setting Order. However, a party may
10 bring a motion in limine at any time for good cause shown.

12 The following motions in limine to exclude, limit or modify potential evidence or
13 argument are deemed made and granted as to the topic noted subject to the court's
14 modification in a particular case for good cause shown:

- 16 1. A conspiracy among asbestos manufacturers or suppliers;
- 17 2. The amounts of any settlement, judgment or verdict in any other asbestos
18 litigation and/or settlement discussions in this case;
- 19 3. "Market share liability" as a theory of recovery;
- 20 4. Correspondence, reports or other documents constituting the "Saranac Lake
21 Documents";
- 22 5. Disability retirement or compensation award based upon exposure to an
23 asbestos-containing product;
- 24 6. Insurance available potentially to cover any liability except as such evidence
25 may be relevant to establish the actual amount paid of any medical bill;
- 26 7. A party's or counsel's status or involvement in "the asbestos industry" or the

1 "asbestos litigation industry", "lottery" or "mill";

2 8. A party's financial condition except in compliance with Civil Code section 3294
3 *et seq.*;

4 9. The Sumner Simpson papers;

5 10. Bankruptcy of an alleged tortfeasor not present at trial;

6 11. Exclusion of non-party witnesses from trial (except experts unless so ordered
7 by the court);

8 12. "Golden Rule" argument by which counsel asks jurors to place themselves in
9 the plaintiff's position and to award such damages as they would charge to undergo an
10 equivalent degree of pain and suffering;

11 13. Reference to any counsel's website contents;

12 14. To modify the caption on documents that may be presented to the jury,
13 including the verdict form, to refer only to defendants remaining in the case at the
14 commencement of trial but such order does not affect any allocation of fault under
15 Proposition 51;

16 15. The absence or presence of a corporate representative at some or all of the
17 trial proceedings;

18 16. The amicus brief form of the Laura S. Welch writing but not the published
19 article form of that writing (foundation for which will need to be established at trial); and

20 17. The book, "Doubt Is Their Product", including reading the title of the book,
21 unless and until proper foundation is established with the trial court.

22 The following motions in limine to exclude, limit or modify potential evidence or
23 argument are deemed made and denied as to the topic noted without prejudice to a
24 contemporaneous objection in a particular case at trial:

- 1 18. Evidence not disclosed in discovery;
- 2 19. Liability of tortfeasors not present at trial;
- 3 20. Exclusion of "irrelevant", "speculative" or "unsubstantiated" evidence;
- 4 21. Lay testimony concerning asbestos content of products;
- 5 22. Medical expenses other than to those actually incurred;
- 6 23. "Reptile tactics" during voir dire, however counsel should expect the trial court
7 to limit voir dire questioning that is not directed to the qualifications of the venire to serve
8 as jurors and likewise to preclude improper preconditioning questioning;
- 9 24. Expert opinion concerning the term "substantial factor";
- 10 25. Evidence or argument concerning "but for" causation so long as the court
11 intends to utilize CACI 435;
- 12 26. Evidence or argument imputing knowledge of asbestos-related trade groups
13 to a defendant not a member at a relevant time;
- 14 27. Evidence or argument relating to a post-sale duty to warn (so long as the case
15 includes an operative negligence cause of action);
- 16 28. Evidence or argument that a defendant is held to an expert's standard of
17 knowledge (so long as the case includes an operative strict liability failure to warn cause
18 of action);
- 19 29. Evidence or argument that a defendant failed to test or inspect products before
20 selling them to customers (so long as the case includes an operative negligence cause of
21 action); and
- 22 30. Evidence or argument that a defendant failed to conduct a recall or post-sale
23 warning campaign (so long as the case includes an operative negligence cause of action).
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1 P. Former Testimony Page-Line Designations and Related Submissions

2 The submission of former testimony page-line designations, counter-designations
3 and objections imposes a particularly heavy burden on the parties and the court in asbestos
4 litigation. Such burden requires special management as set forth herein. The following
5 provisions shall apply in all cases in which no preferential trial setting order has been made.
6 In preferential trial setting cases, the following provisions shall apply except as modified by
7 the Preference Case Trial Setting Order.
8

9 1. "Hearsay" Objections To Specific Page-Line Designations

10 A special problem exists with a generalized and unspecific "hearsay" objection to
11 former testimony because there are exceptions to the hearsay rule that may permit the
12 admission of the former testimony. See, Evidence Code sections 1291 and 1292;
13 *Berroteran v. Superior Court of Los Angeles County* (2022) 12 Cal.5th 867 ("*Berroteran*"),
14 and to the extent it applies, Evidence Code section 1222 (*Berroteran*, fn.19, 12 Cal.5th at
15 889.). Accordingly, a party imposing a "general" hearsay objection to the entirety of a
16 transcript, irrespective of any particular designation therein, must specify the bases for
17 such objection, whether based upon the inapplicability of Evidence Code sections 1291 or
18 1292 or both, or upon some other ground. The designating party must then provide in the
19 response the legal bases for the admission of the designation, including as applicable the
20 factors identified in *Berroteran*, and may do so in a separately filed brief if necessary.
21

22 2. Deadlines for Submission

23 The deadlines contained in this section are not extended for service.
24

25 At least **49 days** before the FSC, a party intending to present former testimony at
26 trial (the "designating party") shall provide to each other party a list of that former testimony,
27 including the name of the witness, the date of the testimony, the case caption, the case
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1 number, and the forum in which the testimony was given. The designating party shall also
2 identify all parties against whom or which specific former testimony will be offered.

3 Any other party ("responding party") may then request in writing a copy of any
4 designated transcript. The designating party must provide a copy of the transcript within
5 three days of such request at the designating party's expense.

6 Each defendant for whom plaintiff has designated a former employee's testimony
7 shall promptly meet and confer with plaintiff's counsel to discuss whether the defendant
8 agrees to produce a witness representative to testify at trial and whether such production
9 obviates the need for the designation. All agreements pertaining thereto shall be confirmed
10 in writing.

11 At least **42 days** before the FSC, any responding party shall file and serve any
12 general or categorical objection to *any* use by the designating party of a particular transcript
13 as a source of former testimony. Any such objection shall state the specific basis therefor
14 and, if made pursuant to Evidence Code sections 1291 and/or 1292, shall explain why such
15 sections do not provide a basis for the designating party's use of the transcript to designate
16 former testimony. The objecting party shall, as applicable, reference the matters described
17 in *Berroteran*. A general or categorical objection to the entirety of a transcript on the basis
18 of "relevance" or "352" is discouraged; such objections should be interposed to specific
19 page-line designations.

20 At least **35 days** before the FSC, the designating party shall file and serve any
21 response to the objection including, as applicable, the matters described in *Berroteran*.

22 The court shall promptly rule upon such general or categorical objections thereby
23 identifying for the parties the potential transcripts available for page-line designations of
24 former testimony.

1 At least **28 days** before the FSC, the designating party must provide that party's
2 affirmative designations in Word® or Adobe® format, as well as a full transcript of the
3 testimony with the designations highlighted, to any party opponent.

4 At least **21 days** before the FSC, responding parties must provide the designating
5 party with their counter-designations and objections in Word® or Adobe® format to the
6 designating party's designations.

7
8 At least **14 days** before the FSC, the designating party shall provide (a) responses
9 to the responding party's objections and (b) objections to the responding parties' counter-
10 designations, if any.

11 At least **seven days** before the FSC, the responding party shall provide responses
12 to the designating party's objections to the responding party's counter-designations.

13 3. Priority Tiers

14 Parties shall prioritize their former testimony designations into three "tiers" for
15 submission to the court for ruling. Tier One designations are those that a party knows with
16 certainty will be used in his, her or its case in chief. Tier Two designations are those that
17 a party believes may, but will not certainly, be used at trial. Tier Three designations are
18 those that a party believes likely will not be used at trial but are designated for
19 completeness.
20

21 The Coordination Trial Judge will rule on Tier One designations prior to the case
22 being assigned for trial. The Coordination Trial Judge, working with the assigned trial
23 judge, will rule on Tier Two and Tier Three designations following the case being assigned
24 to trial.
25

26 4. Final Submission

27 At least four days before the FSC, the designating party must lodge with the court
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1 via USB drive.

2 (a) Transcripts highlighted to correspond with the designations. Parties should
3 use light colors for highlighting, as dark colors make the text illegible. Parties should submit
4 transcripts in proper paginated form, with one page of testimony per printed page. If only
5 a .txt version of the transcript is available, parties must paginate the transcript (in Word, for
6 example) and print it to PDF, so that each page of the transcript corresponds to a single
7 page of the document. Condensed transcripts, with four pages per sheet, are difficult to
8 process electronically and are disfavored.

9
10 (b) Three charts, in Word® or Adobe® format, organized separately into Tier
11 One, Tier Two and Tier Three, generally in the form attached hereto as Exhibit G containing
12 the designation, any counter-designation, any objection and any response thereto, together
13 with a column on the far right side of the chart for the court's ruling.

14 The court wishes to receive only one USB drive chart submission per transcript
15 (although multiple transcripts may be loaded on the USB drive.) The prior practice of
16 sequential submissions of "updated" or "corrected" USB drives is strongly discouraged.
17 The parties may update the court at the FSC of any change in the parties remaining active
18 in the litigation and the effect on the designations. The court may then make appropriate
19 further orders regarding final submissions.

20 21 5. Objections and Responses to Objections

22 Objections and responses thereto should be as specific as possible. Vague and
23 unspecific objections or responses may be treated as waived by the court. The responding
24 party must respond to an objection to avoid the court treating the objection as conceded.
25 At a minimum, the responding party must indicate that an objection is "disputed" in any
26 response to avoid conceding the objection.
27

1 6. Designations Including the Content of An Exhibit

2 The Coordination Trial Judge will not rule on the admission of exhibits at trial. Thus,
3 transcript designations that recite or contain the contents of exhibits (documents) which
4 may or may not be admitted into evidence at trial will be deferred to the trial court.
5 Unspecified "foundation" or "hearsay" objections to such designations will be interpreted
6 by the Coordination Trial Judge as a challenge to the admission of the underlying exhibit.
7 Such objections are deferred to the trial court to be orally renewed at trial when the
8 underlying exhibit is offered into evidence. The Coordination Trial Judge identifies such a
9 ruling with an "A" with a circle around it (if handwritten) or "*A" (with an asterisk, if
10 typewritten).
11

12 However to assist the parties and the trial judge, the Coordination Trial Judge will
13 rule on more specific such objections and will designate certain rulings as follows: "B" with
14 a circle around it (if handwritten) or "*B" (with an asterisk, if type-written) means that *if the*
15 *underlying exhibit is admitted*, the objection is overruled; and "C" with a circle around it (if
16 handwritten) or "*C" (with an asterisk, if type-written) means that *if the underlying exhibit*
17 *is admitted*, the objection is sustained.
18

19
20 P. Default Judgment Prove Up Hearings

21 Unless the court orders otherwise in a specific case, a party seeking a default
22 judgment following the entry of default need not seek such judgment within 45 days of the
23 entry of default as specified in California Rule of Court, Rule 3.110(h). Instead, such party
24 shall seek such judgment at the conclusion of the case when the claims against all other
25 defendants are resolved by trial or dismissal.
26
27
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1 Q. Financial Information for Potential Second Phase of Trial

2 In cases in which the plaintiff asserts a claim for punitive damages against a
3 defendant, counsel for the parties shall meet and confer before the final status conference
4 to determine the type of documents and/or other information reasonably necessary to
5 establish the financial condition of the defendant in the event the finder of fact returns a
6 verdict in phase one of a bifurcated trial relative to fraud, oppression and/or malice. If the
7 parties do not agree, the parties shall raise the issue at the final status conference. Such
8 documents and/or other information shall be aggregated by the defendant and lodged in a
9 sealed package with the trial court the first day of trial. The trial court shall permit access
10 to such information as applicable under Civil Code section 3295 or as otherwise ordered.
11

12 R. Notifying the Court of Resolution

13 Parties are under a continuing duty promptly to notify the court of a settlement or
14 apparent settlement of an asbestos litigation case and to identify any court date which
15 should be vacated or modified in light of the settlement.
16

17 Dated: July 8, 2022

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19 _____
20 Lawrence P. Riff
21 Coordination Trial Judge
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FILED
Superior Court of California
County of Los Angeles

OCT 25 2011

John A. Clarke, Executive Officer/ Clerk
By Alfredo Morales, Deputy
ALFREDO MORALES

**SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES**

IN RE LAOSD ASBESTOS LITIGATION

JCCP CASE NO. 4674

**ORDER AUTHORIZING ELECTRONIC
SERVICE**

**Dept: 324
Judge: Hon. Emilie H. Elias**

ORDER AUTHORIZING ELECTRONIC SERVICE

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Appendix A-1

1 **1. APPLICATION OF ORDER**

2 Judicial Council Coordinated Proceedings Case No. 4674 (hereinafter referred to as
3 "ASBESTOS LITIGATION" or "JCCP 4674") is deemed complex litigation within the meaning of
4 the California Standards of Judicial Administration for Complex Litigation Section 19 and California
5 Rules of Court, Rule 3.400, *et. seq.* As such, ASBESTOS LITIGATION requires specialized
6 management to avoid placing unnecessary burdens on the Court and the litigants and to keep costs
7 reasonable.

8 At the Omnibus Status Conference held on October 6, 2011 the Court advised all parties
9 present that it intended to order e-service. On the same date, the parties were invited to join a
10 committee to select the provider and to discuss the terms of the e-service process. The Court met with
11 said committee, which consisted of representatives from both plaintiff and defense sides, on
12 October 18, 2011 to hear presentations from potential providers and to discuss the nature of this
13 Order. The Court further provided the draft of this Order to said committee for their input. Said
14 committee has selected the provider and has given their input into this Order.

15 The Court finds that entry of an order requiring mandatory electronic service of all pleadings
16 and documents subsequent to the filing of the Complaint and Summons in ASBESTOS
17 LITIGATION actions will benefit the Court, counsel and litigants, and will further the orderly
18 conduct and management of ASBESTOS LITIGATION in this jurisdiction. The Court further finds
19 that electronic service will not cause undue hardship or significant prejudice to any party. Therefore,
20 pursuant to California Rules of Court, Rule 2.253, the Court hereby orders service subsequent to the
21 filing and service of the Complaint and Summons to be accomplished electronically as set forth in
22 this Order by all parties in ASBESTOS LITIGATION. California Rules of Court, Rules 2.250
23 through 2.261 shall govern the electronic service of documents in the ASBESTOS LITIGATION.
24 Electronic service of ASBESTOS LITIGATION documents requires utilization of an electronic
25 service provider. Any such provider must be approved by the Court. The effective date for
26 electronic service in ASBESTOS LITIGATION shall be November 14, 2011.

1 **2. DEFINITIONS**

- 2 **A. E-Service VENDOR or VENDOR or Approved VENDOR** – A private firm or
3 other business entity approved and selected by the Court to provide electronic
4 service. As of the effective date of this Order, the Court has approved LexisNexis
5 (<http://www.lexisnexis.com/fileandserve>).
6 **B. E-Service** – Electronic transmission of an original document to all other designated
7 recipients via the VENDOR's system. Upon the completion of any transmission to
8 the VENDOR's system, a transaction receipt is issued to the sender acknowledging
9 receipt by the VENDOR system. Once the VENDOR has served all recipients, proof
10 of electronic service shall be available to the sender from VENDOR.
11 **C. ASBESTOS LITIGATION** – All cases that have been, or become, coordinated into
12 JCCP 4674.
13 **D. E-Document** – An electronic version of a word processing document which
14 generally is composed of text.
15 **E. E-Image** – An electronic version of a document that has been scanned or converted
16 to a graphical or image format.
17 **F. USER(S)** – Any party or non-party to an action who files ASBESTOS LITIGATION
18 documents and utilizes the services of the approved VENDOR.
19 **G. CASE** -- The individual case filed by a plaintiff which is now, or later becomes, a
20 part of the ASBESTOS LITIGATION.

21 **3. OPERATION OF ELECTRONIC SERVICE PROCEDURE**

22 **A.** All parties to the ASBESTOS LITIGATION pending in this Court, other than self-
23 represented parties, shall utilize the services of an approved VENDOR on and after the effective date
24 of this Order. USERS shall enter into the following arrangements with VENDOR:

- 25 1. A standard service agreement during the registration process with the
26 approved VENDOR that will govern any and all transactions completed
27 within and outside the scope of this Order, in addition to additional features
28

Approved A-3

1 that USERS may but are not required to use in connection with the electronic
2 serving of documents through the VENDOR;

3 2. An addendum agreement referenced herein shall apply solely and exclusively
4 to the parties to the ASBESTOS LITIGATION and their legal
5 representatives, and shall not be altered by VENDOR without Court
6 approval.

7 B. The fees charged by the VENDOR for use of the electronic service system shall be
8 established by the VENDOR pursuant to the agreed upon terms. Other than that
9 specifically contemplated by the terms of the agreement, VENDOR shall maintain
10 the fee structure in effect for E-Service at the commencement of this Order. No fees
11 associated with electronic service may be increased by the VENDOR without Court
12 approval after having given at least 60 days prior notice to all USERS.

13 C. The Court may solicit bids from other potential VENDORS and submit to the parties
14 in ASBESTOS LITIGATION any recommendations for a change in the designation
15 of the VENDOR or the terms of the Service Agreement. Should a party in
16 ASBESTOS LITIGATION seek to alter the current VENDOR, it must seek leave of
17 Court to do so.

18 4. ASSIGNMENT BY THE VENDOR OF WEBSITE AND USERNAME AND
19 PASSWORD

20 VENDOR shall establish and maintain an internet website for the ASBESTOS LITIGATION.
21 VENDOR will post all documents served by the parties to the website as provided in this Order and
22 shall serve each document on the parties included on the service list provided to VENDOR in
23 accordance with the procedures herein.

24 A general page will be created for JCCP 4674. All orders that apply to all CASES in
25 ASBESTOS LITIGATION or notices from the Court shall be designated by the Court to be posted
26 and served on all parties under JCCP 4674. All other documents shall be posted and served on all
27 parties in the CASE to which the document pertains under the individual CASE number.
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1 VENDOR shall assign to the party's designated representative a confidential USER name
2 and password which may be used to electronically serve and receive pleadings, orders, and other
3 documents that are filed and/or served in ASBESTOS LITIGATION. No attorney or party
4 representative shall knowingly authorize or permit his/her USER name or password to be utilized by
5 anyone other than the authorized attorneys or employees of the attorney's law firm.

6 5. **ELECTRONIC SERVICE OF PLEADINGS AND OTHER DOCUMENTS**

7 All documents filed with the Court shall be electronically served on all parties. Except as
8 expressly provided herein, all pleadings, motions, memoranda of law, declarations, orders, discovery,
9 *ex parte* notices, deposition notices and objections, or other documents served in ASBESTOS
10 LITIGATION by USERS shall be electronically served.

11 Notice(s) of *ex partes*, whether by letter or pleading, shall be uploaded as a separate
12 transaction. All notices of depositions and objections to depositions must be uploaded as a separate
13 transaction. Except as set forth above, documents pertaining to the same CASE may be served as one
14 transaction if they pertain to the same category of documents and the same party, i.e. notice of motion,
15 points and authorities, declarations, etc. for one motion may be served together as a single
16 transaction.

17 USERS may electronically serve other documents not specifically contemplated above. Other
18 correspondence between counsel need not be served electronically.

19 In the event a document is served by any method authorized under the Code of Civil Procedure
20 other than electronic service, a copy of the document(s) also shall be electronically served in
21 compliance with the terms of this Order by 5:00 p.m. on the next business day.

22 Nothing is intended by this Order to modify the obligations of service as set forth in the
23 California Code of Civil Procedure and/or other applicable rules.

24 A. **Complaint and First Appearances**

25 Plaintiff shall file in paper form the complaint and summons and proof of
26 service of same; these documents shall also be posted electronically. Electronic
27 service of a summons and complaint does not constitute service of process for any
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1 purpose and does not relieve the serving party from compliance with the applicable
2 provisions of the California Code of Civil Procedure.

3 Each defendant shall serve its first pleading in each CASE with the VENDOR
4 in such manner as the VENDOR shall establish to enter its appearance and serve its
5 first pleading electronically in the newly-filed CASEs.

6 **B. Service Lists**

7 Within five (5) days of this Order, every counsel for plaintiffs in ASBESTOS
8 LITIGATION shall submit to the VENDOR a complete and current service list of
9 counsel of record for each matter in which they represent a plaintiff(s) in ASBESTOS
10 LITIGATION. Each attorney of record for a party in the ASBESTOS LITIGATION
11 shall register for electronic service by completing the appropriate VENDOR
12 application within ten (10) days of this Order.

13 Within ten (10) days of the effective transfer of any CASE from a referring
14 Court into the ASBESTOS LITIGATION, counsel for plaintiff shall submit to the
15 VENDOR a complete and current service list of all parties and their attorneys of
16 record. Each attorney of record shall register for electronic service by completing the
17 appropriate VENDOR application within ten (10) days of service of notice of transfer
18 of a CASE from a referring Court into the ASBESTOS LITIGATION.

19 Within fifteen (15) days of the entry of appearance of a new party in the
20 ASBESTOS LITIGATION, each attorney of record for that party shall register for
21 electronic service by completing the appropriate VENDOR application

22 A party seeking to be removed from a service list on any CASE shall file with
23 the Court and serve on all parties a "Request To Be Removed From The Service List."
24 Any party objecting to the removal of the requesting party must file with the Court and
25 serve on all parties an objection within five (5) court days. If no objection is received,
26 the requesting party shall be removed from the service list by the party initiating the
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1 action against the requesting party. Parties may only be removed from a service list by
2 the party initiating the action or by order of the Court.

3 Service list changes will remain the responsibility of the individual parties
4 through their counsel, if any. The VENDOR shall process the changes requested by
5 parties, but the VENDOR will not initiate them.

6 **6. EFFECT OF USE OF E-SERVICE AND TIME FOR SERVICE**

7 No document transmitted electronically shall be considered as served unless it is accepted by
8 the VENDOR. Electronic service shall be complete at the time of transmission. However, any
9 documents transmitted after 5:00 P.M., Pacific Time, will be deemed to have been served on the
10 following date.

11 Any period of notice or any right or duty to do any act or make any response within any period
12 or on a date certain after the service of the document, which time period or date is prescribed by
13 statute or California Rules of Court, shall be extended after service by electronic transmission by two
14 court days, but the extension shall not extend the time for filing notice of intention to move for new
15 trial, notice of intention to move to vacate judgment pursuant to Code of Civil Procedure § 663a, or
16 notice of appeal (California Rules of Court, Rule 2.251(f)(2)).

17 In the event that a document is rejected for filing by the Court after VENDOR has posted it on
18 the website, the party that caused the document to be posted shall promptly notify VENDOR in
19 writing that the document was rejected by the Court for filing. VENDOR shall cause a permanent
20 notation to be placed on the website in conjunction with that document memorializing the fact of
21 rejection. All parties reserve their rights to object to untimely or otherwise improperly filed and/or
22 served documents.

23 **7. FORMAT OF ELECTRONICALLY SERVED DOCUMENTS**

24 **A. Pleadings, Discovery, and General Documents**

25 All electronically served documents, to the extent practicable, shall be
26 formatted in accordance with the applicable rules governing formatting of paper
27 pleadings, and in such other or further format as the Court may require. The date and
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1 time of the hearing or trial in connection with which the document is submitted shall
2 be designated on the cover page of each document. The caption and signature page of
3 any document served shall contain the name of the attorney and, if applicable, the
4 name of the law firm representing the party and the name of the party on whose behalf
5 the document is served.

6 All documents relating to a single motion, pleading or paper shall be
7 electronically served together in a single service transaction. All documents
8 electronically served shall be identified by: (a) the name of the serving law firm; (b)
9 the caption(s) of the CASE(s), including specific CASE number; (c) a brief title of the
10 document, including the name of the party to whom it is directed; and (d) the identity
11 of the party on whose behalf the document is being served.

12 The document title entered on the VENDOR system shall be substantially the
13 same as the caption on the document. This title is used to allow USERS to quickly
14 search the VENDOR system and locate specific documents. The title shall be used
15 for administrative and reference purposes only, but is not determinative for any other
16 purpose.

17 Documents that are required to be redacted per California Rules of Court,
18 Rule 1.20 shall be served in their unredacted form, but shall be filed with the Court
19 redacted in accordance with the California Rules of Court. Documents lodged
20 provisionally under seal, pursuant to California Rules of Court, Rules 2.550, *et seq.*,
21 shall be electronically served in a locked format and shall be so served on the parties
22 in said CASE. The redacted versions shall also be served, in unlocked version, on all
23 parties in said CASE.

24 **B. Non-Electronic Exhibits or Other Items**

25 Exhibits to declarations or other documents that are nontext articles, real
26 objects, or other documents not readily susceptible to electronic service may be
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1 served in non-electronic form. A notice of such alternative service shall be served
2 electronically.

3 **C. Proof of Service**

4 Proof of electronic service shall conform to the applicable provisions of the
5 Code of Civil Procedure and the California Rules of Court. The VENDOR's
6 transaction receipt may operate as the proof of service so long as it complies
7 substantially with such provisions. A proof of service page may be attached to the
8 last page of any electronically served document. Neither a separate caption page nor
9 a separate filing of the proof of service is required so long as the proof of service
10 page contains a caption referencing the CASE name and action number, is attached
11 as the last page of the electronically served document to which it refers, and
12 references the VENDOR's transaction receipt.

13 **8. SIGNATURES ON E-SERVED DOCUMENTS**

14 Every pleading, document, and instrument electronically served shall be deemed to have
15 been signed by any judge, licensed attorney, court official or person authorized to execute proofs of
16 service if it bears the graphic signature or the typographical signature of such person, e.g. "/s/ Adam
17 Attorney," along with the typed name, address, telephone number, and State Bar of California
18 number of a signing attorney. Such graphic or typographical signatures shall be treated as personal
19 signatures for all purposes under the California Code of Civil Procedure.

20 Other than the attorney of record for a party in a CASE, all other filed and/or served
21 documents requiring a signature under penalty of perjury must be imaged to reflect the handwritten
22 signature of the declarant to accomplish valid service. Upon request, the filing and/or serving party
23 shall provide the original of such typographically signed or imaged documents.

24 USERS shall retain in their files or in the file of the Court an original dated hard copy with
25 hand written signature as required of all electronically served documents. The hard copies shall be
26 made available for inspection upon reasonable notice.

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1 **9. NEW PARTIES**

2 A copy of this Order or reference to the court file where such Order is located shall be
3 provided to all parties at the time of initial service of the Complaint or at any other such first time a
4 new party is brought into an existing action in ASBESTOS LITIGATION.

5 **10. USER AND VENDOR TECHNICAL PROBLEMS**

6 In the event that a USER is temporarily unable to electronically serve due to technical
7 problems, the USER should promptly seek relief from the Court. The Court shall establish policies
8 and procedures for USERS to follow when requesting an extension of time due to technical
9 problems.

10 If electronic service does not occur because: (1) of an error in the transmission of the
11 document to the VENDOR or served party which was unknown to the sending party, (2) of a failure
12 to process the electronic document when received by the VENDOR, (3) a party was erroneously
13 excluded from the service list, or (4) of other technical problems experienced by the VENDOR, the
14 party or parties affected may be entitled to an extension for any response or the period within which
15 any right, duty, or other act must be performed, provided the USER demonstrates that s/he attempted
16 to otherwise timely complete service on a particular day and time.

17 VENDOR shall provide, in the least, telephonic technical service assistance to the Court and
18 parties in ASBESTOS LITIGATION 24-hours per day, 365-days per year, and shall work diligently
19 to avoid and promptly resolve any technical difficulties.

20 **11. PARTIES NOT REPRESENTED BY COUNSEL AND NON-PARTIES**

21 Parties not represented by counsel and non-parties are not required to electronically serve
22 documents and may serve documents in accordance with the California Code of Civil Procedure and
23 other applicable rules.

24 **12. ELECTRONIC SERVICE OF ORDERS AND OTHER DOCUMENTS BY**
25 **THE COURT**

26 The Court may electronically serve orders and other documents electronically on parties in
27 the ASBESTOS LITIGATION.
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1 **13. OBJECTION TO E-SERVICE ORDER AND NOTICE OF ORDER**

2 A. All parties currently in the ASBESTOS LITIGATION shall have ten (10) days from
3 service of this Order to file objection with the Court. Any party appearing after
4 November 14, 2011, shall have ten (10) days from their initial appearance to lodge any
5 objections to this Order and to seek exemption. A copy of this Order or reference
6 thereto shall be served upon any newly appearing party with the initiating pleadings.
7 Exemptions may be granted in the discretion of the Court if it appears that a party
8 would suffer undue hardship or significant prejudice.

9 B. Counsel for Plaintiff is further ordered to serve a copy of this Order on parties in each
10 CASE within five (5) days of the entry of this Order.
11

12 **IT IS SO ORDERED.**

13
14 Dated: October 25, 2011


15 _____
16 EMILIE H. ELIAS
17 JUDGE OF THE LOS ANGELES SUPERIOR COURT
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FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES

NOV 14 2013

Sherri R. Carter, Executive Officer/Clerk
By Alfredo Morales deputy
ALFREDO MORALES

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

IN RE LAOSD ASBESTOS LITIGATION

JCCP CASE NO. 4674

FURTHER ORDER RE ELECTRONIC
SERVICE

Dept: 324
Judge: Hon. Emilie H. Elias

Paragraph 5 is amended to read as follows:

"All documents filed with the Court shall be electronically served on all parties. Except as expressly provided herein, all pleadings, motions, memoranda of law, declarations, orders, discovery, including verifications, *ex parte* notices, deposition notices and objections, or other documents served in ASBESTOS LITIGATION by USERS shall be electronically served."

DATED: 11/14/13

Emilie H. Elias
EMILIE H. ELIAS, JUDGE
LOS ANGELES SUPERIOR COURT

APPENDIX A-12

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES

AUG 11 2014

Sherri R. Chang, Executive Officer/Clerk
By ALFREDO MORALES deputy

LAOSD ASBESTOS CASES

Judicial Council Coordination
Proceeding No. 4674

CASE MANAGEMENT STANDING
ORDER RE: DISCOVERY IN ALL
COORDINATED LAOSD CASES

CCW Dept. 324

Judge: Hon. Emilie H. Elias

DISCOVERY CASE MANAGEMENT ORDER

The following is a Discovery Case Management Order (hereinafter "Discovery CMO") for all coordinated LAOSD personal injury or wrongful death asbestos matters filed in, or transferred to, Los Angeles, Orange and San Diego counties on and after August 11, 2014.

I. AUTHORITY AND APPLICATION OF ORDER.

Judicial Council Coordinated Proceedings Case No. 4674 (hereinafter referred to as "ASBESTOS LITIGATION" or "JCCP 4674") is deemed complex litigation within the meaning of the California Standards of Judicial Administration for Complex Litigation Section 19 and California *Rules of Court*, Rule 3.400 *et seq.* As such, ASBESTOS LITIGATION requires specialized, efficient management to minimize burdens on the Court and the litigants and to keep costs reasonable.

CASE MANAGEMENT STANDING ORDER RE: DISCOVERY
IN ALL COORDINATED LAOSD CASES

Page | 1

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The law in California empowers the Court with broad authority to manage its cases and to ensure the administration of due process. To that end, Los Angeles County Local Rule 2.7(b)(1)(A) expressly states that "[t]he Los Angeles Asbestos Litigation has been determined to be complex litigation."

The Court hereby finds that entry of this Discovery CMO regarding discovery in ASBESTOS LITIGATION will benefit the Court, counsel and litigants, and will further the orderly conduct and management of ASBESTOS LITIGATION in this jurisdiction. The Court further finds that adoption of this Discovery CMO will not cause undue hardship or significant prejudice to any party. This Discovery CMO shall apply to all cases filed in or transferred into the JCCP 4674 after on and after August 11, 2014.

This Discovery CMO may be amended or modified in a specific case by one of the following procedures: (1) a Court-approved stipulation of all parties, (2) a motion by any party, upon hearing and good cause shown, or (3) by the Court, on its own motion. Except for amendments in a specific case as described above, this Discovery CMO shall remain in effect and be binding on all parties until amended or modified and may be amended or modified only by one of the following procedures: (1) a Court-approved stipulation of all parties related to a specific case or case(s); (2) a motion by any party, upon hearing and good cause shown, after having sought leave of court via application filed in JCCP 4674 and served on all parties in that case; or (3) by the Court, on its own motion.

II. PRELIMINARY FACT SHEET.

Each plaintiff who files an action in Judicial Council Coordinated Proceedings Case No. 4674 must complete, and file and serve, a Personal Injury or Wrongful Death Preliminary Fact Sheet, attached hereto Exhibit "1", whichever one is applicable, along with the filing of each initial Complaint in a new matter. In completing this Preliminary Fact Sheet, plaintiff shall fully respond to each question and provide all of the information available to plaintiff that is sought by

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each question. The questions should be read broadly. If Plaintiff does not know the answer to any question, plaintiff should state that to be the case. If any question is not applicable to Plaintiff and Plaintiff's case, plaintiff should provide whatever information is available to Plaintiff and, as to any information sought by the question which Plaintiff does not know, plaintiff should identify what part of the question plaintiff cannot answer. Plaintiff may consult with his/her attorney if Plaintiff has any questions regarding the completion of these forms. Plaintiff may attach as many sheets of paper as necessary to answer these questions.

The information sought in the applicable Preliminary Fact Sheet is directed to the individual who is claiming or is claimed to have been exposed to asbestos. If Plaintiff is completing the Preliminary Fact Sheet for someone who was allegedly exposed to asbestos who has died or cannot complete them him/herself, please answer as completely as you can for that person. Objections to any question in the Preliminary Fact Sheet shall be set forth in a separate document attached to the Preliminary Fact Sheet.

The preliminary fact sheet does not need to contain a verification by the Plaintiff(s). The preliminary fact sheet is to be used solely for informational purposes.

III. STANDARD INTERROGATORIES.

A. Service of Standard Interrogatories.

Defendants' Standard Interrogatories to Plaintiffs are attached hereto as **Exhibit "2"**. These Standard Interrogatories shall be deemed served as set forth below. Plaintiffs' Standard Interrogatories to Defendants are attached hereto as **Exhibit "3"**. Defendants' responses to Plaintiffs' Standard Interrogatories shall be served sixty (60) days after service or sixty (60) days after plaintiff has served his/her verified responses to defendants' Standard Interrogatories, whichever is later. No party shall be required to answer a particular interrogatory more than once. If any party has previously answered a

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particular interrogatory, it shall be sufficient to answer by reference to such prior answer and to provide a copy thereof.

B. Preference Cases.

If Plaintiff has indicated in the Preliminary Fact Sheet that he/she will be seeking a preferential trial date, Defendants' Standard Interrogatories shall be deemed served on Plaintiff at the time the Complaint is filed and Plaintiff must serve responses with verification thereto within thirty (30) calendar days of the filing the initial Complaint. If Plaintiff files a motion for preferential trial setting, plaintiff's responses with verifications to Defendants' Standard Interrogatories shall be served with and attached to the motion for preferential trial setting. If the motion for preference is granted, Defendants' responses to Plaintiffs' Standard Interrogatories shall be due within 30 days of the Court's Order, assuming that Plaintiffs' responses to Defendants' Standard Interrogatories were served with the motion for preference.

Service of Plaintiff's responses to Standard Interrogatories may be accomplished by posting the responses on the approved electronic service provider's online file in that case. Plaintiffs are not required to individually serve any Defendant. Any Defendant who enters the lawsuit after Plaintiff has already posted the Standard Interrogatory responses shall obtain a copy of the responses through the approved electronic service provider.

C. Non-Preference Cases.

If Plaintiff does not indicate in the Preliminary Fact Sheet that he/she will be seeking a preferential trial date, Defendants' Standard Interrogatories shall be deemed served on Plaintiff thirty (30) days after the filing of the Complaint and Plaintiff must serve responses with verifications thereto within sixty (60) calendar days of the filing of the initial Complaint.

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IV. SPECIAL INTERROGATORIES, REQUESTS FOR ADMISSIONS, FORM INTERROGATORIES, SUPPLEMENTAL INTERROGATORIES AND REQUESTS FOR PRODUCTION.

Absent agreement by the parties or subsequent Order of the Court, procedures relating to service of and responses to Requests for Admission, Form Interrogatory No. 17.1, Supplemental Interrogatories and Requests for Production shall be governed by the applicable sections of the *Code of Civil Procedure*.

Each party may propound special interrogatories, which shall contain no more than ten (10) questions, without subparts. Said special interrogatories may be served at any time after Plaintiff or Defendant has answered standard interrogatories. Plaintiff and Defendant shall respond to the special interrogatories within the time period and in the manner prescribed by the applicable sections of *Code of Civil Procedure* Sections 2030.010, *et seq.* Any party may seek leave of Court for additional special interrogatories, upon a showing of good cause by bringing a regularly noticed motion.

V. PLAINTIFF AND/OR ALLEGED PRODUCT IDENTIFICATION WITNESS DEPOSITIONS.

A. Unless stipulated otherwise by all parties or ordered by the Court upon a showing of good cause, no depositions of Plaintiff or product identification witness may proceed until and unless:

- (1) Plaintiff has provided to Pike Photocopy Service all properly executed authorization forms in compliance with this Court's Order Regarding Plaintiffs' Authorizations;
- (2) Plaintiff has served on Defendants copies of all social security, military, medical, and other records pertaining to the plaintiff in his or her possession; and
- (3) Plaintiff has served on Defendants verified Responses to Standard Interrogatories.

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- B. Unless stipulated otherwise by all parties or ordered by the Court upon a showing of good cause, Defendants' deposition examination of plaintiff shall be limited in duration to 20 hours of testimony on the record. If a party believes additional time is necessary to complete the deposition, all parties shall jointly contact the Court before adjourning the deposition and before any attorney or the deponent leave the deposition site. The discovery conference with the Court may be recorded by the court reporter at the deposition upon the request of a party; however, the parties must notify the Court in advance if it is being recorded.
- C. Defendants shall make good faith efforts to coordinate and conduct an efficient deposition, particularly of Plaintiff in an action where a preferential trial date has been granted. Defendants shall be permitted to allocate the total available time amongst themselves.
- D. Counsel for the parties (and the witnesses) shall make legal objections only. Speaking objections or coaching of the witness during the examination is improper.
- E. Depositions shall be noticed pursuant to the provisions of *Code of Civil Procedure* Sections 2025.210, *et seq.* Unless stipulated otherwise by all parties or ordered by the Court upon a showing of good cause, if Plaintiff's attorney conducts the deposition examination first (direct examination), Defendants may elect to commence their examination either immediately after the conclusion of Plaintiff's direct examination or within 5 Court days after the conclusion of Plaintiff's direct examination.
- F. Unless stipulated otherwise by all parties or ordered by the Court upon a showing of good cause, no percipient witness deposition shall be conducted before 8:00 a.m. or after 6:00 p.m., or on weekends or holidays.
- G. Within five (5) Court days after service of a notice of deposition of a Plaintiff, or of a product identification or exposure witness who is represented by Plaintiff's counsel

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or who will be represented by Plaintiff's counsel at the deposition, Plaintiff shall: (1) confirm whether the witness is available on the date noticed, and (2) if the witness is not available, provide at least two (2) dates when the witness will be available to be deposed.

H. The parties shall make every effort to meet and confer to informally resolve deposition related issues. If the parties, after making good faith efforts, are unable to reach an informal resolution, the parties shall contact the Court to schedule a conference call. The attorneys who attended the deposition shall participate in the conference call with the Court.

VI. PMQ AND COR DEPOSITIONS.

A. Plaintiff shall first serve responses to Defendant's Standard Interrogatory that set forth the alleged products and locations before the deposition of the PMQ and/or their Custodian of Records is noticed. Then, within five (5) Court days after service of a notice of deposition for a Person Most Qualified pursuant to *Code of Civil Procedure* Sections 2025.220 *et seq.* or a Custodian of Records pursuant to *Code of Civil Procedure* Sections 2020.510, the Defendant whose deposition is noticed shall: (1) provide two (2) dates when the deposition may be taken, or (2) provide notice to Plaintiff that the Defendant will object to the notice.

B. If Defendant provides notice that it will object to the notice of deposition, the objection shall be served in accordance with *Code of Civil Procedure* Section 2025.410. If an objection is served, including a dispute over the scope of the deposition, the parties are to meet and confer in good faith in an attempt to resolve the objection. Each party will designate an individual with authority to handle the meet and confer process. The parties shall meet and confer either by telephone or in person within five (5) court days after Defendant has- served objections

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C. If Defendant's objections cannot be resolved in the meet and confer, each party shall submit a short five (5) page memorandum setting forth their respective positions and the Court will conduct a telephonic hearing for the purpose of a preliminary ruling on the objections to the deposition notice. This procedure shall not preclude any party from filing a motion for protective order or a motion to compel in accordance with the *Code of Civil Procedure* once the party has completed this abbreviated procedure. If the Court enters an order resolving the objections to the deposition notice and ordering Defendant to produce a witness, within five (5) Court days after that order is issued by the Court, Defendant shall provide two (2) dates when it will present a witness (or witnesses) in response to the notice of deposition.

D. Depositions shall neither be noticed nor taken for the purpose of causing unwarranted annoyance, embarrassment, oppression, or undue burden and expense. *Code of Civil Procedure* Sections 2023.010, *et seq.* Nor should any party be subject to multiple depositions on the same topics. *Id.* If a defendant wishes to use prior testimony in lieu of a new deposition, that Defendant and Plaintiff(s) may stipulate to the authenticity of any such prior transcript.

E. The deposition of Defendant, including, but not limited to a Person Most Qualified pursuant to *Code of Civil Procedure* Sections 2025.220, *et seq.* and a Custodian of Records, may be noticed, at Plaintiff's option, either in person or telephonically. This election shall be set forth in the deposition notice.

VII. OUT OF STATE COMMISSION.

Pursuant to *Code of Civil Procedure* Sections 2026.010, *et seq.*, any commission necessary for the depositions of witnesses and/or production of documents or things, including but not limited to documents sought by the authorizations previously ordered by the Court in another state or nation are hereby issued, in advance, under the seal of this Court, directed to any

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person who is authorized to administer oaths or to produce documents by the laws of the United States, or by the laws of the jurisdiction in which the deposition is taken or any documents pursuant to an out of state subpoena is sought.

IT IS SO ORDERED.

Dated: 8/11/14

Emilie H. Elias
The Honorable Emilie H. Elias
Judge of the Superior Court of California

Appendix B-9

PRELIMINARY FACT SHEET
(PERSONAL INJURY COMPLAINT)

I. BACKGROUND INFORMATION

Name: _____

Address: _____ City: _____ State: _____

Number of years at present address: _____ Number of years living in current state: _____

Date of Birth: _____

Based on the current facts, do plaintiff(s) intend on filing a motion for preference?

_____ Yes _____ No _____ Do Not Know

Have you received, or have you applied for, Medicare benefits or Social Security Disability benefits?

_____ Yes _____ No

Have you ever resided in California? _____ Yes _____ No. If YES, provide cities in California where you resided and the dates you resided in each city.

City _____ Dates _____

II. EXPOSURE

Date of First Claimed Asbestos Exposure: _____ Date of Last Claimed Asbestos Exposure _____

For each asbestos-containing product to which you claim you were exposed, please provide the following information (fill in the chart):

Defendant	Product at Issue	Date(s) of Exposure	Employer	Location of Exposure	Type of Exposure (Direct Occupational, Para-Occupational or Non-Occupational)

*Exhibit 1
Appendix B-10*

Have you ever served in the military? _____ Yes _____ No

If yes:

(a) Identify the branch of service: _____

(b) Identify the dates of service: _____

(c) Identify the rank and title: _____

III. MEDICAL HISTORY

1. Which of the following diseases have you been diagnosed with? Check all that apply:

_____ Mesothelioma (pleural)

_____ Mesothelioma (peritoneal)

_____ Lung Cancer – Squamous Cell/Adenocarcinoma/Small Cell/Other (circle one)

_____ Asbestosis

_____ Pleural Disease

_____ Other Specify: _____

2. Date of diagnosis and name of diagnosing doctor (per disease, if more than one): _____

3. Does any pathology material exist for the individual claiming an asbestos-related injury?

_____ Yes _____ No

If YES, please identify what material exists and where it is presently located: _____

4. Have you ever smoked? _____ Yes _____ No

If YES, state years and quantity smoked: _____

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PRELIMINARY FACT SHEET
(WRONGFUL DEATH COMPLAINT)

I. BACKGROUND INFORMATION FOR DECEDENT

Please complete the following information as to Plaintiff's Decedent

Name: _____

Last Address: _____ City: _____ State: _____

Number of years at last address: _____

Date of Birth: _____

Date of Death: _____

Based on the current facts, do plaintiff(s) intend on filing a motion for preference?

_____ Yes _____ No _____ Do Not Know

Did Decedent receive or apply for Medicare benefits or Social Security Disability benefits?

_____ Yes _____ No

Did Decedent ever reside in California? _____ Yes _____ No. If YES, provide cities in California where Decedent resided and the dates he or she resided in each city.

City _____ Dates _____

II. EXPOSURE

Date of First Claimed Asbestos Exposure: _____ Date of Last Claimed Asbestos Exposure _____

For each asbestos-containing product to which you claim Decedent was exposed, please provide the following information (fill in the chart):

Exhibit B-12
ADDIX

Defendant	Product at Issue	Date(s) of Exposure	Employer	Location of Exposure	Type of Exposure (Direct Occupational, Para-Occupational or Non-Occupational)

Did Decedent ever serve in the military? _____ Yes _____ No

If yes:

- (a) Identify the branch of service: _____
- (b) Identify the dates of service: _____
- (c) Identify the rank and title: _____

III. MEDICAL HISTORY

1. What was the cause of Decedent's death? _____

2. Which of the following diseases was Decedent diagnosed with? Check all that apply:

- _____ Mesothelioma (pleural)
- _____ Mesothelioma (peritoneal)
- _____ Lung Cancer -- Squamous Cell/Adenocarcinoma/Small Cell/Other (circle one)
- _____ Asbestosis
- _____ Pleural Disease
- _____ Other Specify: _____

3. Date of diagnosis and name of diagnosing doctor (per disease, if more than one): _____

4. Does any pathology material exist for Decedent? _____ Yes _____ No

If YES, please identify what material exists and where it is presently located: _____

5. Did Decedent ever smoke? _____ Yes _____ No

If YES, state years and quantity smoked: _____

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SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

In re Los Angeles Asbestos Litigation –
General Orders Coordinated Proceeding
Special Title (Rule 3.550)

LAOSD ASBESTOS CASES

CASE NO. JCCP 4674

*Assigned for All Purposes to the Honorable
Emilie H. Elias in Department 324*

LAOSD STANDARD INTERROGATORIES
TO PLAINTIFFS

INTRODUCTION

Each plaintiff in the above-captioned asbestos litigation is required to respond to the following general order interrogatories separately and fully in writing, under oath, pursuant to *Code of Civil Procedure Section §§2030.010, et seq.* In responding to these interrogatories, YOU are required to furnish all information that is currently known or available to YOU or YOUR attorney(s). If YOU cannot answer an interrogatory completely, answer to the fullest extent possible and specify the reason(s) for YOUR inability to respond fully.

DEFINITIONS

As used in these interrogatories, the term "YOU" and "YOUR" or any derivative thereof means plaintiff and/or decedent, as well as anyone acting or purporting to act on his/her behalf, including, but not limited to, plaintiff's agents, representatives, counsel, and employees.

As used in these Interrogatories, the term "PERSON(S)" includes a natural PERSON, firm, association, organization, partnership, business, trust, corporation, or public entity.

*Exhibit 2
ADDENDUM B-14*

As used in these Interrogatories, the term "DOCUMENT(S)" means a writing as defined in *Evidence Code* § 250, and includes the original or a copy of any handwriting, printing, Photostatting, photographing, and every other means of recording upon any tangible thing in form of communication or representation, including letters, words, pictures, sounds, or symbols, or combinations of them. The term "DOCUMENT(S)" specifically includes, but is not limited to, any and all JOB files, contracts, invoices, work orders, JOB logs, specifications, blueprints, maps, purchase orders, and permits.

As used in these Interrogatories, the term "DESCRIBE" as it relates to equipment, product or material means provide a complete description of the equipment, product or material including but not limited to the name, manufacturer, supplier, distributor, color, texture, consistency, shape, size and any markings; a description of the container and/or packaging including size, color and all writing on the container and or packaging and a description of how the equipment, product or material was used.

As used in these interrogatories, "ASBESTOS-CONTAINING PRODUCT(S)" means any and all products that contain any amount of asbestos dust or fiber,.

As used in these interrogatories, "RESPIRATORY PROTECTION EQUIPMENT" means any device or item of apparel used to prevent or reduce the inhalation of asbestos, or other dusts or fibers such as, but not limited to, kerchiefs, dust masks, respirators, hoods, and respirator filters, cartridges and canisters.

"IDENTIFY" in regards to WORKSITES means to state the name, street address (including city, state and zip code), property owner, building number, floor number, cross-street(s), parcel number, or other identifying characteristics of each WORKSITE alleged to be at issue.

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"IDENTIFY" in regards to DOCUMENTS means to describe the DOCUMENT(S) with sufficient particularity to issue a subpoena, request for production and/or notice to produce, including the title, date, author, addressee or other recipient(s), and the name, address or other contact information for the custodian(s) of each DOCUMENT.

"IDENTIFY" in regards to PERSONS means to state the full name, JOB title, last known address (including city, state and zip code), telephone number and/or other contact information for each PERSON, if known to the Plaintiff answering these Interrogatories and/or his/her attorneys.

"IDENTIFY" in regards to ASBESTOS-CONTAINING PRODUCTS means to state the trade name, brand name and/or manufacturer of the product(s), and any other markings, writings or logos associated with the product.

As used in these interrogatories, the term "CONTRACTOR DEFENDANT(S)" means any Defendant who allegedly exposed YOU to asbestos as a result of their work involving the installation, use, handling, abatement, removal or disturbance of ASBESTOS or ASBESTOS-CONTAINING PRODUCTS.

As used in these interrogatories, the term "WORKSITE" means each premise, LOCATION or area where YOU contend YOU were exposed to asbestos, including but not limited to commercial buildings, tract housing, refinery facilities, shipyards, and vessels/ships.

"LOCATION" or "LOCATIONS" means the city, state, country, street address, intersection or shipyard. For work aboard ship, please IDENTIFY the ship and where it was located during the time YOU worked on board.

"OCCASION" refers to a day, any part of a day, or a series of day(s), week(s), month(s) or year(s) during which YOU worked continuously at a WORKSITE.

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"SAFETY PRECAUTION" means respirators, masks, fans, air blowers, tarps, wet down procedures, isolation and any other equipment and/or methods used to limit or prevent exposure to dust.

When the word "AUTOMOBILE" or "AUTOMOTIVE" is used herein, It refers to any motor vehicle or mobile equipment and their systems or parts including, but not limited to, a car, truck, tractor, trailer, bus or heavy motorized equipment, upon which plaintiff claims he performed any repairs or work that resulted in an exposure to asbestos.

The term "FRICTION MATERIAL DEFENDANTS" means those defendants whom plaintiff(s) has/have named in the complaint and who plaintiff(s) allege(s) are in the business of selling, manufacturing or distributing "BRAKE LININGS" or "ASBESTOS-CONTAINING FRICTION PRODUCTS" and/or any other AUTOMOTIVE parts which plaintiff(s) allege(s) contain asbestos.

The term "ASBESTOS-CONTAINING FRICTION PRODUCTS" means "BRAKE LININGS" as defined above and AUTOMOBILE transmission parts such as clutches, clutch plates, clutch discs, clutch facings and linings, or any other AUTOMOBILE parts which contain or have parts made from asbestos, such as gaskets.

INTERROGATORIES

I. BACKGROUND

1. State YOUR full name, present address, date and place of birth, social security number, height, and weight, and, if YOU have a driver's license, the state of issuance and the number of that driver's license.

2. State any other name or names by which YOU have been known, including nickname(s), and the inclusive dates of use of that name or names.

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3. State all YOUR former residence addresses, including street address, city, state, and zip code, that YOU have lived at during YOUR lifetime, giving the dates during which YOU lived at each address and the names of each PERSON and relationship to YOU who lived with YOU at each address.

4. If YOU are married, state the name of YOUR spouse, her/his age and present address (if different from YOUR address), and the date and place of YOUR marriage. If YOUR spouse is currently employed, state:

- a. The name and address of his/her employer;
- b. Whether he/she is employed on full or part time basis; and
- c. The amount of his/her average weekly or monthly salary.

5. State the names of any previous spouses, the dates and places of those marriages, and the dates those marriages were dissolved or terminated. If the marriage was terminated by a divorce, state the county and state in which the divorce papers were filed.

6. State the names, ages and present addresses of each of YOUR children.

7. State the names, ages and present addresses of each of YOUR parents. If they are deceased, indicate their age at death and cause of death.

8. State all schools including vocational programs YOU have attended since elementary/grade school up to the highest grade level YOU have completed, together with the date completed, name and LOCATION of the school YOU attended, and any degree or certificate YOU received from each school.

9. If YOU have been or are licensed by any agency, governmental or nongovernmental, to perform any profession, trade or occupation, state the following:

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- a. The date the license was issued;
- b. The name and address of the agency issuing the license;
- c. The profession, trade or occupation for which the license was issued;
- d. Whether the license was revoked or suspended; and if so, the date and reason for each revocation and suspension; and
- e. The amount of time YOU engage in the profession, trade or occupation, as authorized by the license.

10. If YOU have been convicted of a felony, state the date, place (city, county, and state) and nature of each felony conviction and court case number. If YOU served time in prison, state the dates and LOCATION of time served.

II. MILITARY SERVICE

11. If YOU have ever been a member of the Armed Forces of the United States, or any other Country, state:

- a. The Country in which YOU served in the Armed Forces;
- b. The branch of service,
- c. YOUR serial number, and the highest rank or grade YOU held;
- d. The dates YOU began and ended YOUR military service;
- e. The type of discharge YOU received;
- f. At what LOCATIONS YOU served, if any, and the dates of such service;
- g. If YOU served aboard ship, identify the ship by name and/or hull number and the dates of such service;
- h. The specific nature of YOUR duties at each of the above LOCATIONS or ships;

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- i. Any claimed exposure to asbestos products, and the nature and extent of any such exposure;
- j. YOUR veteran's administration number; and,
- k. If YOU received technical or vocational training as a member of the Armed Forces the type of training YOU received and dates of the training period.

III. EMPLOYMENT HISTORY

- 12. If YOU are presently employed, state:
 - a. The name and address of YOUR present employer;
 - b. The name and address of YOUR immediate supervisor
 - c. The nature of the work YOU do and YOUR JOB title;
 - d. The number of hours, per week, YOU normally work;
 - e. The date YOUR employment began and ended;
 - f. All of YOUR JOB positions from the beginning of YOUR employment and dates for each position;
 - g. YOUR present rate of pay or salary; and
- 13. If YOU are not presently employed, describe the reason why. If retired, state the date and specific reason(s) for YOUR retirement.
- 14. List all OCCASIONS during the last twenty years of YOUR life on which YOU have lost time from work for over ten consecutive days as a result of any of the following, and for each such loss, indicate the amount of time lost and the reason for the lost time:
 - a. Illness;
 - b. Injury.

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15. If YOU have ever been discharged or voluntarily left a position due to health problems, state in detail the dates, names of employers, places of employment and circumstances surrounding each discharge or voluntary termination.

16. If YOU are or have ever been a member of any labor union, state for each union membership:

- a. The name, address and telephone number of the union, the union local or chapter number of each union, and YOUR membership number, if any;
- b. The dates and time periods during which YOU maintained membership in each such union.

17. List all of YOUR employment or JOBS that YOU have ever had in YOUR lifetime, including self-employment, and for each employment, state:

- a. The employer's name, address and telephone number, and the dates of YOUR employment;
- b. YOUR JOB title and a description of YOUR duties;
- c. If YOU claim, or have reason to believe, YOU were exposed to asbestos, the manner of exposure, the duration and time period of exposure and the type of product (e.g., insulation, cement, etc.) to which YOU were exposed;
- d. The LOCATION of each JOB site, including the name of each facility, shipyard, or ship, and the state and city where located, along with the beginning and ending dates of each such JOB;
- e. For each such JOB, state the name, approximate age, their JOB title at the place of employment, and last known address and phone number of all

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PERSONS with whom YOU worked, including but not limited to YOUR supervisor, on such JOB;

- f. The reason for each termination; and
- g. The rate of pay at each place of employment.

IV. EXPOSURE TO ASBESTOS - PRODUCTS/EQUIPMENT

18. For each product, material, compound or equipment (collectively referred to as "product") which YOU contend contains ASBESTOS allegedly manufactured, produced, prepared, distributed or sold by any defendant named in this action or by its predecessors, subsidiaries, subdivisions or affiliates, and which YOU worked with or around or otherwise claim to have been exposed to at any time:

- a. Describe each product as specifically as possible, including its trade name, product type, ASBESTOS content, color, packaging, and manufacturer, together with a detailed description of when and how YOU became aware of this information;
- b. If not already identified in response to number 17(c) above, state the date(s) on which and places where YOU were exposed or YOUR best estimate thereof, together with the circumstances surrounding such exposure (i.e., whether YOU worked with it or were simply near an area where it was being used) to the product;
- c. Describe all instructions, recommendations or warnings of any kind that accompanied the product, together with the LOCATION(s) where this information appeared (e.g., printed on tag, tag covering, instruction sheet accompanying product, etc.);

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- d. State the purpose for which YOU used the product;
- e. IDENTIFY all SAFETY PRECAUTIONS in place during YOUR use of the product;
- f. IDENTIFY (including name, address and telephone number) of YOUR supervisors and co-workers at the WORKSITE;
- g. IDENTIFY all PERSONS with knowledge of facts supporting YOUR response to this interrogatory and its subparts, not already identified in these responses; and
- h. IDENTIFY all DOCUMENTS which support YOUR response to this interrogatory and its subparts.

V. USE OF RESPIRATORY PROTECTION EQUIPMENT

19. IDENTIFY all RESPIRATORY PROTECTION EQUIPMENT that YOU contend YOU used at any time. For each item of RESPIRATORY PROTECTION EQUIPMENT identified, provide the following information:

- a. the name of the manufacturer of the RESPIRATORY PROTECTION EQUIPMENT;
- b. the name, model number, and type of the RESPIRATORY PROTECTION EQUIPMENT; and
- c. the name of YOUR employer and the name and address of the jobsite at the time YOU allegedly used the RESPIRATORY PROTECTION EQUIPMENT.

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VI. EXPOSURE TO ASBESTOS - PREMISES

20. For each WORKSITE identified in YOUR Response to Interrogatory No. 18 above for which you are making a claim against a premises defendant for asbestos exposure at that WORKSITE, please state:

- a. IDENTIFY each PERSON who YOU contend owned the WORKSITE during the dates(s) or time period(s) when YOU worked there;
- b. IDENTIFY each PERSON who YOU contend operated the WORKSITE during the dates(s) or time period(s) when YOU worked there;
- c. IDENTIFY each PERSON who YOU contend controlled the WORKSITE during the dates(s) or time period(s) when YOU worked there;
- d. IDENTIFY each PREMISES OWNER who YOU contend exposed YOU to asbestos at the WORKSITE during the date(s) or time period(s) when YOU worked there;
- e. describe the nature or manner in which YOU contend YOU were exposed to asbestos at the WORKSITE as a result of work performed by each PREMISES OWNER;
- f. the identity (including name, address and telephone number) of YOUR employer(s);
- g. YOUR JOB title(s), if not described above;
- h. YOUR JOB duties, if not described above;
- i. the identity (including name, address and telephone number) of YOUR supervisors and co-workers at the WORKSITE, if not identified above;

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- j. the identity of all PERSONS with knowledge of facts supporting YOUR response to this interrogatory and its subparts, not already identified in these responses; and
- k. IDENTIFY all DOCUMENTS which support YOUR response to this interrogatory and its subparts.

VII. EXPOSURE TO ASBESTOS - CONTRACTORS

21. For each WORKSITE identified in YOUR Response to Interrogatory No. 18 above for which you are making a claim against contractor defendant for asbestos exposure at that WORKSITE, please state:

- a. IDENTIFY each PERSON who YOU contend owned the WORKSITE during the dates(s) or time period(s) when YOU worked there;
- b. IDENTIFY each PERSON who YOU contend operated the WORKSITE during the dates(s) or time period(s) when YOU worked there;
- c. IDENTIFY each PERSON who YOU contend controlled the WORKSITE during the dates(s) or time period(s) when YOU worked there;
- d. IDENTIFY each CONTRACTOR DEFENDANT who YOU contend exposed YOU to asbestos at the WORKSITE during the date(s) or time period(s) when YOU worked there;
- e. describe the nature or manner in which YOU contend YOU were exposed to asbestos at the WORKSITE as a result of work performed by each CONTRACTOR DEFENDANT.
- f. the identity (including name, address and telephone number) of YOUR employer(s);

- g. YOUR JOB title(s), if not described above;
- h. YOUR JOB duties, if not described above;
- i. the identity (including name, address and telephone number) of YOUR supervisors and co-workers at the WORKSITE, if not identified above;
- j. the identity of all PERSONS with knowledge of facts supporting YOUR response to this interrogatory and its subparts, not already identified in these responses; and
- k. IDENTIFY all DOCUMENTS which support YOUR response to this interrogatory and its subparts.

VIII. EXPOSURE TO ASBESTOS - FRICTION

22. Do YOU contend that YOU were exposed to asbestos from any ASBESTOS-CONTAINING FRICTION PRODUCTS at any place of employment? If so, please answer the following:

- a. The names and addresses of all places of employment where YOU contend such an exposure took place;
- b. The dates at each place of employment;
- c. YOUR JOB title at each place of employment;
- d. YOUR JOB responsibilities at each place of employment;
- e. A complete description of any work performed by YOU which YOU contend caused an asbestos exposure to you;
- f. A complete description of any work performed by others which YOU contend caused an asbestos exposure to you;

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- g. List the specific parts or components YOU worked with which YOU contend are or were ASBESTOS-CONTAINING FRICTION PRODUCTS;
- h. State the frequency of YOUR exposure to each specific ASBESTOS-CONTAINING FRICTION PRODUCTS;
- i. Identity of YOUR immediate supervisor(s) for each place of employment;
- j. The identity of all of YOUR co-workers at each place of employment;
- k. IDENTIFY any other PERSON with knowledge of YOUR alleged exposure to ASBESTOS-CONTAINING FRICTION PRODUCTS at each place of employment;
- l. Whether any safety equipment or protective devices, including but not limited to engineering controls or respiratory protective equipment, with respect to asbestos were provided to YOU or YOUR co-workers and, if so, a description of the equipment/devices;
- m. Whether any safety equipment or protective devices, including but not limited to engineering controls or respiratory protective equipment, with respect to asbestos were required to be used by YOU or YOUR co-workers and, if so, a description of the equipment/devices and the date on which they were first required; and
- n. Whether any safety equipment or protective devices, including but not limited to engineering controls or respiratory protective equipment, with respect to asbestos were used by YOU or YOUR co-workers and, if so a description of the equipment/devices and when they were first used.

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23. Do YOU contend that YOU were exposed to asbestos from any ASBESTOS-CONTAINING FRICTION PRODUCTS anywhere other than a place of employment (i.e. during home auto repair)? If so, please answer the following:

- a. The LOCATION(s) where YOU contend that each such exposure took place;
- b. The dates at each exposure;
- c. For each exposure, IDENTIFY the owner of the VEHICLE on which YOU performed work with ASBESTOS-CONTAINING FRICTION PRODUCTS if known to you;
- d. For each such exposure, IDENTIFY any PERSON known to you to have observed YOU working with ASBESTOS-CONTAINING FRICTION PRODUCTS;
- e. For each such exposure, IDENTIFY any other PERSON known to you to have knowledge of YOUR alleged exposure to ASBESTOS-CONTAINING FRICTION PRODUCTS;
- f. A complete description of any work performed by YOU which YOU contend caused an asbestos exposure to you;
- g. A complete description of any work performed by others which YOU contend caused an asbestos exposure to you;
- h. List the specific parts or components YOU worked with which YOU contend are or were ASBESTOS-CONTAINING FRICTION PRODUCTS;

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- i. Whether any safety equipment or protective devices, including but not limited to engineering controls or respiratory protective equipment, with respect to asbestos were used by YOU or others during this work and, if so, a description of the equipment/devices;
- j. Whether any safety equipment or protective devices, including but not limited to engineering controls or respiratory protective equipment, with respect to asbestos were used by YOU or others during this work and, if so a description of the equipment/devices and on which projects they were used.

24. Have YOU ever received any instruction or training in AUTOMOTIVE inspection, repair, maintenance or mechanics? If so, please state:

- a. Where YOU received such training;
- b. When YOU received such training;
- c. By whom the training was given, noting corporate identity as well as name and address of individuals;
- d. The subject or topics involved;
- e. The systems or parts of the AUTOMOBILE involved;
- f. Whether any safety equipment or protective devices, including but not limited to engineering controls or respiratory protective equipment, with respect to asbestos were discussed and/or advised, and if so, describe the equipment/devices, and
- g. Whether the subject of asbestos (asbestos parts, asbestos health hazards, etc.) was discussed and if so, what was said.

25. Were technical or shop manuals ever made available to YOU at any places of employment where YOU performed AUTOMOTIVE repairs? If so, please state:

- a. How the manuals were made available;
- b. Where the manuals were made available;
- c. The time periods during which the manuals were made available;
- d. The identity of the manual (i.e., Chilton, etc.)
- e. What systems or components were covered in the manuals; and
- f. YOUR use of the manual (including frequency of use, reasons for use, etc.).

26. Are YOU contending that any defect or defective condition exists with respect to ASBESTOS-CONTAINING FRICTION PRODUCTS other than failure to warn? If so:

- a. Set forth YOUR contention with respect to the alleged defect or defective condition;
- b. State all facts upon which YOU base YOUR contention that a defect or defective condition (other than a failure to warn) exists with respect to ASBESTOS-CONTAINING FRICTION PRODUCTS;
- c. Identify all DOCUMENT and/or writings upon which YOU rely in so contending; and
- d. Identify all witnesses who have knowledge of the facts upon which YOU rely in so contending.

27. Are YOU contending that any warnings regarding ASBESTOS-CONTAINING FRICTION PRODUCTS given were inadequate or insufficient? If so, please state:

- a. YOUR contention as to each manufacturer or supplier of ASBESTOS-

CONTAINING FRICTION PRODUCTS to which YOU contend were exposed;

- b. YOUR contention as to how each warning was insufficient;
- c. YOUR contention as to what a proper warning should have been; and
- d. Identify the witnesses who have PERSONAL knowledge of the facts YOU rely upon to support any of the contentions set forth above.

28. Do YOU contend that any misrepresentations were made to YOU by the manufacturer or supplier of ASBESTOS-CONTAINING FRICTION PRODUCTS? If so, please state:

- a. The nature or substance of the misrepresentation;
- b. By whom it was made;
- c. To whom it was made; and
- d. When it was made.

29. Were you/are YOU licensed or certified by any local, state or federal authority to perform work upon AUTOMOBILES? If so, please state:

- a. By whom YOU are licensed or certified;
- b. When YOU were licensed or certified;
- c. What the requirements are/were to become licensed or certified;
- d. Whether YOU had to pass any written examinations to become licensed or certified;
- e. Whether YOU had to pass any proficiency examinations to become licensed or certified;
- f. Whether YOU were ever retested or recertified and, if so, the dates of the

retesting or recertification; and

- g. Whether YOUR license or certificate was revoked or suspended, and if so, when and why.

30. Did YOU ever complain to your superiors or coworkers about working conditions, specifically any potential hazards of working with ASBESTOS-CONTAINING FRICTION PRODUCTS? If so, please state:

- a. To whom did YOU complain;
- b. When did YOU complain;
- c. The nature of YOUR specific complain;
- d. What action, if any, was taken to rectify the situation;
- e. When such action was taken;
- f. Whether YOU repeated the complaints, if no action was taken;
- g. Whether YOUR co-workers joined in YOUR complaints;
- h. Identify anyone who may have heard YOU make YOUR complaints; and
- i. Whether YOUR complaints were made orally or in writing.

31. To YOUR knowledge, were any air samplings for asbestos levels taken at any of the LOCATIONS at which YOU worked? If so, please state:

- a. The work LOCATION or place of employment where this occurred;
- b. When the sampling(s) took place;
- c. By whom the sampling was performed;
- d. By what method the sampling was performed; and
- e. The results of the sampling.

32. To YOUR knowledge, did any governmental agency, whether federal or state, conduct any inspection of any of YOUR work LOCATIONS/places or employment? If so, please state:

- a. Name and address of each work place;
- b. Date(s) of inspection;
- c. Purpose of inspection;
- d. Findings of the inspection; and
- e. Whether any changes (of the facilities, and equipment or in procedures) were instituted in the work environment within three month of the inspection.

33. At any time, were YOU aware of or did YOU read an bulletins, newsletters or similar publications regarding ASBESTOS-CONTAINING FRICTION PRODUCTS or asbestos-related health hazards issued by any manufacturer, distributor or seller of ASBESTOS-CONTAINING FRICTION PRODUCTS, governmental agency, dealership association, by any union or by any organization of AUTOMOTIVE mechanics? If so please state:

- a. The title of the publication;
- b. The date of the publication;
- c. The identity of the group publishing the DOCUMENT;
- d. Where YOU saw the DOCUMENT (at the place of employment or mailed to YOUR home);
- e. When YOU saw the DOCUMENT (received regularly or on an intermittent basis and the time frame of receipt);

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- f. The specifics or details of the information concerning asbestos health hazards allegedly arising from ASBESTOS-CONTAINING FRICTION PRODUCTS; and
- g. What, if anything, YOU did in response to the information contained in this publication (including complaints to employers).

34. Other than the subject action, have YOU made or filed any claim, including a workers' compensation action, wherein YOU asserted a clam for injury and/or disability as a result of exposure to asbestos from BRAKE LININGS or ASBESTOS-CONTAINING FRICTION PRODUCTS? If so, please state the following:

- a. The place where YOUR claim or action was filed;
- b. The date YOUR claim or action was filed;
- c. The parties involved in YOUR claim or action; and
- d. The case or claim number of YOUR action.

IX. EXPOSURE TO ASBESTOS - OTHER

35. If YOU have ever worked with or around any product containing ASBESTOS manufactured, produced, prepared, distributed or sold by any other entity not named as a defendant in this lawsuit, identify each such entity and each such product.

36. If YOU believe YOU were ever exposed to ASBESTOS other than at the times or LOCATIONS identified in YOUR responses to prior interrogatories in this set, state:

- a. The date(s) and place(s) of such exposure;
- b. The circumstances surrounding such exposure;
- c. The nature of the ASBESTOS, the trade name of the ASBESTOS product; if any, and the name and address of their manufacturer;

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d. Describe what precautions YOU took, if any, to avoid exposure.

37. Did YOUR parents or any of YOUR siblings with whom YOU resided ever work with or have an exposure to any asbestos or ASBESTOS-CONTAINING PRODUCTS? If so, please state to the best of your knowledge (if any):

- a. The date(s) and place(s) of such exposure;
- b. The circumstances surrounding such exposure;
- c. nature of the ASBESTOS, the trade name of the ASBESTOS product; if any, and the name and address of their manufacturer;
- d. describe precautions YOU took, if any, to avoid exposure

X. KNOWLEDGE OF THE HAZARDS OF ASBESTOS

38. When did YOU first learn that exposure to asbestos was a potential health hazard?

39. Describe how YOU first became aware that exposure to asbestos was a potential health hazard

40. When did YOU first observe anyone use any type of SAFETY PRECAUTION while working with and/or around asbestos or asbestos-containing products?

41. When, where and at whose direction did YOU first use any type of SAFETY PRECAUTION, including but not limited to engineering controls or respiratory protective equipment, while working with or around asbestos or asbestos-containing materials?

42. If any of YOUR employers have either required and/or made available physical examinations for their employees, state for each of those employers:

- a. the identity of the employer;
- b. the nature and extent of examinations;
- c. the frequency of examinations;

- d. whether they were required or optional;
- e. whether an x-ray examination was made;
- f. the frequency and/or dates and times on which YOU submitted to the examinations;
- g. whether YOU received the results of the examinations;
- h. whether YOU are currently in position of any DOCUMENTs that record the results of the examinations;
- i. the identity, including the name, address and telephone number of the examining physician, nurse, technician or other medical provider;
- j. if YOU did not submit to the examination, provide YOUR detailed reasons for choosing or failing to submit to the examinations offered; and
- k. IDENTIFY all DOCUMENTs evidencing the information requested by this interrogatory and its subparts or otherwise describe with sufficient particularity the DOCUMENTs YOU have in YOUR possession that record the information set forth herein.

43. If any of YOUR employers ever suggested or recommended that YOU should use any device to reduce YOUR possible exposure to, or inhalation of, ASBESTOS, state for each and every such employer:

- a. Its name, address and telephone number;
- b. The date, time and place when the suggestion or recommendation was made, together with the name, and employment position of the PERSON making the suggestion or recommendation;
- c. Description of the suggestion or recommendation;

- d. Whether the suggestion or recommendation was written or oral;
- e. The IDENTITY of each device referred to in each suggestion or recommendation;
- f. The nature of any action, if any, taken by YOU in response to the suggestions.

XI. MEDICAL HISTORY/INFORMATION

44. State whether you have ever been diagnosed as suffering from any of the following illnesses, diseases or abnormal physical conditions:

- a. Infectious disease (e.g., tuberculosis, pneumonia, typhoid fever, hepatitis);
- b. Cardiac disease;
- c. Gastrointestinal disease;
- d. Genitourinary disease or infection;
- e. Skin disease;
- f. Blood disease;
- g. Neurological disease (including fainting spells, emotional upset, epilepsy, etc.);
- h. Kidney disease;
- i. Liver disease or dysfunction;
- j. Cerebrovascular accident;
- k. Personality disturbances or diseases;
- l. Metabolic disease;
- m. Allergy;
- n. Peripheral-vascular disease or circulatory disturbances;

- o. Glandular disease;
- p. An abnormal physical condition symptomatic of diseases such as edema of the extremities, chest pains, prolonged subnormal or elevated temperature, recurring headaches, jaundice, excessive hunger or thirst, etc.;
- q. Pulmonary or other respiratory condition or disease;
- r. Rib injuries;
- s. Obesity;
- t. Parasitic disease;
- u. Cancer.

45. State the following for each illness, disease or physical condition identified in response to the previous interrogatory;

- a. The date on which YOU were diagnosed with or became aware of same;
- b. The names and addresses of all physicians or other health care practitioners who treated YOU for same;
- c. The name and addresses of all hospitals or other institutions where YOU were confined for same;
- d. As to each illness, disease or physical condition, whether it has resolved or continues at the present time.

46. If YOU were diagnosed with any pulmonary disease(s) and contend it is related in any way to YOUR alleged exposure to ASBESTOS, state all facts upon which this contention is based.

47. If any of the members of YOUR immediate family (i.e., parents, siblings, children and grandchildren) have ever been diagnosed with any respiratory impairment, illness or condition, identify each such PERSON, specifying:

- a. The nature of that respiratory impairment (e.g., bronchitis, asthma, pneumonia);
- b. When that respiratory impairment first developed;
- c. Whether that respiratory impairment is or has been treated by any physician and, if so, the name and address of that physician; and
- d. The determined cause of the respiratory impairment if known.

48. If any members of YOUR immediate family (i.e., parents, siblings, children, and grandchildren) have been diagnosed with any form of cancer, identify each such PERSON, specifying:

- a. The nature and site of that cancer;
- b. When that cancer first developed and/or was diagnosed; and
- c. Whether it was determined that asbestos caused or contributed to the cancer.

49. If any member of YOUR immediate family (i.e., parents, siblings, children and grandchildren) died because of cancer or a pulmonary condition or has ever been diagnosed with cancer or a pulmonary disease, state the following for each such PERSON:

- a. The nature of his/her illness and/or diagnosis if known to "You.";
- b. His/her name and relationship to you;
- c. His/her age at the time of death and the cause of death, if from said illness.

50. If YOU contend that YOU have incurred any injuries as a result of exposure to ASBESTOS, describe separately and in complete detail each and every complaint, symptom, adverse reaction or other injury (hereinafter collectively referred to as "symptom") which YOU contend resulted from exposure. Include in YOUR answer:

- a. The date, or if unknown, YOUR best approximation of the date on which YOU first began exhibiting each symptom;
- b. The progression, if any, of each symptom;
- c. The date each symptom ceased to affect you;
- d. The name, address and telephone number of each physician to whom each symptom was reported, together with the date each symptom was reported;
- e. What each physician told YOU was the cause of each symptom, together with the date YOU were told this;
- f. The names, addresses and telephone numbers of each physician who treated YOU for the symptom;
- g. The names, addresses, and phone numbers of each physician subsequently affirming or contradicting any diagnosis as to the cause of each symptom;
- h. Whether YOU have ever lost any time from work as a result of any such symptom;
- i. Whether any such symptom ever precluded or hindered YOU from performing YOUR regular occupation or JOB duties.

51. If YOU have ever been told by a physician or other health care provider that YOUR complaints, symptoms, adverse reactions or injuries described in the preceding

Interrogatory may have been caused by factors other than exposure to ASBESTOS (including, but not limited to, smoking), state:

- a. The names, addresses and telephone numbers of any physicians or health care providers who indicated that other factors or reasons could be involved;
- b. What you were told by that person, and
- c. The dates that person told YOU that he/she believed or suspected that other factors or reasons might be involved.

52. If YOU or YOUR attorney have any medical reports from any PERSONS, hospitals, doctors or medical practitioners or institutions that have ever treated or examined YOU at any time and said records have not been produced to Defendant(s), please state:

- a. The author of said report and, if applicable, the address of the medical office or institution on behalf of whom the report was prepared;
- b. The date of said report;
- c. The subject matter of said report;
- d. The name, JOB title, address and present whereabouts of the PERSON who has present custody or control thereof.

XII. SMOKING HISTORY

53. If YOU have ever used tobacco products of any type, state fully and in detail:

- a. The type of tobacco product YOU have used;
- b. The daily frequency with which YOU smoke or have smoked;
- c. The dates and time periods during which YOU have smoked;

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- d. For any time period during which YOU ceased using tobacco products, YOUR reasons for stopping;
- e. For any time period that YOU commenced using tobacco products after a period of having stopped, YOUR reasons for beginning again;
- f. If YOU have smoked cigarettes, state the brand name and the average number of packs smoked per day for each year YOU have smoked, whether they were filtered or unfiltered, together with the inclusive dates YOU have smoked cigarettes (e.g., Lucky Strikes; one pack per day between 1930 and 1931, two packs per day between 1931 and 1960; 1930-1960);
- g. If YOU have ever been advised by any physician to stop smoking or to stop using other tobacco products and, if so, the date and the name and address of each physician who gave any such advice, and whether YOU followed such advice;
- h. If YOU have ever been advised by any physician that YOU developed any illness, disease or physical condition as a result of smoking or the use of other tobacco products, state the date; the illness, disease or condition; and the name and address of each physician who gave such advice.

54. Are YOU aware of the United States Surgeon General's warning placed on all cigarette packages and advertisements?

- a. If so, please state when YOU became aware of the warning and whether or not YOU have ever read said warning;

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- b. Subsequent to becoming aware of, or reading said warning have YOU ever smoked;
- c. Cigarettes; or
- d. Other tobacco products.

XIII. DAMAGES

55. State the total medical expenses, including hospital expenses, which YOU have incurred, or which has been incurred on YOUR behalf, to date, as a result of the injuries, complaints, etc., which YOU attribute to YOUR alleged exposure to ASBESTOS, itemizing each such charge.

56. If any PERSON has contributed any money, goods, services or benefits of any kind, during the previous ten years for the support of either yourself or YOUR spouse, identify each such PERSON, and, in addition, state:

- a. Their relationship to you;
- b. The nature and amount of any money, goods, services or benefits contributed to the support of yourself or YOUR spouse, together with dates on which or during which such support was received.

57. If any insurance company, union, or other PERSON, firm or corporation has paid for or reimbursed YOU or anyone on YOUR behalf for, or has become obligated to pay for or reimburse YOU or anyone on YOUR behalf for, any medical or hospital expense incurred by the alleged exposure to ASBESTOS, or any disability or other benefits, loss of earnings, property damage or any other item, list such expenses, itemizing the dates incurred, the nature of such expense, and the name and address of the insurance company, union PERSON, firm or

corporation who or which has paid or is obligated for the payment for, or reimbursement for, said expenses.

58. If YOU claim YOU have lost wages or earnings as a result of YOUR alleged exposure to ASBESTOS, state:

- a. The amount of time lost from work or employment, together with the date(s) involved and the name and address of the employer;
- b. The gross amount of salary or earnings which YOU received from each payday, stating the intervals of such paydays;
- c. The gross amount of salary or earnings actually lost;
- d. Of the total sum stated in response to subpart c of this interrogatory, the amount that would be YOUR net take-home pay after deduction of taxes and all other authorized deductions;
- e. If self-employed, state the total time lost from business, listing the dates involved and the gross financial loss to you, stating the nature of such loss and how incurred; and
- f. Of the total sum stated in response to subpart e of this interrogatory, the amount that would be YOUR net loss after deduction of taxes.

59. If YOU claim any damages for pain and suffering, state:

- a. The amount of damages so claimed;
- b. The extent, duration, intensity and nature of the pain and suffering;
- c. The specific cause of such pain and suffering;
- d. The treatment, if any, prescribed for relief of such pain and suffering and the name and address of each PERSON prescribing such treatment;

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- e. All drugs used for the relief of pain or other symptoms of the diseases alleged, specifically identifying the precise name of the drug, precise quantity prescribed for each dose and the number of doses or applications of all such drugs;

60. If YOU are receiving any form of disability pension, state from whom it is received, the amount received on a weekly, monthly, or yearly basis, and the length of time during which YOU will continue to receive this pension.

61. If YOU claim that injuries YOU have sustained from ASBESTOS exposure have limited or adversely affected YOUR occupation or non-occupational lifestyle and activities, state the nature of the limitation or change, when it began, and how it has progressed.

62. If any children, relatives or other PERSONS are financially dependent upon you, and you are claiming emotional damages because of concern for surviving dependents, then state with respect to each such PERSON:

- a. His/her full name and present residence address;
- b. His/her relationship to YOU and degree of financial dependency upon you;
- c. The amounts contributed from all sources to his/her support during the five years preceding YOUR responses to these interrogatories; and
- d. The last year when you provided any type of support to him/her.

XIV. PRIOR AND SUBSEQUENT CLAIMS AND LITIGATION

63. If YOU have ever made a claim for personal injury or filed an action or proceeding in any court or other forum related to personal injury, other than in the present matter, please state:

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- a. The nature of such injury or injuries;
- b. The date when such injury or injuries were sustained in each instance, the place of occurrence and the nature of the incident or accident causing the injury;
- c. The court in which the claim or action was filed and case number;
- d. The names and addresses of all PERSONS and companies to whom said claims were made;
- e. The present status of such claims (pending, settled, dismissed, etc.).

64. If YOU have ever filed a claim in order to receive benefits from either F.E.L.A., F.E.C.A., L.H.W.C.A. or the State of California (or any other state) Workers' Compensation Fund for an occupational injury, including, but not limited to, one arising out of exposure to ASBESTOS, for each claim state:

- a. The date the claim was filed;
- b. The basis for the claim;
- c. The county or state in which the claim was filed and claim number;
- d. The organization to whom the claim was presented;
- e. The present status of the claim;
- f. The amount of any benefit received; and
- g. The date YOU first received such benefits.

XV. INSURANCE

65. Identify all of YOUR health, accident and disability insurance policies and any other policies that provided coverage for health related conditions. As to each, state fully and in detail:

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- a. The name and address of each insurance carrier and number;
- b. The amount of insurance coverage provided by the policy;
- c. The date of effective period of the policy;
- d. The name and address of the PERSON or entity having possession of the policy;
- e. The named insured of the insured policy;
- f. The type of policy;

66. If YOU have ever at any time made a claim for or received any health or accident insurance benefits, worker's compensation payment, disability benefits, pensions, accident compensation payments or veteran's disability compensation awards, state for each claim:

- a. The circumstances under which YOU made the claim for benefits, awards or payments;
- b. The illness, injury or injuries for which YOU made the claim for benefits, awards or payments;
- c. The name and address of YOUR employer(s) at the time of the injury or illness for which YOU made the claim;
- d. The name and address of the examining doctor(s) for each injury or illness;
- e. The name and address of the superiors, officers, boards or tribunals before which or to whom the claim as made or filed, and the date the claim as made or filed;
- f. The identity of the agencies or insurance companies from whom YOU received the awards, benefits or payments.

67. Are YOU now, or have you ever, received Medicare Benefits? If so, please state:

- a. Whether YOU are currently enrolled in Medicare;
- b. If YOU are not currently enrolled in Medicare, whether YOU have previously been enrolled;
- c. The dates on which YOUR current Medicare enrollment began;
- d. The dates on which any prior Medicare enrollment was in place;
- e. YOUR current and/or former Medicare number(s);

XVI. BANKRUPTCY TRUST CLAIM

68. Have YOU or YOUR representative filed any claim against any trust established or approved in accordance with the asbestos trust and channeling provisions of the U.S. *Bankruptcy Code*, 11 U.S.C. § 524(g)-(h) (hereinafter "Trust")? If so, provide the following information:

- a. IDENTIFY each Trust, by name and address, to which a CLAIM has been filed or submitted by YOU or for YOUR behalf;
- b. The date on which each claim was submitted;
- c. IDENTIFY all DOCUMENTS submitted including, but not limited to, proof of claim forms, individual review claims, discounted cash payment claims, expedited review claims, diagnosing reports, work history reports/summaries, medical history reports/summaries, chest X-Rays, CT Scans, Pulmonary Function tests/reports, Pathology Reports, Dependent and Beneficiary summaries/forms, land exposure summaries/history, shipboard exposure summaries/history, litigation history forms, and any other forms or documents that list, detail, evidence, reflect, embody, or

other forms or documents that list, detail, evidence, reflect, embody, or demonstrate the asbestos-containing products to which you were allegedly exposed or the disease or medical condition for which you submitted a claim;

d. IDENTIFY all documents received from any TRUST, including but not limited to, release letters, deficiency letters, status letters, hold letters, denial letters, claims resolution procedure documents, trust distribution procedure documents, and any other correspondence from the trust, fund, or account; and

e. IDENTIFY the person who prepared and/or submitted the CLAIM;

69. Describe the status of all CLAIMS submitted by YOU or someone on your behalf, the status of all claims submitted to any Trust on YOUR behalf, including but not limited to whether the claim has been accepted, denied, or is currently pending.

70. If you have not received any payments from one or more of the TRUSTS to which YOU have submitted a CLAIM, state whether the TRUST has agreed to pay YOU on some future date, or whether payment is contingent upon some future event.

71. For all payments any TRUST has agreed to make to YOU but that have not yet been made, state when YOU expect to receive each payment, describe the terms and conditions of each payment YOU expect to receive and IDENTIFY all documents constituting or relating to any agreements with the SETTLEMENT TRUST.

72. Please state whether payment of any settlement amounts to YOU from any TRUST have been deferred for any reason, including but not limited to, pending the outcome of

any other litigation, and if so, state the circumstances of the deferral and IDENTIFY all documents relating to the deferred payment.

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SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

Coordinated Proceeding
Special Title (Rule 3.550)

LAOSD ASBESTOS CASES

CASE NO. JCCP 4674

*Assigned for All Purposes to the Honorable
Emilie H. Elias in Department 324*

LAOSD STANDARD INTERROGATORIES
TO DEFENDANTS

INTERROGATORIES

INTERROGATORY NO. 1: State whether or not YOU have a DOCUMENT retention policy, and if so, the last effective date of the latest version of that policy.

The terms "YOU," "YOUR," and/or "YOURS" shall mean Responding Party and all of Responding Party's predecessors-in-interest and successors-in-interest, subsidiaries, divisions, directors, owners, officers and managers.

The term "DOCUMENT(S)" shall mean "writing" as defined in California Evidence Code §250 including, but not limited to, any and all physical articles of evidence, exemplars, packaging, invoices, contracts, agreements, purchase orders, memoranda, notes, instructions, catalogues, specifications, plans, formulas, bills of lading, receipts, work orders, customer cards, depositions, electronic mail, declarations, affidavits, written discovery DOCUMENTS, photographs, videotapes, audio tapes, scanned DOCUMENTS, microfiche, databases of records, Adobe Acrobat .pdf files, .tif files, .jpg files, .gif files, electronic images, digital images, digital

files, hard drives, CD-ROMs, and DVD-ROMs. DOCUMENTS also include DOCUMENTS in the memory of computer systems, on diskettes, CD-ROMs, or on other computer memory storage devices.

INTERROGATORY NO. 2: State whether YOU have a DOCUMENT REPOSITORY. If so, then state:

- A. The address of the REPOSITORY;
- B. The approximate quantity of items and/or DOCUMENTS maintained therein;
- C. Whether or not DOCUMENTS in the repository are wholly or partially maintained in an electronic format;
- D. Whether or not YOU have an index or an electronically searchable means of retrieving information regarding DOCUMENTS or items at said REPOSITORY;
- E. A brief description of the DOCUMENTS or items kept at said REPOSITORY.

The term "REPOSITORY" shall mean any place, room, file, or container which is utilized for deposit, holding, or storage of YOUR non-privileged DOCUMENTS or other items and materials relevant to or concerning ASBESTOS or the claims and/or defenses asserted in this action.

The term "ASBESTOS" shall mean any amount of the mineral ASBESTOS, including but not limited to, any and all raw and/or processed ASBESTOS fibers, including but not limited to, vermiculite, amosite, tremolite, chrysotile, and crocidolite.

The terms "IDENTIFY" or "IDENTITY" shall mean describe in sufficient detail to satisfy the requirements of a request for production of DOCUMENTS under Code of Civil Procedure §§2031.010, et seq., including stating the type of title, date, author and publisher of the DOCUMENT, and /or stating the name and address and telephone number of each PERSON

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indicated. As used in this definition and the remaining interrogatories herein, the term "PERSON(S)" shall mean any individual person, business, entity, or organization.

INTERROGATORY NO. 3: IDENTIFY all PERSONS with information regarding YOUR responses to Interrogatory Nos. 1-2.

INTERROGATORY NO. 4: IDENTIFY all DOCUMENTS responsive to or referred to regarding YOUR responses to Interrogatory Nos. 1-2 sufficient to support a DOCUMENT request.

INTERROGATORY NO. 5: State whether YOU are a corporation. If so, then state:

- A. YOUR correct corporate name;
- B. YOUR state of incorporation;
- C. The date of YOUR incorporation;
- D. The address of YOUR principal place of business;
- E. Whether or not YOU have ever held a certificate of authority to do business in the State of California, and if so, the inclusive dates of any such certificate;
- F. If YOU are wholly owned or the majority interest of YOUR company is owned by another business entity, state the entity's name and principal place of business;
- G. Whether YOU have any business offices in California, and, if so, YOUR principal place of business in California; and
- H. Any other name under which YOU have done business in the State of California and the dates of operation under that business.

INTERROGATORY NO. 6: If YOU are not a corporation, then state:

- A. The type of YOUR business structure (partnership, joint venture, sole proprietorship, etc.);

- B. IDENTIFY all PERSONS with a majority ownership interest in YOU; and
- C. The name, job title, and current address of YOUR Custodian of Records.

INTERROGATORY NO. 7: IDENTIFY all PERSONS with information regarding YOUR responses to Interrogatory Nos. 5-6.

INTERROGATORY NO. 8: IDENTIFY all DOCUMENTS responsive to or referred to regarding YOUR responses to Interrogatory Nos. 5-6 sufficient to support a DOCUMENT request.

INTERROGATORY NO. 9: Have YOU ever provided testimony in deposition or at trial in any lawsuit in ASBESTOS-related litigation? If so, then state:

- A. The name of the case;
- B. The state and county of filing, and associated case number(s);
- C. The date(s) of deposition or trial testimony;
- D. The name and address of plaintiffs' counsel of record;
- E. The name and address of the court reporter.

INTERROGATORY NO. 10: Do YOU have insurance available to cover judgment(s) entered against YOU or settlements with YOU in ASBESTOS-related personal injury lawsuits? If so, then state:

- A. The kind of coverage;
- B. The applicable dates of coverage;
- C. The name and address of the insurance company;
- D. The name, address, and telephone number of each named insured;
- E. The policy number;
- F. The limits of coverage for each type of coverage contained in the policy;

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G. Whether any reservation of right or controversy or coverage dispute exists between you and the insurance company; and

H. The name, address, and telephone number of the custodian of the policy.

INTERROGATORY NO. 11: IDENTIFY all PERSONS with information regarding YOUR responses to Interrogatory No. 10.

INTERROGATORY NO. 12: IDENTIFY all DOCUMENTS responsive to or referred to regarding YOUR responses to Interrogatory No. 10 sufficient to support a DOCUMENT request.

INTERROGATORY NO. 13: Have YOU ever engaged in any of the activities listed below with regard to an ASBESTOS-CONTAINING PRODUCT alleged to be at issue in this action?

If so, then state the inclusive dates of such activity:

- A. Manufacturing;
- B. Supply;
- C. Distribution;
- D. Marketing;
- E. Sale;
- F. Labeling or relabeling;
- G. Importing;
- H. Brokering;
- I. Fabricating.

As used in this and the remaining interrogatories herein, the term ASBESTOS-CONTAINING PRODUCT shall include any and all products generally associated with the designated "Exposure Types," "Trade," or "Other ASBESTOS Exposure Scenario" as set forth

on attached Exhibit 1 and which include any amount of raw or processed vermiculite, amosite, tremolite, chrysotile, and/or crocidolite ASBESTOS or ASBESTOS fiber.

INTERROGATORY NO. 14: If YOU answered Interrogatory No. 13 in the affirmative, then state:

- A. From where the mineral ASBESTOS, ASBESTOS fiber, or ASBESTOS materials were imported;
- B. For how long YOU have imported mineral ASBESTOS, ASBESTOS fiber, or ASBESTOS materials;
- C. Whether YOU have supplied mineral ASBESTOS, ASBESTOS fiber, or ASBESTOS to any of the other parties in this action since 1945:
 - a. Identify the time period during which such transactions took place;
 - b. Identify the place(s) or location(s) where such transactions took place;
- D. Identify the content of any warnings, cautions, caveats, or directions accompanying the mineral ASBESTOS, ASBESTOS fiber, or ASBESTOS materials imported by YOU.

INTERROGATORY NO. 15: If YOU answered any subpart of Interrogatory No. 13 regarding ASBESTOS-CONTAINING PRODUCTS in the affirmative, then state, as to the product(s) at issue in this action:

- A. The trade, brand name, and/or generic name of each such ASBESTOS-CONTAINING PRODUCT YOU SUPPLIED in any form or quantity;
- B. The date(s) each such ASBESTOS-CONTAINING PRODUCT was first placed on the market, including the date(s) each such ASBESTOS-CONTAINING PRODUCT was first SUPPLIED.

As used in this and the remaining interrogatories herein, the term "SUPPLY" and/or "SUPPLIED" shall mean sell, supply, distribute, market, retail, label, import, process, and/or manufacture.

- C. The date(s) each such ASBESTOS-CONTAINING PRODUCT ceased to be produced and/or sold and the reason(s) why such products ceased to be produced;
- D. A description of the physical appearance and nature of each such ASBESTOS-CONTAINING PRODUCT, including but not limited to, any color coding, distinctive marking and/or name, brand, logo, either on the product or on the packaging;
- E. A detailed description of the intended use of each such ASBESTOS-CONTAINING PRODUCT;
- F. Whether any such ASBESTOS-CONTAINING PRODUCT was on any U.S. Government "Qualified Products List," and if so, provide a description of the Qualified Products List and the inclusive dates it was on such list;
- G. The name and address of the supplier of the mineral ASBESTOS, ASBESTOS fiber used in YOUR ASBESTOS-CONTAINING PRODUCT(S) and the time period of such supply;
- H. Whether any of YOUR ASBESTOS-CONTAINING PRODUCTS have, at any time, been sold, shipped, or otherwise distributed to another entity (including but not limited to a company, corporation, individual, or site). If so, then state:
 - 1. the names of each such entity and the inclusive dates of each such sale, shipment, distribution, use, or installation; and

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2. the amount (volume) and the trade or brand name of each ASBESTOS-CONTAINING PRODUCT sold.

INTERROGATORY NO. 16: With respect to each of YOUR ASBESTOS-CONTAINING PRODUCTS at issue in this action as set for in Exhibit 1, state whether YOUR name, a trademark, logo(s), color coding, or other identifying markings ever appeared on the actual product itself and, if so:

- A. IDENTIFY each such product, state when the practice to place such identifying markings upon the product was begun and when it ended, if applicable, and describe in detail the pertinent marking(s) and the purpose, if any, of such markings; and
- B. State whether YOU still have in YOUR possession, custody, or control any such packaging or markings as they appeared on YOUR ASBESTOS-CONTAINING PRODUCTS, the location of these items and their quantity.

INTERROGATORY NO. 17: Have YOU entered into any agreements for the rebranding or resale of YOUR ASBESTOS-CONTAINING PRODUCTS, at issue in this action as set forth in Exhibit 1, for sale or distribution by another person or entity ? If so, then describe:

- A. Each agreement's terms and the parties to said agreement;
- B. The duration of the agreement;
- C. The name of each product(s) and/or material(s) covered by each such agreement.

INTERROGATORY NO. 18: Have YOU entered into any agreements for the rebranding or resale of others' ASBESTOS-CONTAINING PRODUCTS, at issue in this action as set forth in Exhibit 1, for sale or distribution by YOU? If so, then describe:

- A. Each agreement's terms and the parties to said agreement;

- B. The duration of the agreement;
- C. The name of each product(s) and/or material(s) covered by each such agreement.

INTERROGATORY NO. 19: Have YOU purchased or otherwise acquired and/or sold any ASBESTOS-CONTAINING PRODUCT lines, at issue in this action as set forth in Exhibit A, to or from another person or entity? If so, then state for each such purchase:

- A. The date of purchase or acquisition;
- B. The terms of purchase or acquisition agreement;
- C. The trade, brand, and/or generic name of each product line so acquired;
- D. The name of the person or entity from whom YOU purchased or acquired each such ASBESTOS-CONTAINING PRODUCT line; and
- E. The location of any manufacturing facilities so acquired, and the type of ASBESTOS-CONTAINING PRODUCTS manufactured therein.

INTERROGATORY NO. 20: IDENTIFY all PERSONS with information regarding YOUR responses to Interrogatory Nos. 13-19.

INTERROGATORY NO. 21: IDENTIFY all DOCUMENTS responsive to or referred to regarding YOUR responses to Interrogatory Nos. 13-19 sufficient to support a DOCUMENT request.

INTERROGATORY NO. 22: (PREMISES and CONTRACTOR Defendants only) Did YOU install, remove, or handle, or contract to have others install, remove, or handle ASBESTOS or ASBESTOS-CONTAINING PRODUCTS at any PREMISES identified on attached Exhibit B. If so:

- A. For each of the PREMISES:
 - 1. State the nature of YOUR ownership or possessory interest;

2. State the inclusive dates of that interest;
 3. IDENTIFY the party from whom that interest was acquired;
 4. IDENTIFY the party, if any, to whom that interest was transferred.
- B. IDENTIFY every contract to which YOU were a party or of which you have knowledge wherein the performance of such contract involved the installation removal, disturbing, or handling of any ASBESTOS or ASBESTOS-CONTAINING PRODUCTS at said PREMISES therein, including:
1. The parties to the contract;
 2. A general description and specific location of the WORK to be performed by each party to the contract;
 3. A description of the ASBESTOS-CONTAINING PRODUCTS installed, removed, disturbed, or handled in the performance of the contract;
 4. State the dates of the contract and the dates of performance.

As used in this and the remaining interrogatories herein, the terms "WORK," "WORKED," and/or "WORKING" shall mean actions and activities, including but not limited to, installing, removing, renovating, repairing, maintaining, tying-in, replacing, mixing, sanding, cutting, knocking-off, chipping, scraping, filing, repacking, cleaning-up, sweeping-up, and/or otherwise disturbing products or materials in any manner. The term "CONTRACTOR(S)" shall include prime contractors, general contractors, and/or sub-contractors, and the term "PREMISES" shall include any physical location, including but not limited to, single-family housing, tract housing, apartment complexes, residential buildings, manufacturing facilities, military facilities/installations, shipyards, industrial facilities, commercial buildings, high-rise buildings, multi-use buildings, and refineries.

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C. IDENTIFY any WORK performed by YOU or another on or to the PREMISES that involved the installation, removal, disturbing or handling of ASBESTOS-CONTAINING PRODUCTS.

1. State the inclusive dates of the WORK;
2. Provide a general description of the WORK;
3. As specifically as possible, IDENTIFY the location of the WORK;
4. State whether the WORK was done by YOU and/or YOUR employees;
5. IDENTIFY the ASBESTOS-CONTAINING PRODUCTS installed, removed, handled, or disturbed;
6. IDENTIFY from whom the ASBESTOS-CONTAINING PRODUCTS were acquired.

D. Has any ASBESTOS abatement effort been made at the PREMISES? If so, for each such effort:

1. IDENTIFY who did the WORK;
2. State the inclusive dates thereof;
3. State whether samples were taken, and, if the samples still exist, IDENTIFY the custodian of the samples;
4. State whether any material was tested, and, if so, the results of each test;
5. IDENTIFY each test result with sufficient particularity for purposes of a request for production of DOCUMENTS, or in the alternative, attach a copy to YOUR answers to these interrogatories.

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INTERROGATORY NO. 23: (PREMISES and CONTRACTOR Defendants only) At any time between 1930 and 1985, did YOU hold a contractor's license in the State of California? If so:

- A. IDENTIFY each license by type, date, and number;
- B. IDENTIFY each job or contract that YOU performed (directly or through one or more subcontractors) during this time period for WORK in any premise or location listed in Exhibit 2:
 - 1. IDENTIFY the location (including name of ship, if applicable) where the job or WORK was performed;
 - 2. State the date of the contract or the inclusive dates of the WORK;
 - 3. IDENTIFY the person or entity with whom you contracted;
 - 4. State YOUR job or contract number.

INTERROGATORY NO. 24: (PREMISES and CONTRACTOR Defendants only) Have YOU been cited for, or otherwise charged by, a public agency with a violation of any statute, ordinance, safety order, regulation, or law pertaining to ASBESTOS exposure at any premises identified in Exhibit B? If so, for each occasion, IDENTIFY:

- A. The citation;
- B. The code section, safety order, statute, or regulation on which the charge or citation was based;
- C. The date(s) thereof;
- D. The agency or other governmental unit which issued the citation or otherwise made the charge;
- E. All PERSONS known to YOU with information relevant to the incident;

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F. The ultimate resolution of the citation or charge.

INTERROGATORY NO. 25: IDENTIFY all PERSONS with information regarding YOUR responses to Interrogatory Nos. 22-24.

INTERROGATORY NO. 26: IDENTIFY all DOCUMENTS responsive to or referred to regarding YOUR responses to Interrogatory Nos. 22-24 sufficient to support a DOCUMENT request.

INTERROGATORY NO. 27: Did YOU ever warn of any health hazards of ASBESTOS? If so, for each such warning, then state:

- A. The content, size, color, and location of the warning (including but not limited to whether the warning appeared on the material and/or on the container, and/or was placed on a tag; whether the warning was included in contracts or whether the warning was included in brochures, catalogs, advertising or other promotional materials);
- B. Whether YOU have any photographs or images thereof;
- C. The inclusive dates on which each such warning was used; and
- D. All changes made to each warning and the dates of such changes.

INTERROGATORY NO. 28: State all facts regarding when YOU first became aware of the association between ASBESTOS exposure and disease, then IDENTIFY:

- A. All PERSONS with information regarding YOUR response; and
- B. All DOCUMENTS responsive to this interrogatory.

INTERROGATORY NO. 29: State all facts regarding how YOU first became aware that there is an association between ASBESTOS exposure and disease, then IDENTIFY:

- A. All PERSONS with information regarding YOUR response; and

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B. All DOCUMENTS responsive to this interrogatory.

INTERROGATORY NO. 30: Have YOU ever conducted or sponsored or contributed financially to any studies or research regarding the exposure or release of ASBESTOS? If so, then state:

- A. The date, location, and PERSONS who undertook the study or test;
- B. The results and conclusions of each test and/or experiment; and
- C. Whether YOU made any design changes as a result of such tests, including:
 - 1. The nature of the change made; and
 - 2. Whether YOU have any written memoranda or documentation relating to the studies or tests including a description of such material.

INTERROGATORY NO. 31: IDENTIFY the organizations, groups, inter-company or industrial organizations, their committees or subcommittees, to which YOU belong which conducted studies or researched relationships, if any, between exposure to ASBESTOS and asbestosis, mesothelioma, lung cancer, or other diseases from 1945 to 1980 and the years of your membership.

INTERROGATORY NO. 32: IDENTIFY all PERSONS with information regarding YOUR responses to Interrogatory Nos. 30-31.

INTERROGATORY NO. 33: IDENTIFY all DOCUMENTS responsive to or referred to regarding YOUR responses to Interrogatory Nos. 30-31 sufficient to support a DOCUMENT request.

INTERROGATORY NO. 34: Did YOU ever warn YOUR employees that exposure to ASBESTOS could be hazardous to human health? If so, then state:

- A. The date the warning(s) was/were given;

- B. Whether the first such warning was written or oral; and
- C. The content of the warning(s).

INTERROGATORY NO. 35: State whether any of YOUR ASBESTOS-CONTAINING PRODUCTS, at issue in this action as set for in Exhibit A, were provided with any special instructions, oral or written, in regard to utilizing said products in a manner so as to avoid exposing workers to amounts of dust. If so, then state:

- A. When these instructions were given;
- B. By whom these instructions were given;
- C. Whether the instructions were oral or written; and
- D. The precise content of the instructions.

INTERROGATORY NO. 36: When did YOU first receive notice that any PERSON, including any employee or agent, claimed injury as a result of exposure to ASBESTOS or ASBESTOS-CONTAINING PRODUCTS SUPPLIED by YOU? In answering this interrogatory, state:

- A. The name and address of the claimant;
- B. A description of the claim, e.g. Worker's Compensation, products liability, etc.;
- C. The type of injuries allegedly sustained;
- D. The name and address of the attorney who represented the individual making such claim;
- E. The style and court number of the claim, if any; and
- F. The resolution of the claim.

INTERROGATORY NO. 37: IDENTIFY all PERSONS with information regarding YOUR responses to Interrogatory Nos. 34-36.

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INTERROGATORY NO. 38: IDENTIFY all DOCUMENTS responsive to or referred to regarding YOUR responses to Interrogatory Nos. 34-36 sufficient to support a DOCUMENT request.

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EXHIBIT A

☐ Ceiling Tiles/Acoustical Applications

Defendants: _____

☐ Blankets/Cloth

Defendants: _____

☐ Automobile/Truck Repair (ie;brakes, clutches, mufflers)

Defendants: _____

☐ Non-automotive Friction Products

Defendants: _____

☐ Protective Equipment

Defendants: _____

☐ Paint

Defendants: _____

☐ Asbestos Fiber/Fiber Product

Defendants: _____

☐ Phenolic Resins

Defendants: _____

☐ Drywall/Joint&Taping Compounds

Defendants: _____

☐ Fireproofing

Defendants: _____

Floor Tile/Flooring and Decking Materials

Defendants: _____

☐ Wire/Cable/Electrical Products

Defendants: _____

☐ Insulation/Insulating Materials

Defendants: _____

☐ Construction – Commercial

Defendants: _____

☐ Construction – Industrial

Defendants: _____

☐ Construction – Residential

Defendants: _____

☐ Packing/Gaskets/Rope

Defendants: _____

☐ Mechanical Equipment (ie: pumps, valves, compressors, generators, boilers, turbines)

Defendants: _____

☐ HVAC (ie: chillers, heaters, coolers, furnaces)

Defendants: _____

☐ Refractory Materials

Defendants: _____

Sheetmetal/Duct Work

Defendants: _____

☐ Roofing

Defendants: _____

☐ Stucco/Plaster

Defendants: _____

☐ Asbestos Cement Products (pipe, board, siding)

Defendants: _____

☐ Longshoremen/Dock Workers

Defendants: _____

☐ Carpentry/Millwork

Defendants: _____

☐ Grinding and Tooling Machines

Defendants: _____

☐ Mastic/Resin Exposure

Defendants: _____

☐ Aircraft

Defendants:

☐ Maritime

Defendants: _____

☐ Paper

Defendants: _____

☐ Plumbing/Pipefitting

Defendants: _____

☐ Other

Defendants: _____

☐ Other

Defendants: _____

☐ Other

Defendants: _____

☐ Other

Defendants: _____

☐ Other

Defendants: _____

EXHIBIT B

[Plaintiff/Decedent Work History and/or other jobsites at issue]

FILED
Superior Court of California
County of Los Angeles

JAN 31 2012

John A. Clarke, Executive Officer/Clerk
By Alfredo Morales, Deputy
ALFREDO MORALES

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

IN RE LAOSD ASBESTOS LITIGATION

JCCP Case No. 4674

**ORDER REGARDING PLAINTIFFS'
AUTHORIZATIONS**

Dept: 324
Judge: Hon. Emilie H. Elias

1
2 All JCCP 4674 cases are deemed to be complex litigation within the meaning of the
3 California Standards of Judicial Administration for Complex Litigation Section 19 and California
4 Rules of Court, rule 3.400 et. seq. As such, JCCP 4674 cases require specialized management to
5 avoid placing unnecessary burdens on the Court or the litigants, and to keep costs reasonable.
6 The Court finds that the entry of this Order will benefit the Court, counsel and litigants, and will
7 further the orderly conduct and management of asbestos litigation (JCCP 4674) in this
8 jurisdiction. This effective date of this Order in asbestos litigation (JCCP 4674) shall be
9 February 1, 2012. In complying with this Order, Plaintiffs do not waive any work-product
10 protections or attorney client privileges or any other privilege, protection or objection under the
11 law.

12 **I. SELECTION AND RESPONSIBILITIES OF VENDOR**

- 13 A. Defendants have designated and the Court has approved Pike Photocopy, Inc.,
14 located at 4221 Sepulveda Blvd., Culver City, CA 90230-4708 (hereinafter
15 "VENDOR") as the defense copy service for the production of Plaintiffs' executed
16 AUTHORIZATIONS and records.
- 17 B. VENDOR agrees to be bound by all the laws of the State of California and the
18 United States, including but not limited to laws and regulations under H.I.P.P.A.
- 19 C. If any party has any issues with the VENDOR, they shall make good faith efforts
20 to resolve the issues with the VENDOR. If, after good faith efforts, issues with the
21 VENDOR still remain and cannot be resolved, the party may file a noticed motion
22 in JCCP 4674 to bring the issues regarding the VENDOR to the Court's attention.
23 The motion shall be filed in JCCP 4674 number, with notice to be provided to all
24 counsel in JCCP 4674, and shall be accompanied by a declaration identifying the
25 issues, detailing the good faith efforts that have been made to resolve them, and
26 stating what issues still remain.

27 ///

28 ///

1 **II. AUTHORIZATIONS**

2 A. Within 14 days after filing an original complaint in personal injury actions or 30
3 days after filing an original complaint in wrongful death actions, Plaintiffs shall
4 provide to VENDOR, at the address indicated in Section I.A above, the following
5 items:

6 1. Copies of Plaintiffs' complaint, exhibits to the complaint (if any).

7 2. Original AUTHORIZATIONS (no facsimile copies) as follows:

8 a. In every case: Social Security records; Medicare and Medicaid
9 records; military and Veteran Affairs records; medical records,
10 including billing, radiology and pathology records; union records
11 and employment records, using the forms attached hereto as
12 **Exhibit A**. The AUTHORIZATIONS are to be signed by Plaintiff
13 in personal injury actions, or by the lead Plaintiff or the estate's
14 representative in wrongful death actions, and;

15 b. As applicable in each case: AUTHORIZATION(S) attached hereto
16 as **Exhibit B**, which are to be signed by Plaintiff in personal injury
17 actions, or by the lead Plaintiff or the estate's representative in
18 wrongful death actions.

19 c. The AUTHORIZATIONS shall have the information relating to
20 Plaintiff or decedent filled out, including Plaintiff's or decedent's
21 name, residence, date of birth, and Social Security number.

22 3. A list of the names, and addresses and phone numbers as known, of all
23 medical facilities and treating physicians, employers, and unions which are
24 known to Plaintiffs, based on exercise of due diligence, at the time of the
25 submission of the AUTHORIZATIONS to VENDOR.

26 B. If additional facilities and treating physicians, employers and unions not
27 previously disclosed in Section II.A.3 are discovered within 30 days after the
28 submission of the initial list to VENDOR, Plaintiffs shall promptly provide to

VENDOR a supplemental list with the names, addresses and phone numbers of the subsequently discovered entities.

C. If additional facilities and treating physicians, employers and unions not previously disclosed in Section II.A.3 are discovered after 30 days of the submission of the initial list to VENDOR, at VENDOR's request, Plaintiffs shall promptly provide to VENDOR a supplemental list with the names, addresses and phone numbers of the subsequently discovered entities.

D. When any item in Sections II.A-C, is provided to VENDOR, a Proof of Service shall be included.

E. Within 7 days of a written request by VENDOR, Plaintiff shall provide the original signed copies (no facsimile copies) of any additional or follow up AUTHORIZATIONS that may be needed to acquire records, with all of the relevant information filled in, to the VENDOR along with a Proof of Service. Additional or follow up AUTHORIZATIONS are not meant to include any authorizations that an individual Defendant may prefer to use for the same categories of records already covered by the AUTHORIZATIONS in Exhibit A. It is meant to address those situations where a particular facility or entity would require a specific form that is different from the AUTHORIZATIONS in Exhibit A.

F. Should it be determined that notarization or any additional information is needed to obtain records, parties shall meet and confer in good faith to resolve any issues relating to the notarization or the additional information needed, including issues pertaining to costs.

G. AUTHORIZATIONS shall be valid for 2 years from the date of signature.

H. VENDOR shall have no contact with individual Plaintiffs themselves directly or indirectly, but will communicate only with counsel for Plaintiffs and Defendants.

I. Plaintiffs shall post the Proofs of Service, as provided in Section II.D, and the lists of facilities and entities, as provided in Section II.A-C, related documents on

LexisNexis by the business day following the service of the AUTHORIZATIONS and/or lists on VENDOR.

- J. Within 5 calendar days of the receipt of signed AUTHORIZATIONS, VENDOR shall provide acknowledgment of receipt to all parties.

III. RECORDS RETRIEVAL

- A. Upon receipt of the list of relevant facilities and the signed, original AUTHORIZATIONS, VENDOR shall promptly contact all Defendants in the case and notify them of the identified facilities and availability of AUTHORIZATIONS.
- B. Upon request by one or more Defendants to VENDOR for documents from any of the facilities, VENDOR shall immediately commence procedures to obtain said documents.
- C. The method for sharing the costs of obtaining these records shall be the subject of agreements between Defendants and VENDOR.

IV. PLAINTIFFS' FIRST LOOK

- A. Within 5 calendar days of receipt of records from a facility, VENDOR shall provide bates-numbered electronic, read-only copies of the records to Plaintiffs' attorneys.
- B. Should Plaintiffs want hard copies or a printable electronic version of the documents retrieved by VENDOR, Plaintiffs shall order records from VENDOR at a cost to be arranged between Plaintiffs and VENDOR.
- C. VENDOR shall not discuss the contents of said records with Defendants, nor disclose the contents, nor produce any of said records to Defendants in any case without giving Plaintiffs an opportunity first to review for production.
- D. Plaintiffs shall have 7 calendar days in personal injury cases and 21 days in wrongful death cases from the day that the records are received from VENDOR, in which to review the records. Upon review, should Plaintiffs determine in good faith that any part of the records are not subject to disclosure and/or are privileged

1 based upon any privacy objections or then existing privilege under California law,
2 Plaintiffs shall serve a **Notice of Redacted Records** to all parties via LexisNexis
3 and to VENDOR, via facsimile, within 7 days or 21 days as provided above. The
4 Notice of Redacted Records shall identify each document that is being redacted
5 and state the basis for the objection to disclosure, the Bates numbers(s) and
6 author(s), date and title of the subject document if applicable. Plaintiffs shall
7 simultaneously serve the Notice of Redacted Records on all parties.

8 E. At the expiration of the 7 day or 21 day First Look period, as provided for in
9 Section IV.D above, VENDOR shall make available all records that are not
10 identified in a Notice of Redacted Records to Defendants.

11 F. If Plaintiff(s) serve(s) a Notice of Redacted Records and a Defendant wishes to
12 obtain the subject records, that Defendant shall contact Plaintiffs to meet and
13 confer, and parties shall meet and confer in good faith, to resolve the related
14 issues. If parties are unable to resolve the issues and Defendant still wishes to
15 obtain the subject records, Defendant shall serve Plaintiffs with a statement
16 explaining its position why it should be allowed to obtain the records. Within 10
17 days in a preference case (or 30 days in a non-preference case) from the date of
18 service of Defendant's statement, Plaintiffs shall: (1) serve Defendants with a
19 statement explaining why Defendants should not be allowed to obtain the subject
20 records; and (2) file and serve a joint statement containing both Plaintiffs'
21 statement and Defendant's statement. The redacted records shall not be filed, but
22 it shall be lodged with the court, along with the joint statement, for *in camera*
23 review as to the basis for the objection.

24 G. In the event the Court orders redacted documents produced, VENDOR shall make
25 available to Defendants the items pursuant to the terms of the court order.

26 **V. OTHER PROVISIONS**

27 A. Upon receiving written notification from Plaintiffs that a particular litigation
28 matter identified by case name and case number has been fully and finally

1 dismissed as to all parties, VENDOR shall destroy all records and
2 AUTHORIZATIONS relating to that case number within one (1) month of the
3 notification. VENDOR shall provide to attorneys for Plaintiffs a statement made
4 under penalty of perjury that this destruction has been completed in a confidential
5 manner to protect Plaintiffs' privacy rights.

6 B. Nothing in this Order should be construed or used as a separate means for
7 excluding evidence at trial. Nothing in this Order shall relieve Plaintiffs from
8 complying with the discovery obligations under the applicable statutes, General
9 Orders, or case law.

10
11 **IT IS SO ORDERED.**

12
13 Dated: January 31, 2012


14 
15 _____
16 Emilie H. Elias
17 Judge of the Los Angeles Superior Court
18
19
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28

EXHIBIT A

Appendix C-8

HIPAA COMPLIANT AUTHORIZATION FORM PURSUANT TO
45 FR 164-508

Name of the person(s), or class of persons, authorized to make the requested disclosure:

Patient name: _____

aka: _____

Date of birth: _____ Social Security #: _____

Address: _____

I authorize the disclosure of all protected medical information for the purpose of review and evaluation in connection with a legal claim. I expressly request that all covered entities under HIPAA identified above disclose full and complete protected medical information spanning the time period of _____ to _____.

Including the following:

- All medical records, including in-patient, out-patient and emergency room treatment, all clinical charts, reports, documents, correspondence, test results, statements, questionnaires/histories, office and doctor's handwritten notes, and records received by other physicians.
- All autopsy, laboratory, histology, cytology, pathology, radiology, CT scan, MRI, echocardiogram and cardiac catheterization reports.
- All radiology films, mammograms, myelograms, CT scans, photographs, bone scans, pathology/cytology/histology/autopsy/immunohistochemistry specimens, cardiac catheterization videos/CDs/films/reels, and echocardiogram videos.
- All pharmacy/prescription records including NDC numbers and drug information handouts/monographs.
- All billing records including all statements, itemized bills and insurance records.

Information about alcohol/substance abuse and HIV/AIDS may be disclosed as follows (check all that apply):

- ☐ Yes, disclose HIV/AIDS information OR
☐ No, do not disclose HIV/AIDS information.
☐ Yes, disclose alcohol/substance abuse information OR
☐ No, do not disclose alcohol/substance abuse information

I authorize you to release the protected health information to:
Pike Photocopy, Inc., 4221 Sepulveda Bl., Culver City, CA 90230,
(310) 397-0400, Fax: (310) 398-6309.

This authorization does not apply to psychotherapy notes, psychiatric or psychological records. I have a right to receive a copy of this authorization. I acknowledge the right to revoke this authorization by writing to the handling attorney or paralegal. However, I understand that any actions already taken in reliance on this authorization cannot be reversed and my revocation will not affect those actions. I acknowledge the potential for information disclosed pursuant to this authorization to be subject to re-disclosure by the recipient and no longer be protected under 45CFR 164.508. I understand that the covered entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I sign the authorization. Any facsimile, copy or photocopy of the authorization shall authorize you to release the records herein. This authorization expires two years from the date below.

Signature: _____ Date: _____
Relationship to the person who is the subject of the records:
Self: _____ Other (describe authority): _____

Appendix C-10

UNION RECORD AUTHORIZATION

TO: _____

RE: _____

This Authorization is to authorize you to give Pike Photocopy, Inc., 4221 Sepulveda Blvd., Culver City, CA 90230; Tel: (310) 397-0400, Fax: (310) 387-6309.

All papers, documents, notes, memoranda, correspondence, employment reports; evaluations, application forms, employment histories and records of every description pertaining to any and all aspects of the application, employment and termination of the undersigned.

For their examination, retention, review and photocopying.

The above information is material and relevant to the above referenced lawsuit. Said information may be disclosed by attorneys to any other attorneys in said action and is to be used in the preparation of litigation and in litigation.

This authorization shall remain valid for two (2) years from the date of the signing hereof.

The undersigned acknowledges that he has the right to receive a copy of this authorization.

DATED: _____

UNION MEMBER

MEMBER'S SOCIAL SECURITY NUMBER

Appendix C-11

EMPLOYMENT RECORD RELEASE AUTHORIZATION

TO: _____

RE: _____

I AUTHORIZE any employer, business, accountant, bookkeeper or other entity or person to release records of any kind, including but not limited to, employment, personnel, reports, documents, correspondence, notes, ledgers, journals, applications for employment, medical and health records, information regarding raises, promotions, absenteeism, disciplinary actions, evaluations, terminations, and any other records from the first date of employment to the present date regarding the above-named employee.

I AUTHORIZE you to give Pike Photocopy, Inc., 4221 Sepulveda Blvd., Culver City, CA 90230; Tel: (310) 397-0400, Fax: (310) 398-6309, any and all such information.

I UNDERSTAND that the information obtained by use of the Authorization will be used by the aforementioned law firm and other persons and organizations performing business or legal services in connection with the pending claim and/or litigation concerning me, or as may be otherwise lawfully required or as I am otherwise authorize.

I AGREE that a photographic copy of this Authorization shall be as valid as the original.

I AGREE that this Authorization shall be valid for two years from the date shown below as that of my signature, unless revoking IN WRITING.

I CERTIFY that I have read and understand the foregoing; that I agree and consent to the release of information and records as set forth above; that my consent and authorization is freely given; that I have received a copy of this authorization; and I acknowledge that I have the right to receive a copy of this signed authorization pursuant to the provisions of California Civil Code Section 56.10.

DATED: _____

Signature of Employee or Legal Representative

Social Security Administration
Consent for Release of Information

Form Approved
OMB No. 0960-0666

SSA will not honor this form unless all required fields have been completed (* signifies required field).

TO: Social Security Administration

*Name _____ *Date of Birth _____ *Social Security Number _____

I authorize the Social Security Administration to release information or records about me to:

*NAME _____ *ADDRESS _____
Pike Photocopy, Inc. 4221 Sepulveda Blvd., Culver City, CA 90230
(310) 397-4000, Fax: (310) 398-6309

*I want this information released because: Asbestos Litigation Discovery
There may be a charge for releasing information.

*Please release the following information selected from the list below:
You must check at least one box. Also, SSA will not disclose records unless applicable date ranges are included.

- ☐ Social Security Number
- ☒ Current monthly Social Security benefit amount
- ☒ ~~Current monthly Supplemental Security Income payment amount~~
- ☒ My benefit/payment amounts from _____ to _____
- ☒ My Medicare entitlement from _____ to _____
- ☐ Medical records from my claims folder(s) from _____ to _____
If you want SSA to release a minor's medical records, do not use this form but instead contact your local SSA office.
- ☒ Complete medical records from my claims folder(s)
- ☒ Other record(s) from my file (e.g. applications, questionnaires, consultative examination reports, determinations, etc.) Applications, questionnaires, consultative exams, evaluations, determinations, retirement folder, disability benefits.

I am the individual to whom the requested information/record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury in accordance with 28 C.F.R. § 16.41(d)(2004) that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that any applicable fees must be paid by me.

*Signature: _____ *Date: _____
Relationship (if not the individual): _____ *Daytime Phone: _____

Form 88A-3288 (07-2010) EF (07-2010)

**Social Security Administration
Consent for Release of Information**

Form Approved
OMB No. 0980-0686

Instructions for Using this Form

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor, you may complete this form to release only the minor's non-medical records. If you are requesting information for a purpose not directly related to the administration of any program under the Social Security Act, a fee may be charged.

NOTE: Do not use this form to:

- Request us to release the medical records of a minor. Instead, contact your local office by calling 1-800-772-1213 (TTY-1-800-325-0778), or
- Request information about your earnings or employment history. Instead, complete form SSA-7050-F4 at any Social Security office or online at www.ssa.gov/online/ssa-7050.pdf.

How to Complete this Form

We will not honor this form unless all required fields are completed. An asterisk (*) indicates a required field. Also, we will not honor blanket requests for "all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form.

- Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the information applies.
- Fill in the name and address of the individual (or organization) to whom you want us to release your information.
- Indicate the reason you are requesting us to disclose the information.
- Check the box(es) next to the type(s) of information you want us to release including the date ranges, if applicable.
- You, the parent or legal guardian acting on behalf of a minor, or the legal guardian of a legally incompetent adult, must sign and date this form and provide a daytime phone number where you can be reached.
- If you are not the person whose information is requested, state your relationship to that person. We may require proof of relationship.

PRIVACY ACT STATEMENT

Section 208(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. The information you provide will be used to respond to your request for SSA records information or process your request when we release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent.

We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, in accordance with 5 U.S.C. § 552a(b) of the Privacy Act, we may disclose the information provided on this form in accordance with approved routine uses, which include but are not limited to the following: 1. To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and/or coverage; 2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; 3. To comply with Federal laws requiring the disclosure of the information from our records; and, 4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and other Social Security programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

Form SSA-3288 (07-2010) EF (07-2010) Destroy Prior Editions

Appendix C-14

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

1. From whose record do you need the earnings information?

Print the Name, Social Security Number (SSN), and date of birth below.

Name _____ Social Security Number _____
Other Name(s) Used _____ Date of Birth _____
(Include Maiden Name) (Mo/Day/Yr)

2. What kind of information do you need?

- ☒ Detailed Earnings Information For the period(s)/year(s): _____
(If you check this block, tell us below why you need this information.)
Asbestos Litigation Discovery
- ☐ Certified Yearly Totals of Earnings For the year(s): _____
(Check this box only if you want the information certified. Otherwise, call 1-800-772-1213 to request Form SSA-7004, Request for Social Security Statement)

3. If you owe us a fee for this detailed earnings information, enter the amount due using the chart on page 3

A. \$ _____

Do you want us to certify the information?

☒ Yes ☐ No

If yes, enter \$15.00 B. \$ 15.00

ADD the amounts on lines A and B, and enter the TOTAL amount

C. \$ _____

- You can pay by CREDIT CARD by completing and returning the form on page 4, or
- Send your CHECK or MONEY ORDER for the amount on line C with the request and make check or money order payable to "Social Security Administration"
- DO NOT SEND CASH.

4. I am the individual to whom the record pertains (or a person who is authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

SIGN your name here

(Do not print) > _____ Date _____

Daytime Phone Number _____

(Area Code) (Telephone Number)

5. Tell us where you want the information sent. (Please print)

Name Pike Photocopy, Inc. Address 4221 Sepulveda Blvd.,
City, State & Zip Code Culver City, CA 90230 (310) 397-4000, Fax: (310) 398-6309

6. Mail Completed Form(s) To:

Exception: If using private contractor (e.g., FedEx) to mail form(s), use:

Social Security Administration
Division of Earnings Record Operations
P.O. Box 33003
Baltimore, Maryland 21290-3003

Social Security Administration
Division of Earnings Record Operations
300 N. Greene St.
Baltimore, Maryland 21290-0300

Form SSA-7050-F4 (07-2010) EF (07-2010)
Destroy Prior Editions

2

1 of 3

Appendix C-15

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION***Use This Form If You Need****1. Certified/Non-Certified Detailed Earnings Information**

Includes periods of employment or self-employment and the names and addresses of employers.

OR

2. Certified Yearly Totals of Earnings

Includes total earnings for each year but does not include the names and addresses of employers.

DO NOT USE THIS FORM FOR:

Non-certified yearly totals of earnings

This service is free to the public.

These totals can be obtained by calling
1-800-772-1213 to receive Form SSA-7004,
Request for Social Security Statement

PRIVACY ACT NOTICE: We are authorized to collect this information under section 205 of the Social Security Act, and the Federal Records Act of 1950 (64 Stat. 583). It is needed so we can identify your records and prepare the statement you request. You do not have to furnish the information, but failure to do so may prevent your request from being processed.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 11 minutes to read the instructions, gather the facts, and answer the questions. *Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*

INFORMATION ABOUT YOUR REQUEST**• How Do I Get This Information?**

You need to complete the attached form to tell us what information you want.

• Can I Get This Information For Someone Else?

Yes, if you have their written permission. For more information, see page 3.

• Who Can Sign On Behalf Of The Individual?

The parent of a minor child, or the legal guardian of an individual who has been declared legally incompetent, may sign if he/she is acting on behalf of the individual.

• Is There A Fee For This Information?**1. Certified/Non-Certified Detailed Earnings Information**

Yes, we usually charge a fee for detailed information. In most cases, this information is used for purposes NOT directly related to Social Security such as for a private pension plan or personal injury suit. The fee chart on page 3 gives the amount of the charge.

Sometimes, there is no charge for detailed information. If you have reason to believe your earnings are not correct (for example, you have previously received earnings information from us

and it does not agree with your records), we will supply you with more detail for the period in question. Occasionally, earnings amounts are wrong because an employer did not correctly report earnings or earnings are credited to the wrong person. In situations like these, we will send you detailed information, at no charge, so we can correct your record.

Be sure to show the year(s) involved on the request form and explain why you need the information. If you do not tell us why you need the information, we will charge a fee.

We will certify the detailed earnings information for an additional fee of \$15.00. Certification is usually not necessary unless you plan to use the information in court.

2. Certified Yearly Totals of Earnings

Yes, there is a fee of \$15 to certify yearly totals of earnings. Certification is usually not necessary unless you plan to use the information in court.

3. Method of Payment

Enclose a check or money order for the entire fee required. Payment can also be made by credit card. To do so, complete page 4 of this form and return it with your request form.

Appendix C-16

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

How Much Do I Have to Pay For Detailed Earnings?

1. Count the number of years for which you need detailed earnings information. Be sure to add in both the first and last year requested. However, do not add in the current calendar year since this information is not yet available.

2. Use the chart below to determine the correct fee.

Number of Years Requested	Fee	Number of Years Requested	Fee	Number of Years Requested	Fee
1	\$15.00	15	\$43.75	28	\$64.50
2	17.50	16	45.50	29	66.00
3	20.00	17	47.25	30	67.50
4	22.50	18	49.00	31	68.75
5	25.00	19	50.75	32	70.00
6	27.00	20	52.50	33	71.25
7	29.00	21	54.00	34	72.50
8	31.00	22	55.50	35	73.75
9	33.00	23	57.00	36	75.00
10	35.00	24	58.50	37	76.25
11	36.75	25	60.00	38	77.50
12	38.50	26	61.50	39	78.75
13	40.25	27	63.00	40	80.00
14	42.00				

For Requests Over 40 Years, Please Add 1 Dollar for Each Additional Year.

• Whose Earnings Can Be Requested

1. Your Earnings

You can request earnings information from your own record by completing the attached form; we need your handwritten signature. If you sign with an "X", your mark must be witnessed by two disinterested persons who must sign their name and address.

2. Someone Else's Earnings

You can request earnings information from the record of someone else if that person tells us in writing to give the information to you. This writing or "authorization" must be presented to us within 60 days of the date it was signed by that person.

3. A Deceased Person's Earnings

You can request earnings information from the record of a deceased person if you are the legal representative of the estate, a survivor (that is, the spouse, parent, child, divorced spouse of divorced parent), or an individual with a material interest (example-financial) who is an heir at law, next of kin, beneficiary under the will or donee of property of the decedent.

Proof of death must be included with your request. Proof of appointment as representative or proof of your relationship to the deceased must also be included.

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/eVetRecs/>.
(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.		3. DATE OF BIRTH		4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)							
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")	
a. ACTIVE COMPONENT							
b. RESERVE COMPONENT							
c. NATIONAL GUARD							
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES			

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

- ☒ DD Form 214 or equivalent. This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. Check the appropriate box below to specify a deleted or undeleted copy. When was the DD Form(s) 214 issued? YEAR(S):
- ☒ UNDELETED: Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
- ☐ DELETED: The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- ☒ All Documents in Official Military Personnel File (OMPF)
- ☒ Medical Records (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, the facility name and date for each admission must be provided:
- ☐ Other (Specify):

2. PURPOSE: (An explanation of the purpose of the request is strictly voluntary; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- ☐ Benefits ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Medals/Awards ☐ Genealogy ☐ Correction ☐ Personal
- ☒ Other, explain: Asbestos Litigation Discovery

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)

- ☐ Military service member or veteran identified in Section I, above
- ☐ Next of kin of deceased veteran (Must provide proof of death).
Show relationship: _____
- ☐ Legal guardian (Must submit copy of court appointment)
- ☐ Other (specify) _____

2. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 in accompanying instructions.)

Pike Photocopy, Inc. Tel: (310) 397-0400

Name 4221 Sepulveda Bl. Fax: (310) 398-6309

Street Apt.

Culver City, CA 90230

City State Zip Code

3. AUTHORIZATION SIGNATURE REQUIRED (See items 2a or 3a in accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Signature Required - Do not print _____

Date of this request _____ Daytime phone _____

Email address _____

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 - 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 - 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 - 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 - 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 - 10/15/1992 (enlisted) or 7/1/1917 - 10/15/1992 (officer)	14	14
	Discharged, deceased, or retired after 10/16/1992	14	11
	Active enlisted, officers (including National Guard and Army Reserve on active duty in the U.S. Army)	7	
	National Guard enlisted and officers not on active duty in Army	13	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 - 1/30/1994 (enlisted) or 1/1/1903 - 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 - 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) - Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSSRP 350 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center /DSMR HQ ARPC/DPSSA/B 6760 E. Irvington Place, Suite 4600 Denver, CO 80230-4600	7	U.S. Army Human Resources Command www.hrc.army.mil	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wooten Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, CGPC-adm-3 USCG Personnel Command 4200 Wilson Blvd., Suite 1100 Arlington, VA 22203-1804	8	Reserved.	13	The Adjutant General (of the appropriate state, DC, or Puerto Rico)
4	Headquarters U.S. Marine Corps Personnel Management Support Branch (NMPSB-10) 3008 Elliot Road Quantico, VA 22134-5030	9	Reserved.	14	National Personnel Records Center (Military Personnel Records) 9700 Page Ave. St. Louis, MO 63132-5100
5	Marine Forces Reserve 4400 Dauphine St. New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-312E) 5720 Integrity Drive Millington, TN 38855-3120		eVetRecs! www.archives.gov/veterans/evetrecs/

Appendix C-19

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. **General Information.** The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can. To determine where to mail this request see Page 2 of the SF 180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next of kin using eVetRecs at <http://www.archives.gov/veterans/evetrecs/>.

2. **Personnel records and Service Treatment Records (STR).** Personnel records of military members who were discharged, retired, or died in service less than 62 years ago and STR's are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STR's of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs approximately 40 days after the last day of active duty. (See item 3, Archival Records, if the military member was discharged, retired or died in service over 62 years ago.)

a. **Release of information:** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel records and/or STR's must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next of kin may be any of the following: unmarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters must provide proof of death, such as a copy of a death certificate, letter from funeral home or obituary.

b. **Fees for records:** There is no charge for most services provided to service members or next of kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.

3. **Archival Records.** Personnel records of military members who were discharged, retired, or died in service 62 or more years ago have been transferred to the legal custody of NARA and are referred to as "archival" records.

a. **Release of information:** Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next of kin is not required. However, in order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and preclude the release of some information.

b. **Fees for Archival Records:** Access to archival records is granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). You will be notified if there is a charge for photocopies of documents contained in the record you are requesting.

4. **Where reply may be sent.** The reply may be sent to the service member or any other address designated by the service member or other authorized requester.

5. **Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

6. **Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from Inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

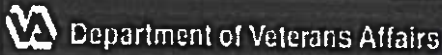
PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.

Appendix C-20



REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM INDIVIDUAL'S RECORDS

PRIVACY ACT STATEMENT: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify. The information may also be disclosed outside VA as permitted by law to include disclosure as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.

RESPONDENT BURDEN: VA may not conduct or sponsor, and the respondent is not required to respond, to this collection of information unless it displays a valid OMB Control Number. The Privacy Act of 1974 (5 U.S.C. 552a) and VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b) require individuals to provide written consent before documents or information can be disclosed to third parties not allowed to receive records or information under any other provision of law. The information requested is approved under OMB Control Number 2900-0028 and is necessary to ensure that the statutory requirements of the Privacy Act and VA's confidentiality statute are met.

Responding to this collection of information is voluntary. However, if the information is not furnished, we may not be able to comply with your request. Public reporting burden for this collection is estimated to average 7.5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (005E3), 810 Vermont Avenue, NW, Washington, DC 20420. Send comments only. Do not send this form or requests for benefits to this address.

TO	Department of Veterans Affairs	NAME OF INDIVIDUAL (Type or print)	
		VA FILE NO. (Include prefix)	SOCIAL SECURITY NUMBER

NAME AND ADDRESS OF ORGANIZATION OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

Pike Photocopy, Inc. (310) 397-0400, Fax: (310) 398-6309
4221 Sepulveda Bl., Culver City, CA 90230

VETERAN'S REQUEST

I hereby request and authorize the Department of Veterans Affairs to release the following information from the records identified above to the organization, agency, or individual named hereon:	NAME
---	------

INFORMATION REQUESTED (Number each item requested and give the dates or approximate dates - period from and to - covered by each)

All documents, all medical records, all applications (including offline applications and online applications via VONAPP), all proofs of claim, and all statements in support of claim, including but not limited to VA Forms 21-526, 21-534, 21-535, 21-4138, 21-4176, 21-8940 and 29-357, submitted in support of any claim for disability compensation benefits.

PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED.

Asbestos Litigation Discovery.

NOTE: Additional information may be listed on the reverse side of this form.

SIGNATURE OF INDIVIDUAL OR PERSON AUTHORIZED TO SIGN FOR INDIVIDUAL (Attach authority to sign, e.g., POA)	DATE
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REVERSE OF VA FORM 3200, OCT 1988 (R)

Adobe Forms Designer

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Appendix C-22



Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION

Privacy Act and Paperwork Reduction Act Information: The completion of this form does not authorize the release of information other than that specifically described below. The information requested on this form is collected under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 3701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as provided by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records located identified as 24VA19 "Patient Medical Record - VA" and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3107 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.

TO DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)	PATIENT NAME (Last, First, Middle Initial)
	SOCIAL SECURITY NUMBER

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED
Pika Photocopy, Inc., (310) 397-4000, Fax: (310) 398-6309 4221 Sepulveda Blvd., Culver City, CA 90230

VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):

☐ DRUG ABUSE ☐ ALCOHOLISM OR ALCOHOL ABUSE ☐ TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) ☐ SICKLE CELL ANEMIA

INFORMATION REQUESTED (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)

☐ COPY OF HOSPITAL SUMMARY ☐ COPY OF OUTPATIENT TREATMENT NOTES ☐ OTHER (Specify)

PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); (3) under the following condition(s):

I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.

DATE	SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA)

FOR VA USE ONLY

IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number)	TYPE AND EXTENT OF MATERIAL RELEASED
	DATE RELEASED
	RELEASED BY

VA FORM 10-5345
MAY 2005

USE EXISTING STOCK OF VA FORM 10-5345, DATED NOV 2004

1 of 1

Appendix C-23

1-800-MEDICARE Authorization to Disclose Personal Health Information

Use this form if you want 1-800-MEDICARE to give your personal health information to someone other than you.

1. **Print Name** _____ **Medicare Number** _____ **Date of Birth** _____
(First and last name of the person with Medicare) (Exactly as shown on the Medicare Card) (mm/dd/yyyy)

2. Medicare will only disclose the personal health information you want disclosed.

2A: Check only one box below to tell Medicare the specific personal health information you want disclosed:

☐ Limited Information (go to question 2b)

☐ Any Information (go to question 3)

2B: Complete only if you selected "limited information". Check all that apply:

☐ Information about your Medicare eligibility

☐ Information about your Medicare claims

☐ Information about plan enrollment (e.g. drug or MA Plan)

☐ Information about premium payments

☐ Other Specific Information (please write below; for example, payment information)

3. Check only one box below indicating how long Medicare can use this authorization to disclose your personal health information (subject to applicable law—for example, your State may limit how long Medicare may give out your personal health information):

☐ Disclose my personal health information indefinitely

☐ Disclose my personal health information for a specified period only
beginning: (mm/dd/yyyy) _____ and ending: (mm/dd/yyyy) _____

4. Fill in the name and address of the person(s) or organization(s) to whom you want Medicare to disclose your personal health information. Please provide the specific name of the person(s) for any organization you list below:

1. Name: Pike Photocopy, Inc.

Address: 4221 Sepulveda Blvd.

Culver City, CA 90230 (310) 397-4000, (310) 398-6309

2. Name: _____

Address: _____

3. Name: _____

Address: _____

5.

I authorize 1-800-MEDICARE to disclose my personal health information listed above to the person(s) or organization(s) I have named on this form. I understand that my personal health information may be re-disclosed by the person(s) or organization(s) and may no longer be protected by law.

Signature _____

Telephone Number _____

Date (mm/dd/yyyy) _____

Print the address of the person with Medicare (Street Address, City, State, and ZIP)

☐ Check here if you are signing as a personal representative and complete below.
Please attach the appropriate documentation (for example, Power of Attorney).
This only applies if someone other than the person with Medicare signed above.

Print the Personal Representative's Address (Street Address, City, State, and ZIP)

Telephone Number of Personal Representative: _____

Personal Representative's Relationship to the Beneficiary: _____

6. Send the completed, signed authorization to:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street Ste 5-300
San Francisco, CA 94103-6706
415-744-2658/Fax: 744-2706



7. Note:

You have the right to take back ("revoke") your authorization at any time, in writing, except to the extent that Medicare has already acted based on your permission. If you would like to revoke your authorization, send a written request to the address shown above.

Your authorization or refusal to authorize disclosure of your personal health information will have no effect on your enrollment, eligibility for benefits, or the amount Medicare pays for the health services you receive.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0930. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EXHIBIT B

Appendix C-27



AUTHORIZATION FOR RELEASE OF RECORDS

Instructions: This form must be completely filled out and mailed to the address below:

Employment Development Department
P.O. Box 828880, MIO 53
Sacramento, CA 94280-0001

I, _____, authorize the
Type or Print Name

Employment Development Department to release a copy of my records pertaining to:
Disability insurance records, questionnaires, evaluations, determinations,
consultation examination reports, unemployment insurance records.

Specify Type of Record - Example: Unemployment Insurance Records, Disability Insurance Records

for the period of _____ through _____ to the
MM/DD/YY MM/DD/YY

following Individual or entity (or its representative):

Pika Photocopy, Inc., (310) 397-4000, Fax: (310) 398-6309

Name of Individual/Entity (or its Representative)

4221 Sepulveda Blvd.

Address

Culver City, CA 90230

City, State, Zip Code

This Authorization shall remain in effect for 90 days from date of signature or as otherwise specified. A copy of this Authorization shall be as valid as the original.

Date: _____
MM/DD/YY

Signature _____

Social Security Number* _____

* Providing your social security number on this form is voluntary and if you provide your social security number, it will be used solely for the purpose of locating the requested records. If you choose not to provide your social security number, the Employment Development Department may be unable to locate any or all requested records due to the Employment Development Department's use of social security numbers for record identification and filing purposes. Privacy Act of 1974 Section 7(b) (Public Law 93-579).

APPLICATION FOR DEATH RECORD

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an AUTHORIZED Certified Copy of a death record.

- ◆ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- ◆ A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant
- ◆ An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate.
- ◆ Any funeral director or agent/employee of a funeral establishment acting within the scope of their employment who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive of subdivision (a) of Section 7100 of the Health and Safety Code.

If applying in person the application must be signed in the presence of the cashier. Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

MAIL REQUESTS FOR AUTHORIZED COPIES MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY

☐ I am requesting an AUTHORIZED copy

☐ I am requesting an INFORMATIONAL copy

	NUMBER OF COPIES NUMERO DE COPIAS			FOR RECORDER USE ONLY
Month/Mes Day/Día Year/Año				
Date of Death - Fecha De Defuncion				
NAME OF DECEASED (first, middle, last) - NOMBRE DEL difunto (primero, segundo, apellido)				File Number
CITY OF DEATH - CIUDAD DE DEFUNCION				Searched _____
RELATIONSHIP TO REGISTRANT (SEE ABOVE) - parentesco con las persona registrada (véase arriba)				Doubled _____
I _____ certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date _____ Signature _____				Veterans-See reverse side of first copy Veteranos-Véan el dorso de la segunda copia

DL/ID _____

NAME / NOMBRE		
STREET ADDRESS / NUMERO Y CALLE		
CITY / CIUDAD	STATE / ESTADO	ZIP / ZONA POSTAL

76A639D Rev. 5/10

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FILED
Superior Court of California
County of Los Angeles

JUL 15 2015

Sherri R. Carter, Executive Officer/Clerk
By Alfredo Morales deputy
ALFREDO MORALES

SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF LOS ANGELES – CENTRAL CIVIL WEST

Coordinated Proceeding
Special Title (Rule 3.550)

JCCP Case No.: 4674

LAOSD ASBESTOS CASES

CORRECTED
[PROPOSED] CASE MANAGEMENT
ORDER REQUIRING DISCLOSURE OF
BANKRUPTCY TRUST CLAIMS, CLAIMS-
RELATED MATERIALS, AND ASBESTOS
EXPOSURE FACTS

The Court, Honorable Emilie H. Elias presiding, conducted a hearing on May 12, 2015, following a hearing on June 20, 2014, regarding the Defense Discovery Committee's Motion Proposing Disclosure Requirements For Personal Injury Claims Pursuant to 11 U.S.C.A. §524(G).

After considering the moving and opposing papers and the arguments of counsel for defendants and for plaintiffs, and good cause appearing, the Court hereby makes this ruling, and orders that all plaintiffs and their counsel appearing in LAOSD Asbestos Cases comply with the disclosure requirements set forth herein.

1. BANKRUPTCY TRUST RELATED INTERROGATORIES.

The Court hereby incorporates into the August 11, 2014 Case Management Standing Order Re: Discovery In All Coordinated LAOSD Cases the following: (a) the additional interrogatories attached hereto as Exhibit 1, and (b) the LAOSD Standard Interrogatories to Plaintiffs' attached

CASE MANAGEMENT ORDER REQUIRING DISCLOSURE OF BANKRUPTCY TRUST CLAIMS, CLAIMS-RELATED MATERIALS, AND ASBESTOS EXPOSURE
FACTS

50396513.1

1 hereto as Exhibit 2 which contains a revision to Interrogatory 68. In addition, the Court hereby
2 orders that plaintiff s supplement and update their response s to Defendant's additional
3 interrogatories (Exhibit 1) and interrogatories 68 to 72 of the LAOSD Standard Interrogatories to
4 Plaintiffs (Exhibit 2), no later than 5 days before trial, if new witnesses or documents have been
5 discovered.

6 The Court finds that facts relating to a plaintiff's and/or decedent's alleged exposures to
7 asbestos are not privileged and are discoverable. Plaintiffs are required to disclose all facts
8 relating to all of their alleged exposures to asbestos, whether to the products or premises
9 attributable to named defendants, or to bankrupt or other entities, and regardless of whether those
10 facts have been , or ever will be, included in a claim to a third party for the purpose of obtaining
11 compensation for an asbestos-related injury. Plaintiffs may not object or refuse to produce
12 information relating to exposure facts in response to appropriate discovery requests from
13 defendants for the reason that no claims have been or will be made based on such facts or
14 because such facts may also appear in otherwise privileged documents such as signed affidavits
15 or unsubmitted bankruptcy trust claim forms. No waiver of attorney-client or work product
16 privileges will result from the disclosures required herein.

17 2. BANKRUPTCY TRUST AUTHORIZATIONS.

18 Plaintiffs shall execute and provide a Bankruptcy Trust Authorization in the form attached
19 hereto as Exhibit 3 at the same time and in the same manner as the other authorizations pursuant to
20 this Court's Order regarding Plaintiffs' Authorizations.

21 3. PRODUCTION OF BANKRUPTCY TRUST RELATED DOCUMENTS.

22 Plaintiffs shall produce all documents sent to, received from, shown to, exchanged with, or
23 otherwise disclosed to any established or pending asbestos trust funds (including but not limited to
24 their administrators and/or agents, supervising courts and their agents, claims processing facilities
25 and their agents), for any purpose including, but not limited to, supporting a claim for an asbestos-
26 related injury, or providing notice of, or reserving a place for, a future claim for compensation for
27 an asbestos-related injury. This production shall include, but is not limited to, ballots,

1 questionnaires, submitted or filed forms, summaries, claims, "placeholder" claims, requests for
2 extensions, requests for details, all supporting documentation, all related communications, and all
3 documents filed, lodged and/or submitted on or after January 1, 2015 pursuant to Rule 2019 of the
4 Federal Rules of Bankruptcy Procedure. These communications are not privileged and must be
5 produced pursuant to this order in each case.

6 In addition, declarations and/or affidavits that have been circulated to someone other than
7 Plaintiff and Plaintiffs' counsel (including his/her law firm) and set forth facts regarding a
8 Plaintiff's and/or decedent's exposure to asbestos or an asbestos-related injury, are not privileged
9 and must be produced pursuant to this order in each case.

10 This production shall be made pursuant to this Order in each case at the same time that
11 Plaintiffs serve responses to Defendants' Standard Interrogatories. In addition, the Court hereby
12 orders that Plaintiffs shall supplement this production of bankruptcy claim related documents and
13 declarations no later than 5 days before trial.

14 4. EFFECTIVE DATE OF ORDER.

15 This Order applies to all LAOSD Asbestos Cases where the initial complaint, or any
16 amendment to a complaint to assert wrongful death and/or survival claims, is filed on or after
17 5/27/15, for a six month trial period. This Order shall remain in effect after the
18 conclusion of the six month trial period unless amended, vacated or otherwise superseded by
19 further order of the Court.

20
21 IT IS SO ORDERED.

22
23 DATED: 7/15/15, 2015

Emilie H. Elias
Honorable Emilie H. Elias
Los Angeles Superior Court Judge

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Appendix D-3

Appendix D-4
EXHIBIT 1

**SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES**

In re Los Angeles Asbestos Litigation – General
Orders Coordinated Proceeding Special Title
(Rule 3.550)

LAOSD ASBESTOS CASES

CASE NO. JCCP 4674

*Assigned for All Purposes to the Honorable
Emilie H. Elias in Department 324*

LAOSD STANDARD BANKRUPTCY
INTERROGATORIES TO PLAINTIFFS

[EXHIBIT 1]

INTRODUCTION

Each plaintiff in the above-captioned asbestos litigation is required to respond to the following Standard Bankruptcy Interrogatories separately and fully in writing, under oath, pursuant to *Code of Civil Procedure* §§2030.010, *et seq.* In responding to these interrogatories, the plaintiff is required to furnish all information that is available to the plaintiff and anyone acting or purporting to act on his/her behalf, including but not limited to, the plaintiff's counsel, agents, representatives, and employees. If the plaintiff cannot answer an interrogatory completely, he/she shall answer to the fullest extent possible and specify the reason(s) for his/her inability to respond fully.

DEFINITIONS

The following definitions apply to the terms used in these interrogatories:

ASBESTOS BANKRUPT ENTITY shall include all entities, trusts, and agents of all PERSONS who filed for bankruptcy due to asbestos liabilities including, but not limited to, those listed on Attachment A hereto.

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DOCUMENT(S) shall mean "writing" as defined in *Evidence Code* § 250 including, but not limited to, any and all physical articles of admissible or inadmissible evidence, exemplars, packaging, invoices, contracts, agreements, purchase orders, memoranda, notes, instructions, catalogues, specifications, plans, formulas, bills of lading, receipts, work orders, customer cards, depositions, electronic mail, declarations, affidavits, written discovery DOCUMENTS, photographs, videotapes, audio tapes, scanned DOCUMENTS, microfiche, databases of records, Adobe Acrobat .pdf files, .tif files, .jpg files, .gif files, electronic images, digital images, digital files, hard drives, CD-ROMs, and DVD-ROMs. DOCUMENTS also include DOCUMENTS in the memory of computer systems, on diskettes, CD-ROMs, or on other computer memory storage devices.

IDENTIFY and IDENTITY shall mean to describe in sufficient detail to satisfy the requirements of a request for production of DOCUMENTS under *Code of Civil Procedure* §§ 2031.010 *et seq.*, including but not limited to the title, date, author and publisher of the DOCUMENT, and /or stating the name and address and telephone number of each PERSON indicated.

PLAINTIFF/DECEDENT shall mean the person whose alleged exposure to asbestos gives rise to the current lawsuit.

PERSON(S) shall mean any individual person, business, entity, or organization.

YOU and YOUR or any derivative thereof shall mean PLAINTIFF/DECEDENT, as well as anyone acting or purporting to act on his/her behalf, including, but not limited to, plaintiff's and or decedent's agents, representatives, counsel, and employees. The Court does not intend to create by this Order a new requirement upon counsel to search old case files for facts.

INTERROGATORIES

73. For each claim identified in response to Interrogatory No. 68, state all facts supporting the claim including, but not limited to, the brand name, manufacturer and supplier of each asbestos-containing product, material and/or compound with which PLAINTIFF/DECEDENT worked, worked around, or to which PLAINTIFF/DECEDENT was otherwise exposed, when the exposure occurred, and how the exposure occurred.

Appendix D-6

74. For each claim identified in response to Interrogatory No. 68, identify all PERSONS who have knowledge of facts about each asbestos-containing product, material and/or compound with which PLAINTIFF/DECEDENT worked, worked around, or to which PLAINTIFF/DECEDENT was otherwise exposed, which support the claim.

75. For each ASBESTOS BANKRUPT ENTITY, state all facts in YOUR care, custody or control that PLAINTIFF/DECEDENT was exposed to any asbestos from an asbestos-containing product, material and/or compound related to that ASBESTOS BANKRUPT ENTITY, including, but not limited to, identification of the brand name, manufacturer and supplier of each asbestos-containing product, material and/or compound, when the exposure occurred, and how the exposure occurred.

76. For each ASBESTOS BANKRUPT ENTITY referenced in response to Interrogatory No. 75, IDENTIFY all PERSONS who have knowledge of facts about the exposure including, but not limited to, identification of the brand name, manufacturer and supplier of each asbestos-containing product, material and/or compound, when the exposure occurred, and how the exposure occurred.

77. For each ASBESTOS BANKRUPT ENTITY referenced in response to Interrogatory No. 75, IDENTIFY all DOCUMENTS that relate to the exposure including, but not limited to, identification of the brand name, manufacturer and supplier of each asbestos-containing product, material and/or compound, when the exposure occurred, how the exposure occurred, and witnesses to the exposure.

78. IDENTIFY all DOCUMENTS not previously identified in response to Interrogatory Nos. 68 and 77 that relate to any existing claim by PLAINTIFF/DECEDENT against every ASBESTOS BANKRUPT ENTITY including, but not limited to, ballots, declarations, claims, all documents filed, lodged and/or submitted on or after January 1, 2015 pursuant to Rule 2019 of the Federal Rules of Bankruptcy Procedure, claims or submissions, proofs of claim, and amendments or supplements thereto.

Appendix D-7

Asbestos Bankruptcy Trusts

Trust Name

A&I Corporation Asbestos Bodily Injury Trust
A-Best Asbestos Settlement Trust
AC&S Asbestos Settlement Trust
Amatex Asbestos Disease Trust Fund
APG Asbestos Trust
API, Inc. Asbestos Settlement Trust
Annstrong World Industries Asbestos Personal Injury Settlement Trust
ARTRA 524(g) Asbestos Trust
ASARCO LLC Asbestos Personal Injury Settlement Trust
Babcock & Wilcox Company Asbestos Personal Injury Settlement Trust
Bartells Asbestos Settlement Trust
Specialty Products Holding Corp. (Bondex) Asbestos Settlement Trust
Brauer 524(g) Asbestos Trust
Burns and Roe Asbestos Personal Injury Settlement Trust
C. E. Thurston & Sons Asbestos Trust
Celotex Asbestos Settlement Trust
Christy Refractories Asbestos Personal Injury Trust
Combustion Engineering 524(g) Asbestos PI Trust
Congoleum Plan Trust
DII Industries, LLC Asbestos PI Trust
Durable Manufacturing Company Asbestos Trust
Eagle-Picher Industries Personal Injury Settlement Trust
Federal Mogul U.S. Asbestos Personal Injury Trust
Flintkote Company and Flintkote Mines Limited Asbestos Personal Injury Trust
Fuller-Austin Asbestos Settlement Trust G-1 Asbestos Settlement Trust

1 Trust Name - Cont'd.

2
3 H.K. Porter Asbestos Trust

4 Hercules Chemical Company, Inc. Asbestos Trust

5 J.T. Thorpe Settlement Trust

6 JT Thorpe Company Successor Trust

7 Kaiser Asbestos Personal Injury Trust

8 Keene Creditors Trust

9 Leslie Controls, Inc. Asbestos Personal Injury Trust

10 Lummus 524(g) Asbestos PI Trust

11 Manville Personal Injury Settlement Trust

12 Metex Asbestos PI Trust

13 M.H. Detrick Company Asbestos Trust

14 Motors Liquidation Company Asbestos Personal Injury Trust

15 NGC Bodily Injury Trust

16 North American Refractories Company Asbestos Personal Injury Settlement Trust

17 Owens Corning Fibreboard Asbestos Personal Injury Trust

18 Pacor Settlement Trust

19 Pittsburgh Corning Corporation Asbestos PI Trust

20 Plant Insulation Company Asbestos Settlement Trust

21 Plibrico Asbestos Trust

22 Porter Hayden Bodily Injury Trust

23 Quigley Company, Inc. Asbestos PI Trust

24 Raytech Corporation Asbestos Personal Injury Settlement Trust

25 Rock Wool Mfg. Company Asbestos Trust

26 Ruland Fire Clay Company Asbestos Trust

27 Shook & Fletcher Asbestos Settlement Trust

28 Stone and Webster Asbestos Trust

Trust Name - Cont'd.

Swan Asbestos and Silica Settlement Trust

T H Agriculture & Nutrition, LLC Industries Asbestos Personal Injury Trust

Thorpe Insulation Company Asbestos Personal Injury Settlement Trust

United States Gypsum Asbestos Personal Injury Settlement Trust

United States Mineral Products Company Asbestos Personal Injury Settlement Trust

UNR Asbestos-Disease Claims Trust

Utex Industries, Inc. Successor Trust

Wallace & Gale Company Asbestos Settlement Trust

Western MacArthur-Western Asbestos Trust

WR Grace Asbestos PI Trust

EXHIBIT 2

Appendix D-11

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5 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
6 **FOR THE COUNTY OF LOS ANGELES**
7

8 In re Los Angeles Asbestos Litigation –
9 General Orders Coordinated Proceeding
10 Special Title (Rule 3.550)

) CASE NO. JCCP 4674

) LAOSD STANDARD INTERROGATORIES
TO PLAINTIFFS

11 LAOSD ASBESTOS CASES

) [EXHIBIT 2]
12
13

14 **INTRODUCTION**

15 Each plaintiff in the above-captioned asbestos litigation is required to respond to the
16 following general order interrogatories separately and fully in writing, under oath, pursuant to
17 *Code of Civil Procedure* §§2030.010, *et seq.* In responding these interrogatories, the plaintiff is
18 required to furnish all information that is available to the plaintiff and anyone acting or purporting
19 to act on his/her behalf, including, but not limited to, the plaintiff's counsel, agents,
20 representatives, and employees. If the plaintiff cannot answer an interrogatory completely, he/she
21 shall answer to the fullest extent possible and specify the reason(s) for his/her inability to respond
22 fully.
23

24 **DEFINITIONS**

25 As used in these interrogatories, the term "YOU" and "YOUR" or any derivative thereof
26 means plaintiff and/or decedent, as well as anyone acting or purporting to act on his/her behalf,
27 including, but not limited to, plaintiff's agents, representatives, counsel, and employees.
28

Appendix D-12

1 As used in these Interrogatories, the term "PERSON(S)" includes a natural PERSON,
2 association, organization, partnership, business, trust, corporation, or public entity.

3 As used in these Interrogatories, the term "DOCUMENT(S)" means a writing as defined
4 in *Evidence Code* § 250, and includes the original or a copy of any handwriting, printing,
5 Photostatting, photographing, and every other means of recording upon any tangible thing in form
6 of communication or representation, including letters, words, pictures, sounds, or symbols, or
7 combinations of them. The term "DOCUMENT(S)" specifically includes, but is not limited to, any
8 and all JOB files, contracts, invoices, work orders, JOB logs, specifications, blueprints, maps,
9 purchase orders, and permits.

10 As used in these Interrogatories, the term "DESCRIBE" as it relates to equipment, product
11 or material means provide a complete description of the equipment, product or material including
12 but not limited to the name, manufacturer, supplier, distributor, color, texture, consistency, shape,
13 size and any markings; a description of the container and/or packaging including size, color and all
14 writing on the container and or packaging and a description of how the equipment, product or
15 material was used.

16 As used in these interrogatories, "ASBESTOS-CONTAINING PRODUCT(S)" means
17 any and all products that contain any amount of asbestos dust or fiber.

18 As used in these interrogatories, "RESPIRATORY PROTECTION EQUIPMENT"
19 means any device or item of apparel used to prevent or reduce the inhalation of asbestos, or other
20 dusts or fibers such as, but not limited to, kerchiefs, dust masks, respirators, hoods, and respirator
21 filters, cartridges and canisters.

22 "IDENTIFY" in regards to WORKSITES means to state the name, street address
23 (including city, state and zip code), property owner, building number, floor number, cross-
24 street(s), parcel number, or other identifying characteristics of each WORKSITE alleged to be at
25 issue.

26 "IDENTIFY" in regards to DOCUMENTS means to describe the DOCUMENT(S) with
27 sufficient particularity to issue a subpoena, request for production and/or notice to produce,
28

1 including the title, date, author, addressee or other recipient(s) , and the name, address or other
2 contact information for the custodian(s) of each DOCUMENT.

3 "IDENTIFY" in regards to PERSONS means to state the full name, JOB title, last known
4 address (including city, state and zip code), telephone number and/or other contact information for
5 each PERSON, if known to the Plaintiff answering these Interrogatories and/or his/her attorneys.

6 "IDENTIFY" in regards to ASBESTOS-CONTAINING PRODUCTS means to state the
7 trade name, brand name and/or manufacturer of the product(s) , and any other markings, writings
8 or logos associated with the product.

9 As used in these interrogatories, the term "CONTRACTOR DEFENDANT(S)" means any
10 Defendant who allegedly exposed YOU to asbestos as a result of their work involving the
11 installation, use, handling, abatement, removal or disturbance of ASBESTOS or ASBESTOS-
12 CONTAINING PRODUCTS.

13 As used in these interrogatories, the term "WORKSITE" means each premise, LOCATION
14 or area where YOU contend YOU were exposed to asbestos, including but not limited to
15 commercial buildings, tract housing, refinery facilities, shipyards, and vessels/ships.

16 "LOCATION " or "LOCATIONS" means the city, state, country, street address,
17 intersection or shipyard. For work aboard ship, please IDENTIFY the ship and where it was
18 located during the time YOU worked on board.

19 "OCCASION" refers to a day, any part of a day, or a series of day(s), week(s), month(s) or
20 year(s) during which YOU worked continuously at a WORKSITE.

21 "SAFETY PRECAUTION" means respirators, masks, fans, air blowers, tarps, wet down
22 procedures, isolation and any other equipment and/or methods used to limit or prevent exposure to
23 dust.

24 When the word "AUTOMOBILE" or "AUTOMOTIVE" is used herein, it refers to any
25 motor vehicle or mobile equipment and their systems or parts including, but not limited to, a car,
26 truck, tractor, trailer, bus or heavy motorized equipment, upon which plaintiff claims he performed
27 any repairs or work that resulted in an exposure to asbestos.

28

1 The term "FRICTION MATERIAL DEFENDANTS" means those defendants whom
2 plaintiff(s) has/have named in the complaint and who plaintiff(s) allege(s) are in the business of
3 selling, manufacturing or distributing "BRAKE LININGS" or "ASBESTOS-CONTAINING
4 FRICTION PRODUCTS" and/or any other AUTOMOTIVE parts which plaintiff(s) allege(s)
5 contain asbestos.

6 The term "ASBESTOS-CONTAINING FRICTION PRODUCTS" means "BRAKE
7 LININGS" as defined above and AUTOMOBILE transmission parts such as clutches, clutch
8 plates, clutch discs, clutch facings and linings, or any other AUTOMOBILE parts which contain
9 or have parts made from asbestos, such as gaskets.

10 11 INTERROGATORIES

12 I. BACKGROUND

13 1. State YOUR full name, present address, date and place of birth, social security
14 number, height, and weight, and, if YOU have a driver's license, the state of issuance and the
15 number of that driver's license.

16 2. State any other name or names by which YOU have been known, including
17 nickname(s), and the inclusive dates of use of that name or names.

18 3. State all YOUR former residence addresses, including street address, city, state
19 and zip code, that YOU have lived at during YOUR lifetime, giving the dates during which YOU
20 lived at each address and the names of each PERSON and relationship to YOU who lived with
21 YOU at each address.

22 4. If YOU are married, state the name of YOUR spouse, her/his age and present
23 address (if different from YOUR address), and the date and place of YOUR marriage. If YOUR
24 spouse is currently employed, state:

- 25 a. The name and address of his/her employer;
26 b. Whether he/she is employed on full or part time basis; and
27 c. The amount of his/her average weekly or monthly salary.
28

1 5. State the names of any previous spouses, the dates and places of those marriages,
2 and the dates those marriages were dissolved or terminated. If the marriage was terminated by a
3 divorce, state the county and state in which the divorce papers were filed.

4 6. State the names, ages and present addresses of each of YOUR children.

5 7. State the names, ages and present addresses of each of YOUR parents. If they are
6 deceased, indicate their age at death and cause of death.

7 8. State all schools including vocational programs YOU have attended since
8 elementary/grade school up to the highest grade level YOU have completed, together with the
9 date completed, name and LOCATION of the school YOU attended, and any degree or certificate
10 YOU received from each school.

11 9. If YOU have been or are licensed by any agency, governmental or
12 nongovernmental, to perform any profession, trade or occupation, state the following:

- 13 a. The date the license was issued;
14 b. The name and address of the agency issuing the license;
15 c. The profession, trade or occupation for which the license was issued;
16 d. Whether the license was revoked or suspended; and if so, the date and
17 reason for each revocation and suspension; and
18 e. The amount of time YOU engage in the profession, trade or occupation, as
19 authorized by the license.

20 10. If YOU have been convicted of a felony, state the date, place (city, county, and
21 state) and nature of each felony conviction and court case number. If YOU served time in prison,
22 state the dates and LOCATION of time served.

23
24 **II. MILITARY SERVICE**

25 11. If YOU have ever been a member of the Armed Forces of the United States, or any
26 other Country, state:

- 27 a. The Country in which YOU served in the Armed Forces;
28

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- 1 b. The branch of service,
2 c. YOUR serial number, and the highest rank or grade YOU held;
3 d. The dates YOU began and ended YOUR military service;
4 e. The type of discharge YOU received;
5 f. At what LOCATIONS YOU served, if any, and the dates of such service;
6 g. If YOU served aboard ship, identify the ship by name and/or hull number
7 and the dates of such service;
8 h. The specific nature of YOUR duties at each of the above LOCATIONS or
9 ships;
10 i. Any claimed exposure to asbestos products, and the nature and extent of
11 any such exposure;
12 j. YOUR veteran's administration number; and,
13 k. If YOU received technical or vocational training as a member of the Armed
14 Forces the type of training YOU received and dates of the training period.
15

16 **III. EMPLOYMENT HISTORY**

17 **12. If YOU are presently employed, state:**

- 18 a. The name and address of YOUR present employer;
19 b. The name and address of YOUR immediate supervisor
20 c. The nature of the work YOU do and YOUR JOB title;
21 d. The number of hours, per week, YOU normally work;
22 e. The date YOUR employment began and ended;
23 f. All of YOUR JOB positions from the beginning of YOUR employment and
24 dates for each position;
25 g. YOUR present rate of pay or salary; and

26 **13. If YOU are not presently employed, describe the reason why. If retired, state the**
27 **date and specific reason(s) for YOUR retirement.**
28

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1 14. List all OCCASIONS during the last twenty years of YOUR life on which YOU
2 have lost time from work for over ten consecutive days as a result of any of the following, and for
3 each such loss, indicate the amount of time lost and the reason for the lost time:

4 a. Illness;

5 b. Injury.

6 15. If YOU have ever been discharged or voluntarily left a position due to health
7 problems, state in detail the dates, names of employers, places of employment and
8 circumstances surrounding each discharge or voluntary termination.

9 16. If YOU are or have ever been a member of any labor union, state for each union
10 membership:

11 a. The name, address and telephone number of the union, the union local or
12 chapter number of each union, and YOUR membership number, if any;

13 b. The dates and time periods during which YOU maintained membership in
14 each such union.

15 17. List all of YOUR employment or JOBS that YOU have ever had in YOUR
16 lifetime, including self-employment, and for each employment, state:

17 a. The employer's name, address and telephone number, and the dates of
18 YOUR employment;

19 b. YOUR JOB title and a description of YOUR duties;

20 c. If YOU claim, or have reason to believe, YOU were exposed to asbestos,
21 the manner of exposure, the duration and time period of exposure and the
22 type of product (e.g., insulation, cement, etc.) to which YOU were exposed;

23 d. The LOCATION of each JOB site, including the name of each facility,
24 shipyard, or ship, and the state and city where located, along with the
25 beginning and ending dates of each such JOB;

26 e. For each such JOB, state the name, approximate age, their JOB title at the
27 place of employment, and last known address and phone number of all
28

PERSONS with whom YOU worked , including but not limited to YOUR supervisor, on such JOB;

f. The reason for each termination; and

g. The rate of pay at each place of employment.

IV. EXPOSURE TO ASBESTOS- PRODUCTS/EQUIPMENT

18. For each product, material , compound or equipment (collectively referred to as "product") which YOU contend contains ASBESTOS allegedly manufactured , produced , prepared , distributed or sold by any defendant named in this action or by its predecessors , subsidiaries, subdivisions or affiliates, and which YOU worked with or around or otherwise claim to have been exposed to at any time:

a. Describe each product as specifically as possible, including its trade name, product type, ASBESTOS content, color, packaging, and manufacturer together with a detailed description of when and how YOU became aware of this information;

b. If not already identified in response to number 17(c) above, state the date(s) on which and places where YOU were exposed or YOUR best estimate thereof, together with the circumstances surrounding such exposure (i.e., whether YOU worked with it or were simply near an area where it was being used) to the product ;

c. Describe all instructions, recommendations or warnings of any kind that accompanied the product, together with the LOCATION(s) where this information appeared (e.g., printed on tag, tag covering, instruction sheet accompanying product, etc.);

d. State the purpose for which YOU used the product;

e. IDENTIFY all SAFETY PRECAUTIONS in place during YOUR use of the product;

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- 1 f. IDENTIFY (including name, address and telephone number) of YOUR
2 supervisors and co-workers at the WORKSITE;
3 g. IDENTIFY all PERSONS with knowledge of facts supporting YOUR
4 response to this interrogatory and its subparts, not already identified
5 in these responses; and
6 h. IDENTIFY all DOCUMENTS which support YOUR response to this
7 interrogatory and its subparts.
8

9 **V. USE OF RESPIRATORY PROTECTION EQUIPMENT**

10 19. IDENTIFY all RESPIRATORY PROTECTION EQUIPMENT that YOU
11 contend YOU used at any time. For each item of RESPIRATORY PROTECTION EQUIPMENT
12 identified, provide the following information:

- 13 a. The name of the manufacturer of the RESPIRATORY PROTECTION
14 EQUIPMENT;
15 b. The name, model number, and type of the RESPIRATORY PROTECTION
16 EQUIPMENT; and
17 c. The name of YOUR employer and the name and address of the jobsite at
18 the time YOU allegedly used the RESPIRATORY PROTECTION
19 EQUIPMENT.
20

21 **VI. EXPOSURE TO ASBESTOS - PREMISES**

22 20. For each WORKSITE identified in YOUR Response to Interrogatory No. 18 above
23 for which you are making a claim against a premises defendant for asbestos exposure at that
24 WORKSITE, please state:

- 25 a. IDENTIFY each PERSON who YOU contend owned the WORKSITE
26 during the dates(s) or time period(s) when YOU worked there;
27 b. IDENTIFY each PERSON who YOU contend operated the WORKSITE
28 during the dates(s) or time period(s) when YOU worked there;

- 1 c. IDENTIFY each PERSON who YOU contend controlled the WORKSITE
2 during the dates(s) or time period(s) when YOU worked there;
3 d. IDENTIFY each PREMISES OWNER who YOU contend exposed YOU to
4 asbestos at the WORKSITE during the date(s) or time period(s) when YOU
5 worked there;
6 e. Describe the nature or manner in which YOU contend YOU were exposed
7 to asbestos at the WORKSITE as a result of work performed by each
8 PREMISES OWNER;
9 f. the identity (including name, address and telephone number) of YOUR
10 employer(s);
11 g. YOUR JOB title(s), if not described above;
12 h. YOUR JOB duties, if not described above;
13 i. The identity (including name, address and telephone number) of YOUR
14 supervisors and co-workers at the WORKSITE , if not identified above;
15 j. The identity of all PERSONS with knowledge of facts supporting YOUR
16 response to this interrogatory and its subparts, not already identified in these
17 responses; and response to this interrogatory and its subparts, not already
18 identified in
19 k. IDENTIFY all DOCUMENTS which support YOUR response to this
20 interrogatory and its subparts.
21

22 **VII. EXPOSURE TO ASBESTOS - CONTRACTORS**

23 21. For each WORKSITE identified in YOUR Response to Interrogatory No. 18 above
24 for which you are making a claim against contractor defendant for asbestos exposure at that
25 WORKSITE, please state:

- 26 a. IDENTIFY each PERSON who YOU contend owned the WORKSITE
27 during the dates(s) or time period(s) when YOU worked there;
28

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- 1 b. IDENTIFY each PERSON who YOU contend operated the WORKSITE
2 during the dates(s) or time period(s) when YOU worked there;
3 c. IDENTIFY each PERSON who YOU contend controlled the WORKSITE
4 during the dates(s) or time period(s) when YOU worked there;
5 d. IDENTIFY each CONTRACTOR DEFENDANT who YOU contend
6 exposed YOU to asbestos at the WORKSITE during the date(s) or time
7 period(s) when YOU worked there;
8 e. Describe the nature or manner in which YOU contend YOU were exposed
9 to asbestos at the WORKSITE as a result of work performed by each
10 CONTRACTOR DEFENDANT.
11 f. IDENTIFY (including name, address and telephone number) YOUR
12 employer(s);
13 g. YOUR JOB title(s), if not described above;
14 h. YOUR JOB duties, if not described above;
15 i. IDENTIFY (including name, address and telephone number) YOUR
16 supervisors and co-workers at the WORKSITE, if not identified above;
17 j. IDENTIFY all PERSONS with knowledge of facts supporting YOUR
18

19 **VIII. EXPOSURE TO ASBESTOS - FRICTION**

20 22. Do YOU contend that YOU were exposed to asbestos from any ASBESTOS-
21 CONTAINING FRICTION PRODUCTS at any place of employment? If so, please answer the
22 following:

- 23 a. The names and addresses of all places of employment where YOU
24 contend such an exposure took place;
25 b. The dates at each place of employment;
26 c. YOUR JOB title at each place of employment;
27 d. YOUR JOB responsibilities at each place of employment;
28

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- 1 e. A complete description of any work performed by YOU which YOU
2 contend caused an asbestos exposure to you;
- 3 f. A complete description of any work performed by others which YOU
4 contend caused an asbestos exposure to you;
- 5 g. List the specific parts or components YOU worked with which YOU
6 contend are or were ASBESTOS-CONTAINING FRICTION PRODUCTS;
- 7 h. State the frequency of YOUR exposure to each specific
8 ASBESTOS-CONTAINING FRICTION PRODUCTS;
- 9 i. IDENTIFY YOUR immediate supervisor(s) for each place of employment;
- 10 j. IDENTIFY all of YOUR co-workers at each place of employment;
- 11 k. IDENTIFY any other PERSON with knowledge of YOUR alleged exposure
12 to ASBESTOS-CONTAINING FRICTION PRODUCTS at each place of
13 employment;
- 14 l. Whether any safety equipment or protective devices, including but not
15 limited to engineering controls or respiratory protective equipment, with
16 respect to asbestos were provided to YOU or YOUR co-workers and, if so,
17 a description of the equipment/devices;
- 18 m. Whether any safety equipment or protective devices, including but not
19 limited to engineering controls or respiratory protective equipment, with
20 respect to asbestos were required to be used by YOU or YOUR co-workers
21 and, if so, a description of the equipment/devices and the date on which
22 they were first required; and
- 23 n. Whether any safety equipment or protective devices, including but not
24 limited to engineering controls or respiratory protective equipment, with
25 respect to asbestos were used by YOU or YOUR co-workers and, if so a
26 description of the equipment/devices and when they were first used.
27
28

1 23. Do YOU contend that YOU were exposed to asbestos from any ASBESTOS-
2 CONTAINING FRICTION PRODUCTS anywhere other than a place of employment (i.e. during
3 home auto repair)? If so, please answer the following:

- 4 a. The LOCATION(s) where YOU contend that each such exposure took
5 place;
6 b. The dates at each exposure;
7 c. For each exposure, IDENTIFY the owner of the VEHICLE on which YOU
8 performed work with ASBESTOS-CONTAINING FRICTION
9 PRODUCTS if known to you;
10 d. For each such exposure, IDENTIFY any PERSON known to you to have
11 observed YOU working with ASBESTOS-CONTAINING FRICTION
12 PRODUCTS;
13 e. For each such exposure, IDENTIFY any other PERSON known to you to
14 have knowledge of YOUR alleged exposure to ASBESTOS-CONTAINING
15 FRICTION PRODUCTS;
16 f. A complete description of any work performed by YOU which YOU
17 contend caused an asbestos exposure to you;
18 g. A complete description of any work performed by others which YOU
19 contend caused an asbestos exposure to you;
20 h. List the specific parts or components YOU worked with which YOU
21 contend are or were ASBESTOS-CONTAINING FRICTION
22 PRODUCTS;
23 i. Whether any safety equipment or protective devices, including but not
24 limited to engineering controls or respiratory protective equipment, with
25 respect to asbestos were used by YOU or others during this work and, if so,
26 a description of the equipment/devices;
27 j. Whether any safety equipment or protective devices, including but not
28 limited to engineering controls or respiratory protective equipment , with

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1 respect to asbestos were used by YOU or others during this work and, if so
2 a description of the equipment/devices and on which projects they were
3 used.

4 24. Have YOU ever received any instruction or training in AUTOMOTIVE
5 inspection, repair, maintenance or mechanics? If so, please state:

- 6 a. Where YOU received such training;
7 b. When YOU received such training;
8 c. By whom the training was given, noting corporate identity as well as name
9 and address of individuals;
10 d. The subject or topics involved;
11 e. The systems or parts of the AUTOMOBILE involved;
12 f. Whether any safety equipment or protective devices, including but not
13 limited to engineering controls or respiratory protective equipment,
14 with respect to asbestos were discussed and/or advised, and if so, describe
15 the equipment/devices, and
16 g. Whether the subject of asbestos (asbestos parts, asbestos health hazards,
17 etc.) was discussed and if so, what was said.

18 25. Were technical or shop manuals ever made available to YOU at any places of
19 employment where YOU performed AUTOMOTIVE repairs? If so, please state:

- 20 a. How the manuals were made available;
21 b. Where the manuals were made available;
22 c. The time periods during which the manuals were made available;
23 d. The identity of the manual (i.e., Chilton, etc.)
24 e. What systems or components were covered in the manuals; and
25 f. YOUR use of the manual (including frequency of use, reasons for use, etc.).

26 26. Are YOU contending that any defect or defective condition exists with respect
27 to ASBESTOS-CONTAINING FRICTION PRODUCTS other than failure to warn? If so:
28

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- 1 a. Set forth YOUR contention with respect to the alleged defect or
2 defective condition;
- 3 b. State all facts upon which YOU base YOUR contention that a defect or
4 defective condition (other than a failure to warn) exists with respect to
5 ASBESTOS-CONTAINING FRICTION PRODUCTS ;
- 6 c. Identify all DOCUMENT and/or writings upon which YOU rely in so
7 contending; and
- 8 d. Identify all witnesses who have knowledge of the facts upon which YOU
9 rely in so contending.
- 10 27. Are YOU contending that any warnings regarding ASBESTOS- CONTAINING
11 FRICTION PRODUCTS given were inadequate or insufficient? If so, please state:
- 12 a. YOUR contention as to each manufacturer or supplier of ASBESTOS-
13 CONTAINING FRICTION PRODUCTS to which YOU contend were
14 exposed;
- 15 b. YOUR contention as to how each warning was insufficient;
- 16 c. YOUR contention as to what a proper warning should have been; and
- 17 d. Identify the witnesses who have PERSONAL knowledge of the facts YOU
18 rely upon to support any of the contentions set forth above.
- 19 28. Do YOU contend that any misrepresentations were made to YOU by the
20 manufacturer of supplier of ASBESTOS-CONTAINING FRICTION PRODUCTS? If so, please
21 state:
- 22 a. The nature or substance of the misrepresentation;
- 23 b. By whom it was made;
- 24 c. To whom it was made; and
- 25 d. When it was made.
- 26 29. Were you/are YOU licensed or certified by any local, state or federal authority
27 to perform work upon AUTOMOBILES? If so, please state:
28

- a. By whom YOU are licensed or certified;
- b. When YOU were licensed or certified;
- c. What the requirements are/were to become licensed or certified;
- d. Whether YOU had to pass any written examinations to become licensed or certified;
- e. Whether YOU had to pass any proficiency examinations to become licensed or certified;
- f. Whether YOU were ever retested or recertified and, if so, the dates of the retesting or recertification; and
- g. Whether YOUR license or certificate was revoked or suspended, and if so, when and why.

30. Did YOU ever complain to your superiors or coworkers about working conditions, specifically any potential hazards of working with ASBESTOS-CONTAINING FRICTION PRODUCTS? If so, please state:

- a. To whom did YOU complain;
- b. When did YOU complain;
- c. The nature of YOUR specific complaint;
- d. What action, if any, was taken to rectify the situation;
- e. When such action was taken;
- f. Whether YOU repeated the complaints, if no action was taken;
- g. Whether YOUR co-workers joined in YOUR complaints;
- h. Identify anyone who may have heard YOU make YOUR complaints; and
- i. Whether YOUR complaints were made orally or in writing.

31. To YOUR knowledge, were any air samplings for asbestos levels taken at any of the LOCATIONS at which YOU worked? If so, please state:

- a. The work LOCATION or place of employment where this occurred ;
- b. When the sampling(s) took place;
- c. By whom the sampling was performed;

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1 d. By what method the sampling was performed; and

2 e. The results of the sampling.

3 32. To YOUR knowledge, did any governmental agency, whether federal or state,
4 conduct any inspection of any of YOUR work LOCATIONS/places or employment? If so, please
5 state:

6 a. Name and address of each work place;

7 b. Date(s) of inspection;

8 c. Purpose of inspection;

9 d. Findings of the inspection; and

10 e. Whether any changes (of the facilities, and equipment or in procedures)
11 were instituted in the work environment within three month of the
12 inspection.

13 33. At any time, were YOU aware of or did YOU read an bulletins, newsletters or
14 similar publications regarding ASBESTOS-CONTAINING FRICTION PRODUCTS or asbestos-
15 related health hazards issued by any manufacturer, distributor or seller of ASBESTOS-
16 CONTAINING FRICTION PRODUCTS, governmental agency, dealership association, by any
17 union or by any organization of AUTOMOTIVE mechanics? If so please state:

18 a. The title of the publication;

19 b. The date of the publication;

20 c. The identity of the group publishing the DOCUMENT;

21 d. Where YOU saw the DOCUMENT (at the place of employment or
22 mailed to YOUR home);

23 e. When YOU saw the DOCUMENT (received regularly or on an intermittent
24 basis and the time frame of receipt);

25 f. The specifics or details of the information concerning asbestos health
26 hazards allegedly arising from ASBESTOS-CONTAINING FRICTION
27 PRODUCTS; and
28

1 g. What, if anything, YOU did in response to the information contained in this
2 publication (including complaints to employers).

3 34. Other than the subject action, have YOU made or filed any claim, including a
4 workers' compensation action, wherein YOU asserted a claim for injury and/or disability as a result
5 of exposure to asbestos from BRAKE LININGS or ASBESTOS-CONTAINING FRICTION
6 PRODUCTS? If so, please state the following:

- 7 a. The place where YOUR claim or action was filed;
8 b. The date YOUR claim or action was filed;
9 c. The parties involved in YOUR claim or action; and
10 d. The case or claim number of YOUR action.

11
12 **IX. EXPOSURE TO ASBESTOS - OTHER**

13 35. If YOU have ever worked with or around any product containing ASBESTOS
14 manufactured, produced, prepared, distributed or sold by any other entity not named as a
15 defendant in this lawsuit, identify each such entity and each such product.

16 36. If YOU believe YOU were ever exposed to ASBESTOS other than at the times or
17 LOCATIONS identified in YOUR response s to prior interrogatories in this set, state:

- 18 a. The date(s) and place(s) of such exposure;
19 b. The circumstances surrounding such exposure;
20 c. The nature of the ASBESTOS, the trade name of the ASBESTOS product;
21 if any, and the name and address of their manufacturer;
22 d. Describe what precautions YOU took, if any, to avoid exposure.

23 37. Did YOUR parents or any of YOUR siblings with whom YOU resided ever work
24 with or have an exposure to any asbestos or ASBESTOS-CONTAINING PRODUCTS? If so,
25 please state to the best of your knowledge (if any):

- 26 a. The date(s) and place(s) of such exposure;
27 b. The circumstances surrounding such exposure;
28

- 1 c. Nature of the ASBESTOS, the trade name of the ASBESTOS product; if
2 any, and the name and address of their manufacturer;
3 d. Describe precautions YOU took, if any, to avoid exposure.
4

5 **X. KNOWLEDGE OF THE HAZARDS OF ASBESTOS**

6 38. When did YOU first learn that exposure to asbestos was a potential health hazard?

7 39. Describe how YOU first became aware that exposure to asbestos was a potential
8 health hazard.

9 40. When did YOU first observe anyone use any type of SAFETY PRECAUTION
10 while working with and/or around asbestos or asbestos-containing products?

11 41. When, where and at whose direction did YOU first use any type of SAFETY
12 PRECAUTION, including but not limited to engineering controls or respiratory protective
13 equipment, while working with or around asbestos or asbestos-containing materials?

14 42. If any of YOUR employers have either required and/or made available physical
15 examinations for their employees, state for each of those employers:

- 16 a. The identity of the employer;
17 b. The nature and extent of examinations;
18 c. The frequency of examinations;
19 d. Whether they were required or optional;
20 e. Whether an x-ray examination was made;
21 f. The frequency and/or dates and times on which YOU submitted to the
22 examinations;
23 g. Whether YOU received the results of the examinations;
24 h. Whether YOU are currently in position of any DOCUMENTS that
25 record the results of the examinations;
26 i. The identity, including the name, address and telephone number of the
27 examining physician, nurse, technician or other medical provider;
28

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- 1 j. If YOU did not submit to the examination, provide YOUR detailed reasons
2 for choosing or failing to submit to the examinations offered; and
3 k. IDENTIFY all DOCUMENTs evidencing the information requested by this
4 interrogatory and its subparts or otherwise describe with sufficient
5 particularly the DOCUMENTs YOU have in YOUR possession that record
6 the information set forth herein.

7 43. If any of YOUR employers ever suggested or recommended that YOU should use
8 any device to reduce YOUR possible exposure to, or inhalation of, ASBESTOS, state for each and
9 every such employer:

- 10 a. Its name, address and telephone number;
11 b. The date, time and place when the suggestion or recommendation was
12 made, together with the name, and employment position of the PERSON
13 making the suggestion or recommendation;
14 c. Description of the suggestion or recommendation;
15 d. Whether the suggestion or recommendation was written or oral;
16 e. The IDENTITY of each device referred to in each suggestion or
17 recommendation;
18 f. The nature of any action, if any, taken by YOU in response to the
19 suggestions.
20

21 **XI. MEDICAL HISTORY/INFORMATION**

22 44. State whether you have ever been diagnosed as suffering from any of the following
23 illnesses, diseases or abnormal physical conditions:

- 24 a. Infectious disease (e.g., tuberculosis, pneumonia, typhoid fever, hepatitis);
25 b. Cardiac disease;
26 c. Gastrointestinal disease;
27 d. Genitourinary disease or infection;
28 e. Skin disease;

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- f. Blood disease;
- g. Neurological disease (including fainting spells, emotional upset, epilepsy, etc.);
- h. Kidney disease;
- i. Liver disease or dysfunction;
- j. Cerebrovascular accident;
- k. Personality disturbances or diseases;
- l. Metabolic disease;
- m. Allergy;
- n. Peripheral-vascular disease or circulatory disturbances;
- o. Glandular disease;
- p. An abnormal physical condition symptomatic of diseases such as edema of the extremities, chest pains, prolonged subnormal or elevated temperature, recurring headaches jaundice, excessive hunger or thirst, etc.;
- q. Pulmonary or other respiratory condition or disease;
- r. Rib injuries;
- s. Obesity;
- t. Parasitic disease;
- u. Cancer.

45. State the following for each illness, disease or physical condition identified in response to the previous interrogatory;

- a. The date on which YOU were diagnosed with or became aware of same;
- b. The names and addresses of all physicians or other health care practitioners who treated YOU for same;
- c. The name and addresses of all hospital s or other institutions where YOU were confined for same;
- d. As to each illness, disease or physical condition, whether it has resolved or continues at the present time.

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1 46. If YOU were diagnosed with any pulmonary disease(s) and contend it is related in
2 any way to YOUR alleged exposure to ASBESTOS, state all facts upon which this contention is
3 based.

4 47. If any of the members of YOUR immediate family (i.e., parents, siblings, children
5 and grandchildren) have ever been diagnosed with any respiratory impairment, illness or
6 condition, identify each such PERSON, specifying:

- 7 a. The nature of that respiratory impairment (e.g., bronchitis, asthma,
8 pneumonia);
9 b. When that respiratory impairment first developed;
10 c. Whether that respiratory impairment is or has been treated by any
11 physician and, if so, the name and address of that physician; and
12 d. The determined cause of the respiratory impairment if known.

13 48. If any members of YOUR immediate family (i.e., parents, siblings, children, and
14 grandchildren) have been diagnosed with any form of cancer, identify each such PERSON,
15 specifying:

- 16 a. The nature and site of that cancer;
17 b. When that cancer first developed and/or was diagnosed; and
18 c. Whether it was determined that asbestos caused or contributed to the cancer.

19 49. If any member of YOUR immediate family (i.e., parents, siblings, children and
20 grandchildren) died because of cancer or a pulmonary condition or has ever been diagnosed with
21 cancer or a pulmonary disease, state the following for each such PERSON:

- 22 a. The nature of his/her illness and/or diagnosis if known to "You";
23 b. His/her name and relationship to you;
24 c. His/her age at the time of death and the cause of death, if from said illness.

25 50. If YOU contend that YOU have incurred any injuries as a result of exposure to
26 ASBESTOS, describe separately and in complete detail each and every complaint, symptom,
27 adverse reaction or other injury (hereinafter collectively referred to as "symptom") which YOU
28 contend resulted from exposure. Include in YOUR answer:

- 1 a. The date, or if unknown, YOUR best approximation of the date on
2 which YOU first began exhibiting each symptom;
3 b. The progression, if any, of each symptom;
4 c. The date each symptom ceased to affect you;
5 d. The name, address and telephone number of each physician to whom each
6 symptom was reported, together with the date each symptom was reported;
7 e. What each physician told YOU was the cause of each symptom, together
8 with the date YOU were told this;
9 f. The names, addresses and telephone numbers of each physician who treated
10 YOU for the symptom;
11 g. The names, addresses, and phone numbers of each physician subsequently
12 affirming or contradicting any diagnosis as to the cause of each symptom;
13 h. Whether YOU have ever lost any time from work as a result of any such
14 symptom;
15 i. Whether any such symptom ever precluded or hindered YOU from
16 performing YOUR regular occupation or JOB duties.

17 51. If YOU have ever been told by a physician or other health care provider that
18 YOUR complaints, symptoms, adverse reactions or injuries described in the preceding
19 Interrogatory may have been caused by factors other than exposure to ASBESTOS (including, but
20 not limited to, smoking), state:

- 21 a. The names, addresses and telephone numbers of any physicians or health
22 care providers who indicated that other factors or reasons could be
23 involved;
24 b. What you were told by that person, and
25 c. The dates that person told YOU that he/she believed or suspected
26 that other factors or reasons might be involved.
27
28

Appendix D-34

1 52. If YOU or YOUR attorney have any medical reports from any PERSONS ,
2 hospitals, doctors or medical practitioners or institutions that have ever treated or examined YOU
3 at any time and said records have not been produced to Defendant(s) , please state:

- 4 a. The author of said report and, if applicable, the address of the medical
5 office or institution on behalf of whom the report was prepared;
6 b. The date of said report;
7 c. The subject matter of said report;
8 d. The name, JOB title, address and present whereabouts of the PERSON who
9 has present custody or control thereof.

10
11 **XII. SMOKING HISTORY**

12 53. If YOU have ever used tobacco products of any type, state fully and in detail:

- 13 a. The type of tobacco product YOU have used;
14 b. The daily frequency with which YOU smoke or have smoked;
15 c. The dates and time periods during which YOU have smoked;
16 d. For any time period during which YOU ceased using tobacco
17 products, YOUR reasons for stopping;
18 e. For any time period that YOU commenced using tobacco products after
19 a period of having stopped, YOUR reasons for beginning again;
20 f. If YOU have smoked cigarettes, state the brand name and the average
21 number of packs smoked per day for each year YOU have smoked, whether
22 they were filtered or unfiltered , together with the inclusive dates YOU have
23 smoked cigarettes (e.g., Luck y Strikes; one pack per day between 1930
24 and 1931, two packs per day between 1931 and 1960;
25 19301960);
26 g. If YOU have ever been advised by any physician to stop smoking or to stop
27 using other tobacco products and, if so, the date and the name and address
28

1 of each physician who gave any such advice, and whether YOU followed
2 such advice;

3 h. If YOU have ever been advised by any physician that YOU developed
4 any illness, disease or physical condition as a result of smoking or the use of
5 other tobacco products, state the date; the illness, disease or condition; and
6 the name and address of each physician who gave such advice.

7 54. Are YOU aware of the United States Surgeon General's warning placed on all
8 cigarette packages and advertisements?

9 a. If so, please state when YOU became aware of the warning and whether or
10 not YOU have ever read said warning;

11 b. Subsequent to becoming aware of, or reading said warning, have YOU ever
12 smoked;

13 c. Cigarettes; or

14 d. Other tobacco products.
15

16 **XIII. DAMAGES**

17 55. State the total medical expenses, including hospital expenses, which YOU have
18 incurred, or which has been incurred on YOUR behalf, to date, as a result of the injuries,
19 complaints, etc., which YOU attribute to YOUR alleged exposure to ASBESTOS, itemizing each
20 such charge.

21 56. If any PERSON has contributed any money, goods, services or benefits of any
22 kind, during the previous ten years for the support of either yourself or YOUR spouse, identify
23 each such PERSON, and, in addition, state:

24 a. Their relationship to you;

25 b. The nature and amount of any money, goods, services or benefits
26 contributed to the support of YOU or YOUR spouse, together with dates on
27 which or during which such support was received.
28

Appendix D-36

1 57. If any insurance company, union , or other PERSON, firm or corporation has paid
2 for or reimbursed YOU or anyone on YOUR behalf for, or has become obligated to pay for or
3 reimburse YOU or anyone on YOUR behalf for, any medical or hospital expense incurred by the
4 alleged exposure to ASBESTOS , or any disability or other benefits, loss of earnings, property
5 damage or any other item, list such expenses, itemizing the dates incurred , the nature of such
6 expense, and the name and address of the insurance company, union PERSON , firm or
7 corporation who or which has paid or is obligated for the payment for, or reimbursement for,
8 said expenses.

9 58. If YOU claim YOU have lost wages or earnings as a result of YOUR alleged
10 exposure to ASBESTOS, state:

- 11 a. The amount of time lost from work or employment, together with the
12 date(s) involved and the name and address of the employer;
13 b. The gross amount of salary or earnings which YOU received from each
14 payday, stating the intervals of such paydays;
15 c. The gross amount of salary or earnings actually lost;
16 d. Of the total sum stated in response to subpart c of this interrogatory , the
17 amount that would be YOUR net take-home pay after deduction of taxes
18 and all other authorized deductions;
19 e. If self-employed , state the total time lost from business, listing the dates
20 involved and the gross financial loss to you, stating the nature of such loss
21 and how incurred ; and
22 f. Of the total sum stated in response to subpart c of this interrogatory,
23 the amount that would be YOUR net loss after deduction of taxes.

24 59. If YOU claim any damages for pain and suffering, state:

- 25 a. The amount of damages so claimed;
26 b. The extent, duration, intensity and nature of the pain and suffering;
27 c. The specific cause of such pain and suffering;
28

Appendix D-37

- 1 d. The treatment, if any, prescribed for relief of such pain and suffering
2 and the name and address of each PERSON prescribing such treatment;
3 e. All drugs used for the relief of pain or other symptoms of the diseases
4 alleged, specifically identifying the precise name of the drug, precise
5 quantity prescribed for each dose and the number of doses or applications of
6 all such drugs;

7 60. If YOU are receiving any form of disability pension, state from whom it is
8 received, the amount received on a weekly, monthly, or yearly basis, and the length of time during
9 which YOU will continue to receive this pension.

10 61. If YOU claim that injuries YOU have sustained from ASBESTOS exposure have
11 limited or adversely affected YOUR occupation or non-occupational lifestyle and activities, state
12 the nature of the limitation or change, when it began, and how it has progressed.

13 62. If any children, relatives or other PERSONS are financially dependent upon you,
14 and you are claiming emotional damages because of concern for surviving dependents, then state
15 with respect to each such PERSON:

- 16 a. His/her full name and present residence address;
17 b. His/her relationship to YOU and degree of financial dependency upon
18 you;
19 c. The amounts contributed from all sources to his/her support during the
20 five years preceding YOUR responses to these interrogatories; and
21 d. The last year when you provided any type of support to him/her.
22

23 **XIV. PRIOR AND SUBSEQUENT CLAIMS AND LITIGATION**

24 63. If YOU have ever made a claim for personal injury or filed an action or proceeding
25 in any court or other forum related to personal injury, other than in the present matter, please
26 state:

- 27 a. The nature of such injury or injuries;
28 b. The date when such injury or injuries were sustained in each instance, the

1 place of occurrence and the nature of the incident or accident causing the
2 injury;

- 3 c. The court in which the claim or action was filed and case number;
4 d. The names and addresses of all PERSONS and companies to whom said
5 claims were made;
6 e. The present status of such claims (pending, settled, dismissed, etc.).

7 64. If YOU have ever filed a claim in order to receive benefit s from either F.E.L.A.,
8 F.E.C.A., L.H.W.C.A. or the State of California (or any other state) Workers' Compensation Fund
9 for an occupational injury, including, but not limited to, one arising out of exposure to
10 ASBESTOS, for each claim state:

- 11 a. The date the claim was filed;
12 b. The basis for the claim;
13 c. The county or state in which the claim was filed and claim number;
14 d. The organization to whom the claim was presented;
15 e. The present status of the claim;
16 f. The amount of any benefit received; and
17 g. The date YOU first received such benefits.
18

19 **XV. INSURANCE**

20 65. Identify all of YOUR health, accident and disability insurance policies and any
21 other policies that provided coverage for health related conditions. As to each, state fully and in

22 66. If YOU have ever at any time made a claim for or received any health or accident
23 insurance benefits, worker's compensation payment , disability benefits, pensions , accident
24 compensation payments or veteran's disability compensation awards, state for each claim:

- 25 a. The circumstances under which YOU made the claim for benefits, awards
26 or payments;
27 b. The illness, injury or injuries for which YOU made the claim for benefits,
28 awards or payments;

- 1 c. The name and address of YOUR employer(s) at the time of the injury or
2 illness for which YOU made the claim;
3 d. The name and address of the examining doctor(s) for each injury or illness;
4 e. The name and address of the superiors, officers, boards or tribunals
5 before which or to whom the claim as made or filed, and the date the claim
6 as made or filed;
7 f. The identity of the agencies or insurance companies from whom YOU
8 received the awards, benefits or payments.

9 67. Are YOU now, or have you ever, received Medicare Benefits? If so, please state:

- 10 a. Whether YOU are currently enrolled in Medicare:
11 b. If YOU are not currently enrolled in Medicare, whether YOU have
12 previously been enrolled;
13 c. The dates on which YOUR current Medicare enrollment began;
14 d. The dates on which any prior Medicare enrollment was in place;
15 e. YOUR current and/or former Medicare number(s);
16

17 **XVI. BANKRUPTCY TRUST CLAIM**

18 68. Have YOU or YOUR representative filed any claim against any trust established or
19 approved in accordance with the asbestos trust and channeling provisions of the *U.S. Bankruptcy*
20 *Code*, 11 U.S.C. § 524(g)-(h) (hereinafter "TRUST")? If so, provide the following
21 information:

- 22 a. IDENTIFY each Trust, by name and address, to which a claim has been
23 filed or submitted by YOU or for YOUR behalf;
24 b. The date on which each claim was submitted;
25 c. IDENTIFY all DOCUMENTS submitted to any TRUST or TRUSTEE
26 including, but not limited to, proof of claim forms, ballots, all documents
27 filed, lodged and/or submitted on or after January 1, 2015 pursuant to Rule
28 2019 of the Federal Rules of Bankruptcy Procedure, individual review

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1 claims, discounted cash payment claims, expedited review claims,
2 diagnosing reports, work history reports/summaries, medical history
3 reports/summaries, chest X-Rays, CT Scans, Pulmonary Function
4 tests/reports, Pathology Reports, Dependent and Beneficiary
5 summaries/forms, land exposure summaries/history, shipboard exposure
6 summaries/history, litigation history forms, amendments and supplements
7 to any such documents and any other forms or documents that list, detail,
8 evidence, reflect, embody, or demonstrate the asbestos-containing products
9 to which you were allegedly exposed or the disease or medical condition for
10 which you submitted a claim;

11 d. IDENTIFY all documents received from any TRUST, including but not
12 limited to, release letters, deficiency letters, status letters, hold letters, denial
13 letters, claims resolution procedure documents, trust distribution procedure
14 documents, and any other correspondence from the trust, fund, or account ;
15 and

16 e. IDENTIFY the person who prepared and/or submitted the claim;

17 69. Describe the status of all claim submitted by YOU or someone on your behalf, the
18 status of all claims submitted to any Trust on YOUR behalf, including but not limited to whether
19 the claim has been accepted, denied, or is currently pending.

20 70. If you have not received any payments from one or more of the TRUSTs to which
21 YOU have submitted a claim, state whether the TRUST has agreed to pay YOU on some future
22 date, or whether payment is contingent upon some future event.

23 71. For all payments any TRUST has agreed to make to YOU but that have not yet
24 been made, state when YOU expect to receive each payment, describe the terms and conditions of
25 each payment YOU expect to receive and IDENTIFY all documents constituting or relating to any
26 agreements with the TRUST.

27 72. Please state whether payment of any settlement amounts to YOU from any TRUST
28 have been deferred for any reason , including but not limited to, pending the outcome of any other

1 litigation, and if so, state the circumstances of the deferral and IDENTIFY all documents relating
2 to the deferred payment.
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Appendix D-42

EXHIBIT 1

• Ceiling Tiles/Acoustical Applications

Defendants: _____

• Blankets/Cloth

Defendants: _____

• Automobile/Truck Repair (ie: brakes, clutches, mufflers)

Defendants: _____

• Non-automotive Friction Products

Defendants: _____

• Protective Equipment

Defendants: _____

Appendix D-43

1 • Paint

2 Defendants: _____
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6 • Asbestos Fiber/Fiber Product

7 Defendants: _____
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11 • Phenolic Resins

12 Defendants: _____
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16 • Drywall/Joint & Taping Compounds

17 Defendants: _____
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21 • Fireproofing

22 Defendants: _____
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Appendix D-44

1 • Floor Tile/Flooring and Decking Materials

2 Defendants: _____

6 • Wire/Cable/Electrical Products

7 Defendants: _____

11 • Insulation/Insulating Materials

12 Defendants: _____

16 • Construction – Commercial

17 Defendants: _____

21 • Construction – Industrial

22 Defendants: _____

Appendix D-45

1 • Construction – Residential

2 Defendants: _____

6 • Packing/Gaskets/Rope

7 Defendants: _____

11 • Mechanical Equipment (i.e.: pumps, valves, compressors, generators, boilers, turbines)

12 Defendants: _____

16 • HVAC (i.e.: chillers, heaters, coolers, furnaces)

17 Defendants: _____

21 • Refractory Materials

22 Defendants: _____

Appendix D-46

1 • Sheetmetal/Duct Work

2 Defendants: _____

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6 • Roofing

7 Defendants: _____

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11 • Stucco/Plaster

12 Defendants: _____

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16 • Asbestos Cement Products (pipe, board, siding)

17 Defendants: _____

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21 • Longshoremen/Dock Workers

22 Defendants: _____

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Appendix D-4.7

1 • Carpentry/Millwork

2 Defendants: _____

6 • Grinding and Tooling Machines

7 Defendants: _____

11 • Mastic/Resin Exposure

12 Defendants: _____

16 • Aircraft

17 Defendants: _____

21 • Maritime

22 Defendants: _____

Appendix D-48

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• Paper

Defendants:

• Plumbing/Pipefitting

Defendants:

• Other

Defendants:

• Other

Defendants:

• Other

Defendants:

• Other

Defendants:

Appendix D-49

1 • Other

2 Defendants:

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Appendix D-50

EXHIBIT 2

[Plaintiff/Decedent Work History and/or other jobsites at Issue]

Appendix D-51

EXHIBIT 3

Appendix D-5a

**AUTHORIZATION FOR RELEASE OF RECORDS OF ASBESTOS BANKRUPTCY
TRUSTS¹ AND CLAIMS RESOLUTION FACILITIES**

**CALIFORNIA SUPERIOR COURT
CITY AND COUNTY OF LOS ANGELES**

To All Asbestos Bankruptcy Trusts and Claims Resolution Facilities (collectively "TRUST"):

Re: Name of Claimant/Holder of Claim: _____

Social Security No.: _____

Date of Birth: _____

I, _____ [Name of Plaintiff], hereby
authorize the TRUST to release to and/or permit inspection and copying by

_____, [Name of Defense Copy
Service Provider] or their representatives, any and all documents or information in the
TRUST's possession, custody or control relating to the foregoing trust claim, including but
not limited to the following:

(1) Any and all documents² or information that have been submitted or communicated
to the TRUST by the holder of the claim or any representative on his or her behalf, via any
method of delivery or communication, whether electronic, facsimile, mail, personal service or
otherwise, including but not limited to: death certificate; certificates of official capacity and
other representative information; expedited, individualized, extraordinary, secondary, foreign
or other proof of claim forms; discounted cash payment claims information; diagnosing
reports and any statement by a physician relating to diagnosis or latency; asbestos exposure
history reports/summaries or any other documents evidencing the claimant's/injured's alleged
exposure to asbestos; work history reports/summaries or any other documents evidencing the
claimant's/injured's work history; smoking history records or any other documents
concerning the claimant's/injured's exposure to direct, secondhand or sidestream smoke;
work or military records; invoices; medical reports/summaries or any other documents

¹ Asbestos Bankruptcy Trust means and includes any entity or agent established for or related
to the purpose of compensating asbestos claimants on behalf of a specific company, including
but not limited to a trust established or approved in accordance with the asbestos trust and
channeling provisions of the U.S. Bankruptcy Code, 11 U.S.C. § 524(g)-(h), a claims handling
facility or agent of such a trust, or any Court supervising the bankruptcy of any company
caused in part by asbestos liabilities.

² "Documents," as used in this Authorization, means and includes "writings" as defined in
California Evidence Code section 250 and is used in its broadest sense. California Evidence
Code section 250 provides: "Writings means handwriting, typewriting, printing, photostating,
photographing, photocopying, transmitting by electronic mail or facsimile, and every other
means of recording upon any tangible thing, any form of communication or representation,
including letters, words, pictures, sounds, or symbols, or combinations thereof, and any record
thereby created, regardless of the manner in which the record has been stored.

Appendix D-53

evidencing the claimant's/injured's medical condition(s); medical expenditure/billing information; affidavits or any other sworn and unsworn statements of claimed exposure of the injured party, family members, co-workers or others; sworn and unsworn statements, interrogatory answers, sworn and unsworn work history, or deposition transcripts submitted from any other asbestos related litigation; workers' compensation or disability claims or proceedings; economic reports; W-2 or other documentation of claimed economic loss; any information or documentation submitted in response to any TRUST deficiency notice(s); any information submitted in connection with any binding or non-binding arbitration proceeding with the TRUST; and any records or information obtained or provided relating to this TRUST claim by any other Asbestos Bankruptcy TRUST. This authorization shall be interpreted to include any and all claims, proofs of claim, amendments or supplements, and claims or submissions whether they are incomplete, deferred, unsigned, or subsequently withdrawn, or sent individually or as part of an aggregate submission, and all communications related thereto;

(2) Any and all documents, communications or other information conveyed by the TRUST relating to the foregoing claim, including all such documents, communications, or other information conveyed to the holder of the claim or any of his or her attorneys or representatives, including but not limited to, release letters, deficiency letters, status letters, hold letters, denial letters, and any other correspondence from the TRUST; and

(3) Any and all documents or information relating to any and all offers or payments made on the foregoing claim by the TRUST.

This document should be construed by the TRUST as full authorization to release all records concerning the foregoing claim, consistent with the TRUST's "Distribution Procedures," or any other similar procedures concerning the release of records, and the Trustees are hereby fully released from any complaint the undersigned might otherwise have had for failing to maintain the confidentiality of said materials.

A photocopy of this authorization shall be valid as the original.

This authorization is effective immediately and shall remain in effect for five (5) years.

I understand that I have a right to receive a copy of this authorization upon request.

The language of this authorization has been authorized by Los Angeles County Superior Court. No alteration of or deletion to this form may be made by plaintiff or plaintiff's attorney without order of the Los Angeles County Superior Court on noticed motion.

Date: _____

Plaintiff

Print Name

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EXHIBIT B

Appendix D-55

In the Matter Of:

LAOSD ASBESTOS CASES: DEFENSE DISCOVERY COMMITTEE BRIEF

BANKRUPTCY HEARING

May 12, 2015

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Appendix D-56

1 SUPERIOR COURT OF THE STATE OF CALIFORNIA

2 FOR THE COUNTY OF LOS ANGELES

3 DEPARTMENT 324

4 HON. EMILIE H. ELIAS

5 Coordinated Proceeding)

6 Special title (Rule 3.550))

7)
8) No. JCCP4674
9)

10
11 REPORTER'S TRANSCRIPT OF PROCEEDINGS

12
13 TUESDAY, MAY 12, 2015

14
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REPORTED BY: Nancy Jo Hutch, CSR No. 13732
 Official Reporter Pro Tempore

1 (Proceedings commenced at 10:05 a.m.)

2 THE COURT: Here we are back on this. I'll make
3 my record again. And that is that you have liaisons from
4 the plaintiff and defense. You have selected your own
5 liaisons. I have no part of selecting who the liaisons are
6 going to be. No one has told me that the people who are
7 liaisons are no longer the liaisons. I sent out the
8 order. I got a request to set up a conference to have a
9 hearing on it. I got a phone call from the liaison, and
10 all we did with it was set up this hearing.

11 Now, Mr. Fishback, say what you want to say.

12 MR. FISHBACK: Thank you, Your Honor. Steven
13 Fishback; Keller, Fishback and Jackson. The concern I
14 have, I'm actually on the liaison committee, so I don't
15 know where the disconnect was or why notice wasn't sent
16 out or why it wasn't given or how it was given or how it
17 came about that somebody asked for a phone call or a
18 hearing and it ended up being a phone call. I don't know
19 any of that information. So I know nothing about what
20 happened or how -- the genesis of this.

21 THE COURT: Mr. Fishback, I just told you the
22 genesis. If you have an objection or complaint about your
23 liaisons, the way they're doing things, please talk to
24 them because all I can do is rely on them to do what
25 they're supposed to be doing and representing -- being a
26 representative of your groups. So if you have a beef with
27 the plaintiff's liaison, I suggest you talk to them.

28 MR. FISHBACK: Okay. Irrespective of what

1 concerns I may have with that, it doesn't distort or
2 dispel the idea that in fact there was a proceeding held,
3 there was a conversation had, there was something decided.

4 And what my real concern is that we had an order, and
5 I understand the Court issued its order after
6 consideration and briefing, et cetera, and that now we're
7 back here on some additional something that came about as
8 a result of no notice or an ex-parte notice or discussion
9 with the Court informally in some way. That's as much as
10 I can glean from it, and that's all that I know. And so
11 in that regard, that's the genesis of my objection.

12 THE COURT: And there is no -- there was no
13 discussion. The discussion was to have a date. We're
14 here. And again, if you have a problem, if you want to
15 make a new list or your group wants to break up and not
16 have liaisons any more, just tell me. I just rely on when
17 people call and they're liaisons -- I know Mr. Rosen was
18 on the call. Who all was on the call?

19 MR. PELLETIER: I was, Your Honor. Ted
20 Pelletier.

21 MR. STEVENS: Christopher Stevens.

22 THE COURT: More than that. Yes.

23 MS. VAN DAM: Tina Van Dam.

24 MR. KIM: Bo Kim, Your Honor.

25 THE COURT: Okay. So now there was an objection
26 being made, actually by the plaintiffs, originally by the
27 Kazan firm about the wording of the interrogatories. Then
28 there was an objection. There was another comment on

1 that.

2 The problem appears to be, that looking at this, I'm
3 looking at what you all say, is that you don't want to
4 have to go through your files and find all the things that
5 appear to be what your complaint is about. The Kazan firm
6 is the one who did the most about this. That seems to be
7 your problem. Is that correct?

8 MR. PELLETIER: That's correct. That was the
9 concern that I expressed in my letter of March 20th in the
10 comment --

11 THE COURT: Let's see. It's not a letter. It
12 was something filed.

13 MR. PELLETIER: Correct. It was a letter --

14 THE COURT: Let's be clear. You did not write me
15 a letter.

16 MR. PELLETIER: No, Your Honor. I filed a
17 formal -- at the request of this Court, I filed a formal
18 comment within the comment period about what I and my firm
19 and others I spoke to saw as a potential construction of
20 the new bankruptcy CMO and interrogatories and what I
21 saw -- we saw as a potential sort of unfair and
22 unnecessary problem that that created. That was the
23 purpose of the comment, was to ask the Court to perhaps
24 address that.

25 THE COURT: Okay. And the defense's comment is
26 that you and your attorney are -- it's the way all other
27 interrogatories are written.

28 MR. NICHOLS: It's just a little broader than

1 that. We were just concerned that the exception you made
2 there lowers the burden on that instance, completely
3 contrary to all of the discovery, and the burden on I and
4 everybody else.

5 THE COURT: So how would you word it so that
6 it's made clear that they do not have to search all their
7 old files? They do not -- I had no expectation of anybody
8 going back ten years and saying, wow, in this case ten
9 years ago we had that. Having said that, probably
10 everybody else keeps a file that is more coordinated, but
11 how do I make it clear that was not any expectation, that
12 they have to go back and search all their old files?

13 MR. NICHOLS: Your Honor, by maintaining the
14 status quo. That's the law. Biles vs. Exxon case says
15 that, and we know that. We could come up with a million
16 different instances and try to create footnotes and
17 exceptions, but the burden that's imposed on all counsel
18 is one of good faith. It's governed by the Rules of
19 Professional Conduct, and it's embodied in some of the
20 case law that's been cited to you.

21 They don't have that burden. We don't suggest that
22 they do; but if you create a specific exception, and
23 that's the only exception, then we run into problems down
24 the line of other situations that come up that should be
25 excepted. If you maintain the status quo, and they have
26 the obligation, defense counsel, plaintiff's counsel have
27 in responding to everything, we know looking at the case
28 law they don't have that burden. It's a straw man

1 argument.

2 THE COURT: Well, I think it should be
3 consistent with other interrogatories, but you have --
4 especially to me, you have a specialized situation in
5 these asbestos cases because you all do so many of them
6 that it really would be -- it's not like -- I think it has
7 to be made clear that nobody's expected to go search all
8 their old files because you all probably have hundreds of
9 these files. And so it needs to be made clear that that's
10 not what's being expected of them. So I don't know how
11 you thought that could be worded.

12 Thinking it over and looking at all the samples and
13 different interrogatories, it appears "you" and "yours"
14 should be in there, but I understand that. I'm not going
15 to create a burden that goes back twenty years.

16 MR. NICHOLS: Your Honor, if we're trying to
17 carve out that individual issue --

18 THE COURT: That appears to be -- the reason I'm
19 saying that it appears to be the only issue, that appears
20 to be the only issue that's there's no problem changing,
21 and they can and make that clear. But that's not what's
22 expected, unless the defense is expecting that. But I
23 don't think they are.

24 MR. NICHOLS: And you're considering adding
25 language to the effect that this does not require
26 plaintiff's counsel to go through other unrelated files to
27 search for information.

28 THE COURT: That would be okay. I would even be

1 willing to limit it to files older than several years. I
2 don't think -- I don't want to -- I can see this happening
3 now. Somebody gets something in January, and the same
4 issue comes up in April on another case. Somebody's going
5 to remember that that information -- I think that's -- I
6 think we can expect somebody, if they knew about it in
7 January, to remember it in April. But I don't think going
8 back two years, three years on any file -- I can see
9 cutting it off there.

10 New lawyers come in. I mean, that's a giant burden to
11 tell a firm that you have to go back and you get a new
12 lawyer and have -- that lawyer has the obligation to go
13 back through all the old files and search for that
14 information.

15 MR. NICHOLS: And I think that's why trying to
16 carve out an exception becomes a slippery slope because
17 where do we draw the date and so forth. And again, I
18 suggest to the Court that the law is clear, and the
19 responsibilities are defined. If plaintiffs feel that
20 there's too much of a burden, they can object. There can
21 be a motion to compel. They can require a protective
22 order. I mean, we have those kinds of remedies in extreme
23 situations, but we're not going to know what the problem
24 is until we're there. And that's why, at the outset,
25 plaintiff should have the same burden to respond to
26 discovery as we all do.

27 THE COURT: What do the rest of you
28 plaintiffs -- you hear where I am going. What do you

1 think?

2 MR. ARMITAGE: On behalf -- Mike Armitage on
3 behalf of Waters, Kraus and Paul. We think the
4 definition -- there's no dispute. Everyone in the room
5 agrees that Biles does not require plaintiffs or any party
6 to search through other unrelated files in their office,
7 and we think the definition should include that. We think
8 we should work on some language which --

9 THE COURT: Let's work it out right now, and
10 that order will get changed, and it will be done. So I am
11 happy to make a -- you don't have to go back longer than a
12 year. There should be something -- we really shouldn't be
13 able to get something in January and then not find it
14 again in April.

15 MR. ARMITAGE: The problem we have with that,
16 Your Honor, is that in Biles there's no temporal
17 requirement. It simply says you don't have to search
18 other files in your office. I mean, our office is one
19 size. It's a reasonable size. There are other firms that
20 are much bigger. For them to search all of their files
21 for one year, that could be a lot; and also, that would
22 then run afoul of the Biles requirement, which everyone
23 agrees, comes into play here.

24 MR. PELLETIER: If I might --

25 THE COURT: The reason -- just explain why --
26 the reason that I would like to clarify it in the order as
27 opposed to just relying on a published case, I don't
28 remember what year it is, that case -- it just seems

1 easier to just come up with some language and put it in
2 this one and be done with it. I think that's --
3 everybody's okay?

4 MR. ARMITAGE: As far as Waters, Kraus and Paul
5 is concerned, the initial language that Mr. Nichols just
6 mentioned, there's no need to go through unrelated files
7 to search for things. That's language that would be
8 acceptable to us; something along those lines.

9 THE COURT: Then we'd go back. Then it would be
10 back to the original wording with that addition. The
11 order would go back to the original.

12 MR. NICHOLS: Yes.

13 MR. PELLETIER: I'm just adding to that. I also
14 would agree -- and I agree with that language. There is
15 no need to put sort of a time frame on it because what
16 we're talking about is the distinction between things that
17 are known at the time to either the plaintiff or his
18 counsel or his representatives, and that would encompass
19 the situation, as you said, a month or two ago. What
20 we're talking about, things aren't known to them, but
21 rather within the files. That's the distinction. So if
22 we need it, leave it no search through files, that would
23 cover it.

24 THE COURT: Okay. Does anybody else have any
25 comment on that, on that solution? Nobody seems to -- all
26 right. Nobody has one so --

27 MR. FISHBACK: Steve Fishback. I don't want my
28 silence to be -- you said this was the only issue earlier.

1 It seems to be the only issue left, and I don't want that
2 to be construed as I believe that is not the only issue,
3 and I continue my -- preserve my objection to the entirety
4 of the recent CMO regarding bankruptcy claims.

5 THE COURT: Okay.

6 MR. CHEW: Good morning, Your Honor. Andrew
7 Chew on behalf of plaintiffs. I would join in the -- my
8 understanding from you is that the only issue up to today
9 is with regard to the definition of "you" and "your."

10 THE COURT: Yes.

11 MR. CHEW: I don't want to waive -- I don't want
12 the record to appear I'm waiving my rights with regard to
13 the rest of the CMO.

14 THE COURT: You're not waiving any rights. I
15 don't know what rights you have.

16 MR. CHEW: Waiving any objections to the
17 prior --

18 THE COURT: You are not saying you're not happy
19 with it. That's correct. So I don't know. Who has a
20 copy of it? Who wants to submit it with that language in
21 it? I'll certainly post it for everybody, and then I
22 will -- what I am going to do is not do an amendment to
23 the current order, rather it will all be in one document.
24 So I can just say revised, and the whole thing would be
25 put together.

26 MR. NICHOLS: I believe we have that. I will
27 submit it with the proposed language.

28 THE COURT: And send it out to everybody here

1 and give them to -- five days to write in and say they're
2 not happy with it.

3 MR. ARMITAGE: What would be the effective date
4 of the order, or the new definition, if there is a new
5 definition? In other words --

6 THE COURT: Does -- let's put it this way. Has
7 anybody ever done -- we've had this about three weeks.
8 Has this become an issue on any cases that we have now?

9 MR. NICHOLS: I doubt anybody's come back to
10 look at files.

11 THE COURT: I'm just going to make it
12 retroactive back to April 7th. We'll make it effective
13 today. Let's make it effective today. If you can get it
14 to me by tomorrow, that will take away everybody's
15 responsibilities. Nobody's done it yet. Don't do it.

16 MR. ARMITAGE: The definition of "you" and
17 "your" will be effective as of today's date, May 12, 2015?

18 THE COURT: Yes, and the other one will be
19 effective, also, the modification. Put on it revised May
20 12th. I'll just sign it -- I'll sign it on the 13th,
21 revised as of May 12th. Yes.

22 MR. STEVENS: I know you're saying now you're
23 going to sign it tomorrow. You want it circulated to the
24 liaison group so they can take a look at it for a couple
25 of days?

26 THE COURT: Don't put an effective date on it.
27 I'll put it effective the date I sign it.

28 MR. NICHOLS: That's fine.

1 THE COURT: Meanwhile, nobody go search your old
2 files now. Anything else? We're all set.

3 * * *

4 (Proceedings concluded at 10:15 a.m.)
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SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

DEPARTMENT 324

HON. EMILIE H. ELIAS

Coordinated Proceeding

Special title (Rule 3.550

No. JCCP4674

I, NANCY JO HUTCH, CSR No. 13732, official
reporter of the Superior Court of the State of California,
for the County of Los Angeles, do hereby certify that the
foregoing pages, 1 through 14, comprise a full, true and
correct transcript of the proceedings taken in the
above-entitled cause on May 12, 2015

Dated this 13th day of May, 2015.



Nancy Jo Hutch, CSR No. 13732
Court Reporter

877.451.1580

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SEP 15 1989

FRANK S. ZOLIN, COUNTY CLERK

M. Casares

BY M. CAZARES, DEPUTY

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

In re Los Angeles Asbestos
Litigation - General Orders

) No. C 700000

) GENERAL ORDER NO. 28

IT IS HEREBY ORDERED that any party who seeks to obtain production of any bodily tissue or fluid sample directly from the medical custodian thereof, whether by subpoena or otherwise, must give prompt written notice thereof to all adverse parties.

The terms "bodily tissue" and "fluid samples," as used herein, refer to bodily tissue or fluid samples (1) taken or received for the purpose of a cytological or pathological examination or test to be conducted with respect to any actual or anticipated issue in the litigation or (2) taken by a treating physician or consultant in connection with a diagnosis of plaintiff's medical condition, but which are still available and suitable for further examination and/or testing with respect to any actual or anticipated issue in the action.

IT IS FURTHER ORDERED that any party or the attorney for any party in possession or control of a bodily tissue or

1 fluid sample (which shall include the control of a treating or
2 consulting physician, without interfering with the treatment pro-
3 cess) which has not previously been available to, and examined
4 by, all other parties in the action, and who directs the same to
5 be examined and/or tested by an expert witness, potential expert
6 witness or by a consultant, shall give at least 10-days' written
7 notice of such intent to all other parties of record in the
8 action. The notice shall include the following:

9 1. A technical description of the bodily tissue or
10 fluid sample, including an accurate statement as to its size or
11 quantity;

12 2. The name, address and telephone number of the
13 person or entity which has possession of the same;

14 3. The date when such sample was taken from the body
15 of the plaintiff or decedent, the process by which the sample was
16 obtained and the name, address and telephone number of the person
17 who obtained the same;

18 4. The nature and type of the examination and/or
19 testing which is contemplated and whether or not any part or all
20 of the sample will, or may be, used, consumed or destroyed by
21 such process and, if so, to what extent;

22 5. The date and the place of such examination and/or
23 testing.

24 IT IS FURTHER ORDERED that all parties shall meet and
25 confer during the 10-day notice period for the purpose of reach-
26 ing agreement as to the participation of all interested parties
27 in the examination and testing of the samples and the maximum
28 preservation thereof. To the extent that such conference does

1 not result in an agreement, then the dispute will be resolved by
2 the Court upon ex parte application or noticed motion application
3 of any party.

4 IT IS FURTHER ORDERED that any party who fails to give
5 the notice specified herein or who willfully and without substan-
6 tial justification fails to meet and confer, or who willfully and
7 without substantial justification fails to perform any agreement
8 reached at such conference, may not introduce into evidence at
9 the time of trial any expert testimony regarding any examination
10 and/or testing of tissue or fluid samples as to which this order
11 applies, unless such party has made available to all other
12 parties who request such access, at least 30 days prior to trial,
13 the same quantity and quality of such samples as will reasonably
14 permit said parties to conduct their own examination and testing
15 of such samples.

16 IT IS FURTHER ORDERED that if the person conducting
17 said examination or testing is designated as an expert witness,
18 copies of all discoverable reports and writings made, or any
19 reports relied upon, by the expert relating thereto shall be
20 delivered to the opposing side within 10 days of said designation.

21 Dated: September 15, 1989.

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24 RONALD E. CAPPAT
25 Judge of the Superior Court
26



FILED
Superior Court of California
County of Los Angeles

FEB 03 2012

Feb 3 2012
4:17PM

SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES

John A. Clarke, Executive Officer/Clerk
By Alfred Morales, Deputy
ALFREDO MORALES

IN RE LAOSD ASBESTOS CASES

) Case No.: JCCP 4674

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) ORDER RE JUROR QUESTIONNAIRES

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The Court met with the Trial Committee of the LAOSD ASBESTOS CASES and reviewed the proposed juror questionnaires submitted by Plaintiffs and Defendants, herein referred to as "Trial Questionnaire." The Court worked with the committee to modify the proposed questions. The last disputed questions were submitted to the Court and a final version was created.

The Court also provided to the Settlement Committee a version of the Los Angeles Hardship Questionnaire. The form of this questionnaire was approved by the Committee, and is herein referred to as "Hardship Questionnaire."

The Court thus orders that both the Hardship Questionnaire and the Trial Questionnaire, attached to this Order, shall be used in Trials under JCCP 4674. The Trial Questionnaire may be modified by the parties to eliminate questions that are not applicable to a particular case. The questionnaire may be further modified to add specific questions that would apply in 3M Respiratory Mask cases.

1 Any request for further modifications should be raised at the Final
2 Status Conference.

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7 Dated: February 3, 2012



8 Hon. Emilie H. Elias
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Print Name _____

JID Number _____

***The Superior Court of the State of California
for the County of Los Angeles***

Case Name: _____

This case is estimated to be days in length

Estimated Start Date: _____ Estimated End Date: _____

The Court will not be in session on _____

1. Do you have a hardship serving on this case? YES _____

2. If your hardship is based on a financial hardship, please answer the following:

NUMBER OF PERSONS ADULTS MINOR
In my household: _____ (including yourself) _____ DEPENDANTS: _____

TOTAL YEARLY INCOME OF ALL INDIVIDUALS IN MY HOUSEHOLD BEFORE TAXES
(Including Social Security Payments, Alimony, Child Support, Retirement Benefits, etc.)

TOTAL MONTHLY HOUSEHOLD EXPENSES: _____

EMPLOYER INFORMATION: Employer pays for _____ days of jury service
Employer Name: _____
Employer Telephone Number: _____
My Occupation: _____

If your hardship is based on one or more of the reasons below, please complete the information required:

3. Are you unemployed and actively looking for employment? Yes _____
You should know that your unemployment benefits are NOT affected by jury service.

4. Are you a teacher currently teaching students in a school setting during the day?
Yes _____

School Name: _____

Address: _____

Supervisor/Principal: _____

Supervisor's/Principal's Telephone: _____

Grade taught: _____

Appendix F-3

Print Name

JID Number

5. Are you a student currently attending classes offered during the day? Yes _____

Would serving on this case, present a hardship? Yes _____

School Name: _____

Address: _____

Classes: _____

Dates and times of classes: _____

Major: _____

6. Are you self-employed? Yes _____

Would serving on this case, present a hardship? Yes _____

Name of Business: _____

Address: _____

Nature of Business: _____

Number of Employees: _____

7. Do you have a paid vacation planned during the dates of this case? Yes _____

Vacation dates: From _____ to _____

Vacation Destination: _____

Have you purchased airline tickets, train tickets, and/or other paid passage to your destination?

Yes _____ No _____ Please list the name of the carrier, flight or train number, along with departure date and time: _____

8. Do you have a major medical appointment, e.g. planned surgery, physical therapy, that would prevent you from serving on this case? Yes _____ Please describe:

9. If you have ANY OTHER HARDSHIP, please explain below:

It is perjury to falsify an excuse from jury service. Perjury is a felony punishable by up to four years in state prison (PC Sec. 126).

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.
(CCP SEC. 2015.5(B))

Signature

Date

Print Name

Appendix F-4

SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____
JUROR QUESTIONNAIRE

Juror Name: _____

Badge Number: _____

Phone Number: _____

Please read these instructions carefully before you fill out the questionnaire.

From this moment forward, and through the entire time you are involved with this case, you are ordered not to discuss this case with anyone; do not allow anyone to discuss the case with you. The only information you may tell anyone is that you are in a jury pool for a trial and the time requirements of that trial. You are also ordered not to read, listen to, or watch any news, Internet, or other media accounts of this case, past or present.

You are further ORDERED not to email, text, tweet or blog about this case or any of the issues, parties or attorneys involved in the case with anyone. Do not use any search engines such as Yahoo or Google to obtain or share information about the parties, attorneys or issues in this case. Do not visit any social network chat rooms or sites like MySpace or Facebook or any other sites on the world wide web that might in any way contain information relating to the issues, attorneys or parties in this case.

You may not do research about the parties or subject matter involved in the case.

This questionnaire is part of the jury selection process and part of the public record of this case. Your answers will be used by the judge and attorneys to help select a qualified jury and will make the jury selection process shorter and easier. Please take as much time as you need to complete this questionnaire.

It is extremely important that you answer all the questions yourself, honestly and completely. There are no "right" or "wrong" answers, just complete and incomplete ones. All answers are given under penalty of perjury. If you have trouble understanding or filling out this questionnaire, please let the court clerk know.

Some of your answers may require follow-up questions in open court by the judge or by the attorneys. You may find some questions to be sensitive and you may prefer not to discuss your answers in open court. If you find question(s) sensitive, please do not answer the question(s) and simply write "confidential" in the space provided for the answer.

Please do not write on the back of any page. If you need additional space for your answers, use the blank space provided on the last page of the questionnaire.

When you are finished, please give the questionnaire to the clerk who will give you instructions about when to return to court to continue the process of selecting a jury.

Thank you for your jury service.

Appendix F-5

You shall not blog, Tweet, use Yahoo, Google, or use any other search engine or the Internet to obtain or share information about the parties, attorneys or subject matter involved in the case while serving as a juror. (C.C.P. §1209(a)(10))

Please Print Legibly

Full Name (Mr. / Mrs. / Ms. / Dr.): _____
(First) (Middle) (Last)

1. Age: ☐ 18-29 ☐ 30-44 ☐ 45-59 ☐ 60 and older
2. Is English your first language? ☐ Yes ☐ No If no, what is? _____
3. City where you live: _____ How long: _____
Choose one: ☐ Own ☐ Rent ☐ Live with others and do not pay rent
4. Highest level of education you have completed: ☐ Less than high school (Grade ____)
☐ High school graduate ☐ Technical/Vocational ☐ Some college ☐ A.A. degree
☐ 4-year college graduate ☐ Postgraduate study ☐ Postgraduate degree
What were your college/post-grad areas of study? _____
Please list any licenses, certificates or degrees you have obtained: _____

Please describe any specialized training or skills you have:

5. Current employment:
☐ Employed full-time ☐ Employed part-time ☐ Self-employed ☐ Retired
☐ Homemaker ☐ Disabled ☐ Student ☐ Unemployed, looking for work
6. What is your current/most recent occupation? _____
What organization or company do/did you work for? _____
What do you do at work? _____
How long have you worked there? _____
7. Please list your prior jobs, employers, and dates of employment.

Occupation (or Student)	Employer (or School)	Dates

8. Marital Status:
☐ Single, never married ☐ Married for ____ years ☐ Divorced for ____ years
☐ Separated for ____ years ☐ Living with domestic partner for ____ years
☐ Widowed for ____ years ☐ Other: _____

9. Current (or former) job of spouse/partner: _____
 Current (or former) employer of spouse/partner: _____

10. If you have adult children or stepchildren, please list their ages and jobs:

Gender	Age	Occupation	Employer

11. Occupations and employers of your parents (if retired or deceased, what did they do before?):

Mother: _____ Father: _____

12. List any other adult living in your household and the occupation of each:

13. Do you, or does anyone close to you, have any concerns about health risks as a result of where you/they have lived or worked?

☐ Yes ☐ No

If yes, please explain: _____

14. Do you have any strong opinions about the job most corporations do when it comes to communicating safety information about their products to the public?

☐ Yes ☐ No

If yes, please explain: _____

15. Have you or a family member ever been a member of a labor union? ☐ Yes ☐ No

If yes, who is (was) the member? _____

If yes, which union? _____

If yes, what leadership positions were held, if any? _____

16. Have you or anyone in your family or household ever served in the military?

(Check all that apply.) ☐ Self ☐ Spouse/partner ☐ Other relative ☐ No

If yes, please list the branch of service, duties, and dates of service for each:

17. Have you served on a jury before? (Check all that apply.)

☐ Yes, criminal ☐ Yes, civil ☐ No

a. How many times did you serve? _____

b. Did the jury reach a decision in every case? ☐ Yes ☐ No

c. Were you ever the presiding juror or foreperson? ☐ Yes ☐ No

18. Have you ever been called to serve on a jury for a case involving asbestos? ☐ Yes ☐ No

a. If yes, did you serve on the jury? ☐ Yes ☐ No

b. When did you serve? _____

19. Have you, a family member, or someone close to you ever worked or trained in any of the following fields? (Answer for each.)

a. Insurance / Benefits ☐ Self ☐ Family ☐ Someone close ☐ No

b. Law or courts ☐ Self ☐ Family ☐ Someone close ☐ No

c. Medicine / Nursing ☐ Self ☐ Family ☐ Someone close ☐ No

d. Mental health / Counseling ☐ Self ☐ Family ☐ Someone close ☐ No

e. Mediation or dispute resolution ☐ Self ☐ Family ☐ Someone close ☐ No

f. Safety or OSHA regulations ☐ Self ☐ Family ☐ Someone close ☐ No

If yes to any, please describe who the person is and what type of work they did:

20. Have you, a family member, or someone close to you ever worked with, or been trained to work with, the following materials or products? (Answer for each.)

a. Brakes / Clutches ☐ Self ☐ Family ☐ Someone close ☐ No

b. Drywall / Sheetrock / Plaster ☐ Self ☐ Family ☐ Someone close ☐ No

c. Floor tiles ☐ Self ☐ Family ☐ Someone close ☐ No

d. Gaskets / Valves / Pumps / Packing ☐ Self ☐ Family ☐ Someone close ☐ No

e. HVAC / Boilers ☐ Self ☐ Family ☐ Someone close ☐ No

f. Insulation / Insulation products ☐ Self ☐ Family ☐ Someone close ☐ No

g. Joint compound ☐ Self ☐ Family ☐ Someone close ☐ No

h. Mastics / Sealants / Adhesives ☐ Self ☐ Family ☐ Someone close ☐ No

i. Pipes (including cement pipe) ☐ Self ☐ Family ☐ Someone close ☐ No

j. Welding electrodes / Welding wire ☐ Self ☐ Family ☐ Someone close ☐ No

If yes to any, please describe who the person is and what type of work they did:

21. Do you, a family member, or someone close to you have any special training, knowledge, or work experience with any of the following? (Answer for each.)

- | | | | | |
|-----------------------------------|-------------------------------|---------------------------------|--|-----------------------------|
| a. Automotive repair / Mechanic | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| b. Boiler work | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| c. Carpentry | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| d. Chemicals | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| e. Construction / Home remodeling | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| f. Electrical work | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| g. Environmental | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| h. Industrial hygiene | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| i. Laborer | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| j. Manufacturing / Assembly | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| k. Millwright | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| l. Painter / Painting | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| m. Plumber / Pipefitter | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| n. Refinery | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| o. Ships / Shipyards | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| p. Welding | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |

If yes to any, please describe who the person is and what type of work they did:

22. Have you or anyone close to you ever worked with or been exposed to substances or chemicals that you believe are a health hazard?

☐ Yes ☐ No

If yes, please explain: _____

If yes, did you/they suffer any health problems as a result? ☐ Yes ☐ No ☐ Don't know

23. Have you, a family member, or anyone close to you, ever been exposed to asbestos fibers or any product that contains asbestos?

☐ Yes, self ☐ Yes, someone close ☐ No ☐ Don't know

If yes or don't know, please explain: _____

24. What, if anything, have you heard or read about the dangers of asbestos or products that contain asbestos?

25. What is your opinion of companies that made, sold, or used products that contained asbestos?

26. Do you know anyone who has been diagnosed with an illness that you believe was caused by asbestos?

☐ Yes ☐ No

If yes, please explain: _____

27. Do you know anyone who should be tested for an asbestos-related illness?

☐ Yes ☐ No ☐ Don't know

If yes or don't know, please explain: _____

28. Do you know anyone who has ever been involved in a lawsuit or claim involving exposure to asbestos or another hazardous substance?

☐ Yes ☐ No

If yes, please explain: _____

29. Have you, or has anyone close to you, ever had any serious breathing problems or lung conditions?

☐ Yes, self ☐ Yes, someone close ☐ No

If yes, please explain: _____

30. What is your tobacco smoking history?

☐ Never ☐ Current ☐ Former

a. If you are/were a smoker, number of years smoked: _____

b. If you are/were a smoker, number of packs per day: _____

c. If you are a smoker, have you ever tried to quit? ☐ Yes ☐ No

d. If you are a smoker, have you ever been able to quit? ☐ Yes ☐ No

31. Have you, or has anyone close to you, ever had cancer or any other serious illness?

☐ Yes, self ☐ Yes, someone close ☐ No

If yes, please explain: _____

32. Are you worried that you or someone close to you will get cancer or another serious illness?

☐ Yes ☐ No

If yes, please explain: _____

33. Have you, or has anyone close to you, ever been involved in the care of someone with a serious illness or disability, or been involved with an organization that cares for terminally ill people?
☐ Yes, I have ☐ Yes, someone close has ☐ No
If yes, please explain: _____
34. Have you or anyone in your family ever sued or filed a lawsuit or made a claim against anyone (including a claim for disability or personal injury as a result of an accident or sickness involving your job)?
☐ Yes ☐ No
If yes, what did the lawsuit or claim involve? _____
Were you satisfied with the result? ☐ Yes ☐ No ☐ Still pending
Please explain: _____
35. Have you or anyone in your family ever been sued by anyone or had a claim filed against you?
☐ Yes ☐ No
If yes, what did the lawsuit involve? _____
Were you satisfied with the result? ☐ Yes ☐ No ☐ Still pending
Please explain: _____
36. From what you have read or heard, do you think that the money damages from lawsuits have generally been:
☐ Often too high ☐ Occasionally too high ☐ About right
☐ Occasionally too low ☐ Often too low ☐ No opinion
Please explain: _____
37. Please indicate your level of agreement with the following statement by checking one of the boxes below: "There are too many lawsuits today."
☐ Agree Strongly ☐ Agree ☐ Disagree ☐ Disagree Strongly ☐ No opinion
Please explain: _____
38. What is your general attitude, if any, about people who bring lawsuits?

39. What is your general attitude, if any, about corporations?

40. Have you ever had a very bad experience with a corporation/company?

☐ Yes ☐ No

If yes, please explain: _____

41. Under the law, corporations and individuals must be treated equally in a lawsuit. Will it be difficult for you to follow this law?

☐ Yes ☐ No ☐ Not sure

If yes or not sure, please explain: _____

42. As referenced in the instructions to this questionnaire, you are prohibited from doing any independent investigation whatsoever regarding this case, the parties to the case, the subject matter involved in the case or the attorneys involved in the case. Do not do any internet searches (Google, etc.) regarding any person, company, or topic in any way involved in this trial until after the trial is concluded. To do so compromises the fairness of the trial and violates your oath as a juror. If selected as a juror, this prohibition will extend through the end of your jury service in this case.

Do you understand this prohibition? ☐ Yes ☐ No

Is there any reason you cannot abide by this order as a juror? ☐ Yes ☐ No

If yes, please explain: _____

43. Do you believe there is any reason that you should not or cannot serve as a juror in this case (including ethical, religious, political, or other beliefs, as well as any medical problems)?

☐ Yes ☐ No

If yes, please explain: _____

44. Have you heard of, or been associated with, any of the names on the attached list?

☐ Yes ☐ No

If yes, please indicate which ones and explain how you know them or are affiliated with them:

I, (print name: _____), declare under penalty of perjury, under the laws of the State of California, that the foregoing responses I have given in this juror questionnaire, and on any attached sheets, are true and correct to the best of my knowledge and belief.

SIGNATURE _____

DATE _____

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Appendix F-12

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.



Print Name _____

JID Number _____

*The Superior Court of the State of California
for the County of Los Angeles*

Case Name: _____

This case is estimated to be _____ days in length

Estimated Start Date: _____ Estimated End Date: _____
The Court will not be in session on: _____

I AM ABLE TO SERVE ON THIS CASE. YES _____

1. Do you have a hardship serving on this case? YES _____

2. If your hardship is based on a financial hardship, please answer the following:

NUMBER OF PERSONS ADULTS MINOR
In my household: _____ (including yourself) _____ DEPENDANTS: _____

TOTAL YEARLY INCOME OF ALL INDIVIDUALS IN MY HOUSEHOLD BEFORE TAXES
(Including Social Security Payments, Alimony, Child Support, Retirement Benefits, etc.)

TOTAL MONTHLY HOUSEHOLD EXPENSES: _____

EMPLOYER INFORMATION: Employer pays for _____ days of jury service
Employer Name: _____
Employer Telephone Number: _____
My Occupation: _____

**If your hardship is based on one or more of the reasons below, please complete
the information required:**

3. Are you unemployed and actively looking for employment? Yes _____
You should know that your unemployment benefits are NOT affected by jury service.

4. Are you self-employed? Yes _____
Would serving on this case, present a hardship? Yes _____
Name of Business: _____
Address: _____
Nature of Business: _____
Number of Employees: _____

5. Do you have a paid vacation planned during the dates of this case? Yes ____
Vacation dates: From ____ to ____
Vacation Destination: ____
Have you purchased airline tickets, train tickets, and/or other paid passage to
your destination? Yes ____ No ____ Please list the name of the carrier, flight or
train number, along with departure date and time: ____

6. Do you have scheduled medical surgery(ies) or repeated medical appointments
during the dates of this case? Yes ____

Dates of Surgery/Appointments: _____ Times: _____

7. Are you a teacher currently teaching students in a school setting during the day?

YES ____
School Name: _____
Address: _____
Supervisor/Principal: _____
Supervisor's/Principal's Telephone: _____
Grade Taught: _____

8. Are you a student currently attending classes offered during the day?

YES ____
Would serving on this case, present a hardship? YES ____
School Name: _____
Address: _____
Classes: _____
Dates and Times of Classes: _____
Major: _____

9. If you have ANY OTHER HARDSHIP, please explain below:

It is perjury to falsify an excuse from jury service. Perjury is a felony punishable by
up to four years in state prison (PC Sec. 126).

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE
OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.
(CCP SEC. 2015.5(B))

Signature

Print Name

Date