

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS

In re: PARAQUAT PRODUCTS
LIABILITY LITIGATION

Case No. 3:21-md-3004-NJR

MDL No. 3004

This Document Relates to All Cases

SPECIAL MASTER’S REPORT AND RECOMMENDATIONS
REGARDING CASE MANAGEMENT ORDER NO. 7
PLAINTIFF FACT SHEET (PFS) IMPLEMENTATION AND
DEADLINES FOR TRIAL CASES

On September 3, 2021, the Court entered Case Management Order (CMO) No. 7 to implement the form and application of the Plaintiff's Assessment Questionnaire ("PAQ") and the Plaintiff's Fact Sheet ("PFS"). Having reviewed the information already provided by Plaintiffs in the PAQ, the Special Master recommends that the Court modify the PFS attached to CMO No. 7 and adopt the PFS in the form attached hereto as Exhibit 1. The Special Master further recommends that the Court adopt the appended authorizations for the release of records (see Exhibit 2) that accompanies the PFS.

After consultation with all parties and receiving no objections, and to provide procedures to implement the PAQ and PFS for early trial selection cases only, the Special Master recommends the following:

1. To the extent any Plaintiff selected for trial (see Doc. 803) seeks to amend his/her PAQ,¹ such Plaintiff shall serve upon Defendants an “Affidavit Amending [Plaintiff’s Name] PAQ” setting forth:
 - i. Plaintiff’s name;
 - ii. case number;
 - iii. original PAQ number;
 - iv. PAQ sections that are being amended;
 - v. the amended or additional response for the referenced PAQ section(s); and,
 - vi. the reason for such amended response(s).
2. Any such Affidavit Amending PAQs must be served no later than **February 1, 2022**.
3. All Plaintiffs who have cases selected for trial must fully complete the PFS (Exhibits 1 and 2) and serve, through the Portal Administrator, the PFS and documents required by the PFS no later than **February 1, 2022**.
4. Each Plaintiff is required to fill out his or her own PFS to the best of his or her knowledge and recollection unless that Plaintiff is incapacitated and unable to testify, in which case that Plaintiff's authorized legal representative must complete the PFS on his or her behalf.

¹ This Report and Recommendations applies to the early trial selection cases only. Procedures for amending PAQs in all other cases will be implemented at a later time.

5. The parties will meet and confer with the Portal Administrator to establish methods for Plaintiffs to amend their PAQs and PFSs.
6. Consistent with the Court's Order dated December 10, 2021 (Doc. 670), concerning CMO No. 10, Defendants and their authorized third-party litigation vendor, Litigation Management, Inc. ("LMI") may fill in any information necessary to complete the authorizations submitted with the PFS based on information provided in the PFS, with the exception of a Plaintiff's signature. This information includes adding a Plaintiff's complete name, Social Security Number, date of birth, any medical provider/employer identified in the PFS, date for the Plaintiff's signature, or any other information omitted from the authorization if that information is provided in the PFS and is necessary to obtain the records; it also includes substituting LMI as the recipient of the records for any erroneously listed individuals or entities.
7. To the extent Plaintiffs provide Defendants with unaddressed, executed authorizations with the PFS, those submissions shall constitute permission for Defendants to address those authorizations as necessary to obtain the records, provided that Defendants or LMI give notice in a courtesy copy of such authorization used to Plaintiff's counsel before each use.

Further, the parties shall meet and confer with respect to depositions dates for the sixteen (16) Plaintiffs selected for trial (see Doc. 803). No later than February 4, 2022, the

parties shall submit to Special Master Ellis a schedule of deposition dates for Plaintiffs' depositions, with depositions beginning in February and a goal of substantially completing Plaintiffs' depositions by March 15; all Plaintiff depositions must be completed by March 31, 2022. The parties shall meet and confer in good faith and use best efforts to schedule and meet these dates.

DATED: January 14, 2021

s/ Randi S. Ellis
Randi S. Ellis
Court-Appointed Special Master

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS**

This Document Relates to:
[member case name and number]

IN RE: PARAQUAT PRODUCTS
LIABILITY LITIGATION

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) Case No. 3:21-md-03004-NJR

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) MDL No. 3004
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PLAINTIFF'S FACT SHEET

This Plaintiff's Fact Sheet is a legal document. You are required to provide the following information regarding yourself, unless you are incapacitated and unable to testify on your own behalf. If you are unable to testify on your own, your authorized legal representative must complete this form on your behalf. Each question must be answered to the best of your ability taking into account the Plaintiff's physical and mental condition at the time that the Plaintiff or the representative is completing this form.

In completing this Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge including using documents in your possession. If you do not know the answer, please indicate that in response to the question. In answering the questions below, you should never guess. You may supplement your responses if you learn that they are incomplete or incorrect.

For each question where the space provided does not allow for a complete answer, please attach additional sheets so that all answers are complete. If you attach additional sheets, clearly label the sheets according to the question to which each sheet pertains. Please do not leave any questions unanswered or blank. If a question does not apply, please respond "Not Applicable" or "N/A."

You must complete this Fact Sheet for any claim that you wish to assert against the Syngenta or Chevron Defendants.

After completing this Fact Sheet, you must sign the Fact Sheet on the last page. Your signature certifies that you have answered this Fact Sheet under oath, that your answers are true and accurate to the best of your knowledge.

If you have any questions about this Fact Sheet, you should speak with your attorneys.

I. REPRESENTATIVE CAPACITY

A. If you are completing this Fact Sheet in a representative capacity of the Plaintiff/Decedent on whose behalf this action was filed, please complete the following:

1. Your Name (First, Middle, Last): _____
2. Home address: _____
3. Your relationship to the person upon whose behalf you have completed this Fact Sheet (*e.g.*, parent, guardian, estate administrator):

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[If you are completing this Questionnaire in representative capacity, please respond to the following questions on behalf of the person who you represent.]

II. PERSONAL INFORMATION

- A. Full Name (First, Middle, Last): _____
- B. Maiden Name: _____
- C. Date of birth: _____
- D. Identify the following information for every place you have lived for at least one year, through the present, to best of your knowledge and recollection. If you claim that you were exposed to paraquat at any place you lived for less than a year, please include that address as well.

Address (or best approximation)	Years you lived at address (ex. 1/1998-6/2002)	All Persons who lived at address and relationship to you	Paraquat exposure? (Y/N)

III. EMPLOYMENT HISTORY

A. Identify every job you have had since your 18th birthday.

Employer Name	Approximate Date Range of your Employment (Month/Year)	City/State	Supervisor Name(s)	Brief Description of Job Responsibilities	Paraquat Exposure? (Y/N)

B. Have you ever applied for worker's compensation, social security disability benefits, private disability benefits, or state or federal benefits?

Yes_____ No_____

C. If yes, then as to each application, please provide the following information, including the dollar amount of benefits (if any) received:

Approximate date claim was filed (month/year)	Name of agency	Nature of claimed injury or disability	Ultimate disposition of claim	Amount of benefits received, if any

IV. MILITARY SERVICE

A. If you have served in the military, please identify:

1. Branch of service: _____
2. Years of service: _____
3. Highest rank attained: _____

B. Do you receive disability benefits through the Department of Defense or the Department of Veterans Affairs (yes/no)? For what conditions?

C. Please identify the information below for duty stations:

Location stationed	Approximate dates (month/year)	Description of job duties or military occupational specialty

V. LITIGATION HISTORY

- A. Have you ever filed a civil lawsuit? (This does not apply to this pending suit or other suits relating to domestic relationships, divorces, or child custody.)

Yes_____ No_____

- B. If yes, then as to each lawsuit, separately identify the following:

Case Name and Attorney's Name	Approximate Date Case Filed (Month/Year)	Nature of the Case

VI. FAMILY HISTORY

- A. To the best of your recollection and knowledge, identify all of the following diseases that your parents, siblings, grandparents, or child of yours has been diagnosed with. (Check all that apply)

Disease	Parent, Sibling, Grandparent, or Child with Diagnosis?
1. Parkinson's Disease	
2. Parkinsonism	
3. Alzheimer's Disease	
4. Dementia	
5. Lewy Body Dementia	
6. Huntington's Disease	
7. Wilson's Disease	
8. Tourette Syndrome	
9. Ataxia	
10. Chorea	
11. Dystonia	
12. Multiple System Atrophy	
13. Myoclonus	
14. Progressive Supranuclear Palsy	
15. Tardive Dyskinesia	
16. Crohn's Disease	
17. Glioblastoma	
18. Colorectal Cancer	
19. Lung Cancer	
20. Ovarian Cancer	
21. Gaucher's Disease	
22. Any other neurodegenerative disease	
23. Any other neurological disease or disease of the brain, spine or nerves	

VII. MEDICAL SERVICES

- A. Please identify all Health Care Providers who have ever treated you. For the purposes of this Fact Sheet, “Health Care Provider” is defined as physical therapist or physical therapy department, rehabilitation specialist, physician, osteopath, homeopath, chiropractor, or other persons or entities involved directly in the evaluation, diagnosis, care, and/or treatment of your physical health.

Provider Name (First and Last)	Date(s) of Medical Care, Services, Consultation (Month/Year)	City/State of Practice

- B. If you have been diagnosed with Parkinson's Disease or Parkinsonism, please confirm that you have provided all Health Care Providers who have diagnosed you or treated you for it in response to your Plaintiff Assessment Questionnaire.

I confirm that I have already provided these records (check if applicable): _____

I have not previously provided this information. It is now provided below:

Provider Name (First and Last)	Date(s) of Medical Care, Services, Consultation	City/State of Practice

- C. If you have been diagnosed with anyother injury you claim as an injury in this lawsuit, please identify all Health Care Providers who have diagnosed you with or treated you for that injury.

Provider Name (First and Last)	Injury/Diagnosis	Date(s) of Medical Care, Services, Consultation	City/State of Practice

- D. Have you undergone genetic testing, including, but not limited to genetic testing related to your Parkinson's disease or Parkinsonism diagnosis? For purposes of this Fact Sheet, "genetic testing" excludes genetic testing that was initiated on the advice of Plaintiffs' counsel or was performed only for genetic variants associated with breast cancer, ovarian cancer, pancreatic cancer, prostate cancer, or Lynch syndrome, as well as genetic testing that did not include testing for any specific genetic variants but instead solely examined your likely ancestry and/or ethnicity.

Yes_____ No_____

- A. If yes, identify the results of that testing.

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VIII. FARMING HISTORY

- A. Please provide the following information for all years in which you were actively engaged in farming or the application of Agricultural Chemicals. "Agricultural Chemicals" means any and all herbicides, pesticides, and insecticides used at each of the locations identified in your responses.

Business Name/Farm Name	Location of Farm (City and State)	Your Role	All Other People Engaged in Farming With You (Such As Co-Workers or Supervisors)	Year(s)

- B. Have you ever been a member of an agricultural or farming organization?
 Yes_____ No_____

- C. If yes, state the name and city/state of each organization and the years of your membership in each such organization.

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IX. TRAINING, CERTIFICATION, LICENSING

A. Have you ever been licensed to apply Restricted Use Pesticides?

Yes _____ No _____

B. If yes, provide the following information for each license received.

Issuing State	Type of License	Years for Which License was Active	Type of Training Related to License	Year of Training/License	Provider of Training

X. PARAQUAT PURCHASE HISTORY

A. Did you ever purchase paraquat?

Yes _____ No _____

B. If yes, provide the following information with respect to each year you purchased paraquat.

Year	Product Name	Manufacturer Name	Number of Purchases	Amount Purchased	Seller or Distributor

- C. If you purchased paraquat, what are the benefits that you understood paraquat had at the time(s) that you purchased it?

- D. If you purchased paraquat, why did you choose to purchase paraquat?

- E. If you purchased paraquat, were there alternatives available when you purchased paraquat? If so, please list.

XI. MIXING/LOADING PARAQUAT

The next few sections require you to provide information about your exposure to paraquat during mixing, loading, or application of the product, as well as during field reentry or other potential instances of exposure. Each potential type of exposure (*e.g.*, mixing/loading, application, reentry) is treated separately to allow you to provide information as accurately as possible.

- A. Have you ever personally mixed and/or loaded paraquat?
 Yes _____ No _____

IF NO, SKIP SECTION XI, AND CONTINUE WITH SECTION XII.

- B. For each job where you mixed and/or loaded Paraquat, provide the following information to the best of your knowledge and recollection. (If you need additional tables to fully complete this section, go to [Appendix 1](#)).

	Exposure #1
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	

Do you possess records of purchase of this paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

	Exposure #2
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of this paraquat product? (Y/N)	

Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

	Exposure #3
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of this paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	

Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

C. Did you wear personal protective equipment during every instance you mixed and/or loaded paraquat?

Yes _____ No _____

D. If no, please state the approximate number of times (or how often) you mixed and/or loaded paraquat without wearing any personal protective equipment.

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E. If you wore personal protective equipment while mixing and/or loading paraquat, please identify which, if any, of the following you wore and how often you wore that equipment:

Personal Protective Equipment	Applicable?	Describe the Timeframe (e.g., 1982-1988) and Frequency (e.g., always, sometimes, rarely)
1. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator		
2. Rubber or Waterproof Gloves		
3. Chemical-resistant or Waterproof Footwear and Socks		
4. Chemical-resistant Headgear for Overhead Exposure or Face Shield		
5. Disposable Suit/Coveralls		
6. Long-sleeved Shirt		
7. Long Pants		
8. Protective Eyewear		
9. Rubber or Waterproof Apron		
10. Any Other Form of Personal Protective Equipment		

1. If you checked the box for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used and the timeframe.

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XII. APPLICATION OF PARAQUAT

- A. Have you ever personally applied paraquat? Yes _____ No _____

IF NO, SKIP SECTION XII, AND CONTINUE WITH SECTION XIII.

- B. For each job where you applied Paraquat, provide the following information to the best of your knowledge and recollection. (If you need additional tables to fully complete this section, go to [Appendix 2](#)).

	Exposure #1
Employer and job title	
Approximate date range	
Location	
Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	

Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules).	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides).	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed you applying paraquat	

	Exposure #2
Employer and job title	
Approximate date range	
Location	
Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules).	
Strength or Concentration (for example, 240 g/l or 360 g/l)	

Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed you applying paraquat	

	Exposure #3
Employer and job title	
Approximate date range	
Location	
Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	

Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules).	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides).	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	

Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed you applying paraquat	

C. Did you wear personal protective equipment during every instance you applied paraquat?

Yes_____ No_____

D. If no, please state the approximate number of times (or how often) you applied paraquat without wearing any personal protective equipment.

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E. If you wore personal protective equipment while applying paraquat, please identify which, if any, of the following you wore and how often you wore that equipment:

Personal Protective Equipment	Applicable?	Describe the Timeframe (e.g., 1982-1988) and Frequency (e.g., always, sometimes, rarely)
1. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator		
2. Rubber or Waterproof Gloves		
3. Chemical-resistant or Waterproof Footwear and Socks		
4. Chemical-resistant Headgear for Overhead Exposure or Face Shield		
5. Disposable Suit/Coveralls		
6. Long-sleeved Shirt		
7. Long Pants		
8. Protective Eyewear		
9. Rubber or Waterproof Apron		
10. Any Other Form of Personal Protective Equipment		

1. If you checked the box for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used and the timeframe.

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XIII. SPRAY MIST OR DRIFT

- A. Do you claim you were exposed to spray mist or drift from paraquat applied by another person?

Yes _____ No _____

IF NO, SKIP SECTION XIII, AND CONTINUE WITH SECTION XIV.

- B. For each location where you claim you were exposed to spray mist or drift from paraquat applied by another person, provide the following information to the best of your knowledge and recollection. (If you need additional tables to fully complete this section, go to [Appendix 3](#)).

	Exposure Location #1
Approximate date range (for example, January 1985- January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	
Person or entity applying product (if known)	
Relationship to person applying product, if any	
Application method	
Equipment used	
Crops and/or weeds to which product was applied	
Purpose	

Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed spray mist or drift from application	

	Exposure Location #2
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Approximate date range (for example, January 1985- January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	
Person or entity applying product (if known)	
Relationship to person applying product, if any	
Application method	
Equipment used	
Crops and/or weeds to which product was applied	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants,	

surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed spray mist or drift from application	

	Exposure Location #3
Approximate date range (for example, January 1985-January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	
Person or entity applying product (if known)	
Relationship to person applying product, if any	
Application method	
Equipment used	
Crops and/or weeds to which product was applied	
Purpose	

Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed spray mist or drift from application	

- C. Did you wear any personal protective equipment during every instance you were exposed to paraquat by spray mist or drift?

Yes _____ No _____

- D. If no, please state the approximate number of times (or how often) you were exposed to Paraquat by spray mist or drift during which you did not wear any personal protective.

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- E. For each instance you were exposed to paraquat by spray mist or drift while wearing personal protective equipment, please identify what you wore and how often you wore that equipment:

Personal Protective Equipment	Applicable?	Describe the Timeframe (e.g., 1982-1988) and Frequency (e.g., always, sometimes, rarely)
1. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator		
2. Rubber or Waterproof Gloves		
3. Chemical-resistant or Waterproof Footwear and Socks		
4. Chemical-resistant Headgear for Overhead Exposure or Face Shield		
5. Disposable Suit/Coveralls		
6. Long-sleeved Shirt		
7. Long Pants		
8. Protective Eyewear		
9. Rubber or Waterproof Apron		
10. Any Other Form of Personal Protective Equipment		

1. If you checked the box for "Any Other Form of Personal Protective Equipment" above, please describe the personal protective equipment used and the timeframe.

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- F. To the best of your recollection and knowledge, did you ever enter or reenter fields within 48 hours of paraquat being sprayed in those fields?

Yes_____ No_____

- G. If yes, approximately how many times has this occurred (*i.e.*, “entry or reentry occurrences”)?

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- H. Of those entry or reentry occurrences, approximately how many times did you enter or reenter those fields within 24 hours of paraquat being sprayed in those fields?

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- I. Of those entry or reentry occurrences, approximately how many times did you enter or reenter those fields within 12 hours of paraquat being sprayed in those fields?

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- J. For each entry or reentry occurrence, explain generally the purpose of that entry or reentry.

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K. For each entry or reentry occurrence, provide the following information.

Year	Location	Frequency of Entry or Reentry	Estimated Duration of Entry or Reentry	Application Method & Duration	Crops and Weeds	Applicator Names and Applicator Nos. ¹	Names of Others Who Witnessed Reentry

L. Did you wear any personal protective equipment during each and every entry and reentry occurrence?

Yes_____ No_____

M. If no, please state the approximate number of entry or reentry occurrences during which you did not wear any personal protective equipment.

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¹ Please list the names of all individuals who applied the paraquat and their certification numbers.

- N. For each entry and reentry occurrence where you wore personal protective equipment, please identify which, if any, of the following you wore: (Check all that apply)

Personal Protective Equipment	Applicable?	Describe the Timeframe (e.g., 1982-1988) and Frequency (e.g., always, sometimes, rarely)
1. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator		
2. Rubber or Waterproof Gloves		
3. Chemical-resistant or Waterproof Footwear and Socks		
4. Chemical-resistant Headgear for Overhead Exposure or Face Shield		
5. Disposable Suit/Coveralls		
6. Long-sleeved Shirt		
7. Long Pants		
8. Protective Eyewear		
9. Rubber or Waterproof Apron		
10. Any Other Form of Personal Protective Equipment		

1. If you checked the box for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used and the timeframe.

XIV. OTHER PARAQUAT EXPOSURE

- A. Do you claim that you were exposed to paraquat on any other occasions or through any means not described or accounted for above?

Yes _____ No _____

IF NO, SKIP SECTION XIV, AND CONTINUE WITH SECTION XV.

- B. If yes, please provide the following information for those instances of exposure to the best of your knowledge and recollection.

Date(s) (Month/Year)	City/ State	Duration of exposure (Month/ Year)	Type of exposure (e.g. dermal, inhalation, etc.)	Brief description of manner in which you were exposed to paraquat	Name(s) of others who witnessed your exposure

- C. For every instance in which you claim that you were exposed to paraquat on other occasions or through means described in this section, did you wear any personal protective equipment?

Yes _____ No _____

- D. If no, please state the approximate number of occurrences during which you did not wear any personal protective equipment.

--

- E. For each occurrence where you wore personal protective equipment, please identify which, if any, of the following you wore: (Check all that apply)

Personal Protective Equipment	Applicable?	Describe the Timeframe (e.g., 1982-1988) and Frequency (e.g., always, sometimes, rarely)
1. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator		
2. Rubber or Waterproof Gloves		
3. Chemical-resistant or Waterproof Footwear and Socks		
4. Chemical-resistant Headgear for Overhead Exposure or Face Shield		
5. Disposable Suit/Coveralls		
6. Long-sleeved Shirt		
7. Long Pants		
8. Protective Eyewear		
9. Rubber or Waterproof Apron		
10. Any Other Form of Personal Protective Equipment		

1. If you checked the box for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used and the timeframe.

XV. ACUTE PARAQUAT EXPOSURE

- A. Do you claim that you swallowed paraquat or that paraquat got in your mouth?

Yes _____ No _____

- B. If yes, please identify the approximate month(s)/year(s) when this happened, describe the circumstances, and indicate whether you took an adsorbent (e.g., activated charcoal, bentonite, Fuller's Earth).

--

- C. Do you claim that you got paraquat in your eyes? Yes _____ No _____

- D. If yes, please identify the approximate month(s)/year(s) when this happened, describe the circumstances, indicate whether you rinsed your eyes with clean water, and for how long you rinsed your eyes with clean water.

--

- E. Do you claim you got paraquat directly on your skin? Yes _____ No _____

- F. If yes, please identify the approximate month(s)/year(s) when this happened, describe the circumstances, indicate whether you immediately washed the affected area with soap and water, and for how long you washed the affected area with soap and water.

--

- G. Do you claim you got paraquat on your clothing? Yes _____ No _____

- H. If yes, please identify the approximate month(s)/year(s) when this happened, describe the circumstances, and indicate whether you immediately removed the contaminated clothing and washed the affected area with soap and water.

--

- I. Have you ever been treated for paraquat poisoning? Yes _____ No _____
- J. If yes, identify the provider of that treatment, the month(s)/date(s) of such treatment, and a description of such treatment.

--

XVI. USE OF OTHER INDUSTRIAL/AGRICULTURAL CHEMICALS

- A. To the best of your knowledge and recollection, identify all of the following industrial or Agricultural Chemicals you have ever used, handled, applied, disposed of, or were otherwise exposed to at any time in your life.

Industrial/Agricultural Chemicals	Applicable?
1. 2,4-D (<i>i.e.</i> , Crossbow, Curtail, Weedar, Weedone)	
2. 2, 4, 5, -T (<i>i.e.</i> , Agent Orange, Esteron, Trinoxol)	
3. Acephate (<i>i.e.</i> , Bonide, Martin's Surrender, Orthene)	
4. Acetochlor (<i>i.e.</i> , Harness, Keystone, SureStart, Surpass, Volley, Warrant)	
5. Alachlor (<i>i.e.</i> , Lasso)	
6. Aldrin (<i>i.e.</i> , Octalene)	
7. Arsenic/Arsenate	
8. Atrazine	
9. Bidrin	
10. Boric Acid	
11. Calcium Arsenate	
12. Carbaryl (Sevin)	
13. Chlordane	
14. Chloropicrin (<i>i.e.</i> , Chlor-O-Pic, Metapicrin, Timberfume, Tri-Clor)	
15. Chlorothalonil (<i>i.e.</i> , Bravo, Daconil 2787, Echo, Exotherm Termil, Nopocide, Repluse, Tuffcide)	
16. Chlorpyrifos (<i>i.e.</i> , Dursban, Lorsban)	
17. Copper Hydroxide (<i>i.e.</i> , Champ, Kocide, NuCop)	
18. Crop Oil	

Industrial/Agricultural Chemicals	Applicable?
19. Cyanazine (Bladex)	
20. DDT	
21. DEET	
22. Diazinon	
23. Dicamba (<i>i.e.</i> , Banvel, Clarity, Sterling Blue)	
24. Dichloropropene (<i>i.e.</i> , Telone)	
25. Dieldrin	
26. Dimite	
27. Dinoseb/ Dinitro (<i>i.e.</i> , Preemerge, Sinox PE, Dow General)	
28. Diquat	
29. Diuron (Karmex)	
30. Ethephon (<i>i.e.</i> , Arvest, Bromeflor)	
31. Glufosinate (<i>i.e.</i> , Cheetah, Rely 280)	
32. Glyphosate (<i>i.e.</i> , RoundUp)	
33. Hexachlorocyclohexane and/or beta-hexachlorocyclohexane	
34. Imazapyr (<i>i.e.</i> , Arsenal, Contain, Habitat)	
35. Insecticides (<i>i.e.</i> , Orthene, Payload, Malathion, Guthion, Phosdrin, Dursban, Lorsban, Counter, Dylox, Penncap, Phoskil, Imidan, Trithion, Folidol, dibrom/Naled)	
36. Lindane	
37. Linuron (<i>i.e.</i> , Londax, Lorox)	
38. Maneb, Mancozeb (<i>i.e.</i> , Agsco, Cover-up, Dithane, Fortuna, Granol, Koverall, Lesco, Manzate, Penncozeb, Roper)	
39. Methoxychlor	
40. Methyl Bromide (<i>i.e.</i> , Brom-o-Gas, Profume, Zyttox)	
41. Metolachlor (<i>i.e.</i> , Acuron, Brawl, Dual II Magnum, Matador, Prefix, Sequence)	
42. Napthalene	
43. Nicotine	
44. Parathion	
45. Pendimethalin (<i>i.e.</i> , Acumen, Framework, Stealth)	
46. Pentachlorophenol	

Industrial/Agricultural Chemicals	Applicable?
47. Permethrin	
48. Phosphorus Paste	
49. Potassium cyanate	
50. Propanil (<i>i.e.</i> , Stampede)	
51. Propazine	
52. Pyrethrin	
53. Randox	
54. Ronnel	
55. Rotenone	
56. Simazine (<i>i.e.</i> , Princep)	
57. Sodium Flouride	
58. Strychnine	
59. Thallium Sulfate	
60. Triclopyr (<i>i.e.</i> , Crossbow)	
61. Trifluralin (<i>i.e.</i> , Treflan, Trust, Trilin)	
62. Any Other Industrial or Agricultural Chemicals	

2. If you checked box 62 for “Any other industrial or Agricultural Chemicals” above, please identify the industrial or Agricultural Chemical referenced.

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- B. Provide the following information with respect to the other industrial or Agricultural Chemicals that were identified in Section XVI(A) above (*i.e.*, questions 1-62 in the above chart) which you used, handled, applied, disposed of, or were exposed to, to the best of your recollection and knowledge.

Product and manufacturer name	Approximate years of use	Frequency	Quantity Used	Method of use	How you obtained the product	The individual or entity from whom you obtained the product	Names & Location (approximate distance between person and Plaintiff) of Others Present

- C. Did you wear any personal protective equipment during every instance you used each of the other industrial or Agricultural Chemicals identified above?

Yes _____ No _____

- D. If no, please state the approximate number of instances you used any of the other industry or Agricultural Chemical products described above during which you did not wear personal protective equipment.

--

- E. For each instance you used any of the other industry or Agricultural Chemicals described above while wearing personal protective equipment, please identify which, if any, of the following you wore: (Check all that apply)

Personal Protective Equipment	Applicable?	With Which (orall) Chemicals Identified Above?	Describe the Timeframe (e.g., 1982-1988) and Frequency (e.g., always, sometimes, rarely)
1. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator			
2. Rubber or Waterproof Gloves			
3. Chemical-resistant or Waterproof Footwear and Socks			
4. Chemical-resistant Headgear for Overhead Exposure or Face Shield			
5. Disposable Suit/Coveralls			
6. Long-sleeved Shirt			
7. Long Pants			
8. Protective Eyewear			
9. Rubber or Waterproof Apron			
10. Any Other Form of Personal Protective Equipment (Identify _____)			

- F. Identify all the following substances you have been exposed to, to the best of your knowledge and recollection. (Check all that apply)

Substance	Applicable?	Substance Type	Range of Exposure (Years)	Details of Exposure including Circumstances, Duration and Frequency of Exposure
1. Heavy metals (<i>e.g.</i> , iron, mercury, manganese)				
2. Polychlorinated Biphenyls (PCBs)				
3. Solvents (<i>e.g.</i> , hydrocarbon solvents like paint thinners, paint removers, cleaning fluids, trichloroethylene (TCE), organic solvents like acetone)				
4. Wood Preservatives				

XVII. MISCELLANEOUS MEDICAL INFORMATION

- A. Identify all medical conditions that you have been diagnosed with or have been medically treated for. (Check all that apply)

Condition	Applicable?	Month/Year of Diagnosis	Any Medical Treatment?	Month/Year of Treatment	Hospital and/or Treatment Provider
Hepatitis C					
Hospitalization for CNS Infection					
Hospitalization for Sepsis					
Influenza Requiring Hospitalization					
Irritable Bowel Syndrome (IBS)					
Japanese Encephalitis					
Lyme Disease					
Measles					
Strep Infection Requiring Hospitalization					
West Nile virus					

- B. Have you ever been diagnosed with pulmonary (lung) fibrosis?

Yes _____ No _____

- C. If yes, identify the date of the diagnosis and the Health Care Provider who diagnosed you for pulmonary (lung) fibrosis:

--

- D. If you were diagnosed with pulmonary (lung) fibrosis, did you experience any of the following symptoms: (Check all that apply):

Symptom	Applicable?
1. Shortness of breath	
2. Dry, hacking cough	
3. Fast, shallow breathing	
4. Gradual unintended weight loss	
5. Fatigue	
6. Aching joints and muscles	
7. Clubbing (widening and rounding) of the tips of the fingers or toes	
8. Cyanosis (blueish skin in fair-skinned people or gray or white skin around the mouth or eyes in dark-skinned people)	

- E. Have you ever used well water as a water source, whether in your home or elsewhere?
Yes _____ No _____

- F. If yes, for each instance where well water was a water source, identify the approximate year(s) of use in the location of the well.

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- G. Have you ever used any nicotine products? Yes _____ No _____

- H. If yes, please identify which products, approximate months/years of usage and frequency of usage:

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XVIII. KNOWLEDGE REGARDING LAWSUIT

- A. Identify all individuals, entities, publications, or studies from which you obtained any information (whether oral or written) related to your allegation that Parkinson's disease is connected in any way to your use of paraquat or any other chemical, including but not limited to Agricultural Chemicals, that you may have used during your lifetime. Provide a description of the information you obtained. Your response should not include information provided to you by your attorneys but should include (1) any information you obtained prior to your retention of an attorney, (2) any solicitation letters/communications from any attorneys, and (3) any information you obtained independently from your attorneys or their agents.

XIX. COMMUNICATIONS REGARDING LAWSUIT

- A. When did you first contact your lawyer about this case? In providing a response, provide an approximate date without divulging attorney-client communication.

XX. DAMAGES

- A. Based on what you know at this time, do you have any medical expenses or out-of-pocket expenses due to the injury(ies) you have suffered because of your paraquat exposure? Yes_____No _____
- B. If yes, please state the approximate amount of medical expenses or out-of-pocket expenses: _____

XXI. DOCUMENTS²

Please attach to this Fact Sheet the Documents described below that are in your possession, custody or control. For purposes of this Plaintiff's Fact Sheet, Plaintiff is not required to turn over any attorney-client privileged records or to obtain records from third party entities (such as insurance carriers or Health Care Providers).

Note: You were asked to provide some of these documents with the Plaintiff Assessment Questionnaire you previously filled out. If you have already provided these documents, the chart below allows you to so indicate. Items numbered (1), (2), (6), (7), (8), (10), (12), and (16) were not previously requested. In addition to ensuring you have provided all previously requested documents, please review these additional requests carefully to determine whether you have these documents in your possession.

Category	I have already provided all of these documents (check box if applicable)	I am providing all such documents with this Fact Sheet (check box if applicable)	I do not have any such documents (check box if applicable)
(1) Any and all Documents showing any type of medical care, services, and/or consultation you have received from any Health Care Providers identified above including but not limited to (1) all primary Health Care Providers identified in this form; (2) any neurologists identified in this form; (3) any Health Care Providers you have seen in relation to any brain or head injury identified in this form; (4) any Health Care Providers you have seen in relation to any chemical or toxic exposure identified in this form; and (5) all Health Care Providers you have seen since the onset of Parkinson's disease symptoms identified in this form.			
(2) All documents related to genetic testing you have undergone identified above, including any Documents reflecting the results of such testing.			

² For the purpose of this Fact Sheet, Document is defined as any writing or record of every type that is in your possession, including but not limited to written documents, documents in electronic format, cassettes, videotapes, photographs, charts, computer discs or tapes, and x-rays, drawings, graphs, phone-records, non-identical copies and other data compilations from which information can be obtained and translated, if necessary, by the respondent through electronic devices into reasonably usable form.

Category		I have already provided all of these documents (check box if applicable)	I am providing all such documents with this Fact Sheet (check box if applicable)	I do not have any such documents (check box if applicable)
(3)	Documents in your possession sufficient to prove your employment history, including Documents indicating business ownership.			
(4)	All Documents related to any training, certification, or licensing that any person or entity, including you or any of your employers or supervisors, have received related to Agricultural Chemicals in any response to this form.			
(5)	All Documents (including, without limitation, receipts, invoices, labeling, instructions, warnings, precautions, and marketing materials) relating to your purchase, use, handling, and/or disposal of Agricultural Chemicals, including but not limited to paraquat, and any other chemicals in any response to this form.			
(6)	All other Documents related to the farming activities on each farm where you lived or worked, including planting and harvesting records or other land-use records, pesticide application records, pest management records, photographs or videos of the farm, maps of the farm, and any records required to be retained by state or federal law, including records of federally restricted use pesticide applications.			
(7)	All Documents reflecting any worker's compensation claims since your first exposure to paraquat and identified in this form.			
(8)	Documents sufficient to show the acreage and crops for each farm you worked on or at, including but not limited to FSA-578 and 1026A Forms, USDA FSA Detailed Acreage History Report Forms,			

Category		I have already provided all of these documents (check box if applicable)	I am providing all such documents with this Fact Sheet (check box if applicable)	I do not have any such documents (check box if applicable)
	and all records from the Risk Management Agency of the USDA.			
(9)	All Documents that you relied upon to learn about the relationship between Parkinson's disease and paraquat.			
(10)	All Documents known to you at this time that relate to your claim for economic damages in this lawsuit.			
(11)	All Documents, including public records, identifying, referring, or relating to surveillance, investigation, or other information gathering performed by or on behalf of Plaintiff relating to any of the Defendants in this action.			
(12)	All investigative reports by you, including but not limited to financial and criminal background checks, concerning Defendants.			
(13)	All Documents in your possession that refer or relate to Defendants in this action or Defendants' employees (current or former). This Request includes but is not limited to surveys, questionnaires, promotional materials, or other Documents or materials exchanged between you and Defendants.			
(14)	Documents in your possession reflecting, depicting, or describing any piece of farm equipment or implement you used to apply paraquat at any time, including without limitation the tractor, tank, and sprayer (including nozzles). For row crops, this request includes the farm equipment or implement(s) used to prepare or to plant any crop planted on acreage treated with paraquat, including without limitation the planter, drill, any			

Category		I have already provided all of these documents (check box if applicable)	I am providing all such documents with this Fact Sheet (check box if applicable)	I do not have any such documents (check box if applicable)
	type of cultivator or harrow, and fertilizer application equipment. This request encompasses documents such as, without limitation, photographs, videos, equipment manuals or instructions, proof of purchase, warranties, and/or maintenance or repair records.			
(15)	Inspection report created at the time of usage of any equipment or implement responsive to Category (14) (directly above) that remains in your possession.			
(16)	All Documents identified in your answers to any questions in this Fact Sheet and all Documents on which you relied on responding to any questions in this Fact Sheet.			

XXII. AUTHORIZATIONS

If not already provided, please complete, sign, and provide the following Authorizations, as applicable:

Previously requested authorizations:

- Authorization for Release of Health Information (Attachment A). For this authorization, include an authorization for release of records for all Health Care Providers listed in this Fact Sheet.
- Authorization to Disclose Employment Information (Attachment B). For this authorization, include an authorization for release of records for all employers listed in Section III.
- Request Pertaining to Military Records (Attachment C).

Newly requested authorizations:

- Social Security Administration Consent for Release of Information (Attachment D).
- Authorization to Disclose Workers' Compensation Records (Attachment E) (or other appropriate form).
- Authorization to Disclose Insurance Information (Attachment F).
- Authorization to Disclose Disability Information (Attachment G).
- Request Pertaining to Farm Service Agency Records (Attachment H).

XXIII. **VERIFICATION**

Pursuant to 28 U.S.C. § 1746, I declare that all of the information provided in this Plaintiff Fact Sheet is true and correct to the best of my knowledge, information, and belief.

I further declare that I have engaged in the best efforts to identify, locate, and supply all of the information and documents requested in this Plaintiff Fact Sheet. I acknowledge that I have an obligation to promptly supplement the above responses if I learn that they are in some material respect incomplete or incorrect.

I declare under penalty of perjury that the foregoing is true and correct.

Name (please print)

Signature

Date Signed

APPENDIX 1. MIXING/LOADING PARAQUAT (ADDITIONAL SHEETS)

	Exposure #4
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of this paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

	Exposure #5
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of this paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

	Exposure #6
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of this paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

	Exposure #7
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of this paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

	Exposure #8
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of this paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

	Exposure #9
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of this paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

APPENDIX 2. APPLICATION OF PARAQUAT (ADDITIONAL SHEETS)

	Exposure #4
Employer and job title	
Approximate date range	
Location	
Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules).	
Strength or Concentration (for example, 240 g/l or 360 g/l)	

Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides).	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed you applying paraquat	

	Exposure #5
Employer and job title	
Approximate date range	
Location	
Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	

Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules).	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	

Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed you applying paraquat	

	Exposure #6
Employer and job title	
Approximate date range	
Location	
Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	

Formulation (for example, liquid formulation or granules).	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides).	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed you applying paraquat	

	Exposure #7
Employer and job title	
Approximate date range	
Location	

Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules).	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides).	

Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed you applying paraquat	

	Exposure #8
Employer and job title	
Approximate date range	
Location	
Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	

Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules).	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	

Names and of others who witnessed you applying paraquat	
---	--

	Exposure #9
Employer and job title	
Approximate date range	
Location	
Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules).	

Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides).	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed you applying paraquat	

APPENDIX 3. SPRAY MIST OR DRIFT(ADDITIONAL SHEETS)

	Exposure Location #4
Approximate date range (for example, January 1985- January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	
Person or entity applying product (if known)	
Relationship to person applying product, if any	
Application method	
Equipment used	
Crops and/or weeds to which product was applied	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	

Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed spray mist or drift from application	

	Exposure Location #5
Approximate date range (for example, January 1985-January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	
Person or entity applying product (if known)	
Relationship to person applying product, if any	
Application method	
Equipment used	

Crops and/or weeds to which product was applied	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	

Names and of others who witnessed spray mist or drift from application	
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	Exposure Location #6
Approximate date range (for example, January 1985- January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	
Person or entity applying product (if known)	
Relationship to person applying product, if any	
Application method	
Equipment used	
Crops and/or weeds to which product was applied	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	

Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed spray mist or drift from application	

	Exposure Location #7
Approximate date range (for example, January 1985-January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	
Person or entity applying product (if known)	
Relationship to person applying product, if any	

Application method	
Equipment used	
Crops and/or weeds to which product was applied	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	

License number	
Names and of others who witnessed spray mist or drift from application	

	Exposure Location #8
Approximate date range (for example, January 1985- January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	
Person or entity applying product (if known)	
Relationship to person applying product, if any	
Application method	
Equipment used	
Crops and/or weeds to which product was applied	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	

Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed spray mist or drift from application	

	Exposure Location #9
Approximate date range (for example, January 1985-January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	

Person or entity applying product (if known)	
Relationship to person applying product, if any	
Application method	
Equipment used	
Crops and/or weeds to which product was applied	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	

Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed spray mist or drift from application	

Attachment A

Authorization to Disclose Your Protected Health Information
(Pursuant to the Health Insurance Portability and Accountability Act "HIPAA" of 4/14/03)

AUTHORIZED IN CONNECTION WITH

In re Paraquat Prods. Liab. Litig.

Southern District of Illinois

No. 3:21-md-3004-NJR

TO: _____
Patient Name: _____
DOB: _____
SSN: _____

I, _____ ("Individual"), authorize you ("Provider"), and your employees, agents, partners, and affiliates, to release and furnish to the agents or designees of the law firm **Jones Day, Kirkland & Ellis**, and/or **Litigation Management Inc. ("LMI")** copies of my protected health information as set forth below:

- All medical records, including inpatient, outpatient, 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. Said medical records shall include all information regarding AIDS and HIV status.
 - 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.
 - All insurance records.
 - All workers' compensation claims or records, including any report of injury, all treatment records, and evidence of any benefits received/paid.
1. To the above-named person's medical provider: this authorization is being forwarded by, or on behalf of, attorneys for the defendants. You are not authorized to discuss any aspect of the above-named person's medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on his or her medical or physical condition, unless you receive an additional authorization permitting such discussion. Subject to all applicable legal objections, this restriction does not apply to discussing the above-named person's medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on his or her medical or physical condition at a deposition or trial.
 2. I understand that the information in the above-named person's health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include

information about behavioral or mental health services, and treatment for alcohol and drug abuse.

3. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to the above-named person's insurance company when the law provides my insurer with the right to contest a claim under my policy. Otherwise, this authorization shall remain effective throughout the duration of the litigation and shall expire automatically at the close of the litigation.
4. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed as provided in 45 CFR § 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of this health information, I can contact the releaser indicated above.
5. A notarized signature is not required. 45 CFR § 164.508. A copy of this authorization may be used in place of an original.

Signature of individual or personal representative

Date

Name of individual and, if applicable, personal representative

Description of Personal Representative's authority to sign for individual
(attach documents that show authority)

Attachment B

**HIPAA COMPLIANT AUTHORIZATION FORM PURSUANT TO 45 CFR § 164.508
TO RELEASE EMPLOYMENT INFORMATION**

AUTHORIZED IN CONNECTION WITH

In re Paraquat Prods. Liab. Litig.

Southern District of Illinois

No. 3:21-md-3004-NJR

TO: Name of Employer _____
Address, City, State, Zip Code _____

RE: Employee Name _____ AKA _____
Date of Birth _____ Social Security Number _____
Address _____

I authorize the disclosure of my employment records including any medical information protected by HIPAA, 45 CFR § 164.508, for the purpose of review and evaluation in connection with a legal claim. I expressly request that all entities identified above disclose full and complete records including the following:

This will authorize you to furnish copies of all applications for employment; resumes; records of all positions held; job descriptions of positions held; wage and income statements and/or compensation records; wage increases and decreases; performance evaluations, reviews, and reports; transfers, statements, and comments of fellow employees; all documents relating to discipline including warnings, reprimands, suspensions, terminations, and all other forms of discipline; attendance records; W-2s; worker's compensation files; all medical records, x-rays, and test results; any physical examination records; all documents relating to my absences, illnesses, and injuries; any records pertaining to claims made relating to health, disability, or accidents in which I was involved including correspondence, reports, claim forms, questionnaires, records of payments made to me or on my behalf; and any other records relating to my employment and/or in my personnel file.

Information about HIV/AIDS and alcohol/substance abuse may be disclosed.

I hereby authorize and request you to release the information to the agents or designees of the law firm **Jones Day, Kirkland & Ellis**, and/or **Litigation Management Inc. ("LMI")** (the "Records Requester").

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future, either by you or another party, you must produce such information to the Records Requester at that time.

I acknowledge the right to revoke this authorization by sending a written revocation notice to the above-referenced address, but that this revocation notice will not apply to information already released in response to this authorization and will not affect any actions taken in reliance on this authorization prior to the date my written revocation is received. I understand that the entity to which this authorization is directed may not condition treatment, payment, enrollment, or

eligibility benefits on whether I sign the authorization. Any facsimile, copy, or photocopy of the authorization shall authorize you to release the records herein.

This authorization shall remain effective throughout the duration of the litigation and shall expire automatically at the close of the litigation.

Signature of employee or personal representative

Date

Name of employee and, if applicable, personal representative

Description of Personal Representative's authority to sign for employee
(attach documents that show authority)

Attachment C

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

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF 180) 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. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF 180 for record locations and facility addresses. Medical information may be withheld from a patient if determined that the information would be detrimental to the patient's physical or mental health or would likely cause the patient to harm himself or someone else.

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/military-service-records/>.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records 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). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180 (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 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, 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 authorized legal recipient has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's authorized legal recipient is needed in Section III of the SF 180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or authorized legal recipient. If the appropriate signature cannot be obtained, only limited types of information can be provided (DoD 6025.18-R C8). If the former member is deceased, the surviving next-of-kin (NOK) may be entitled to greater access to a deceased veteran's records than a member of the general public (DoD 6025.18-R C6.2.1.2). The NOK may be any of the following: unmarried/surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death, such as the DD Form 1300, Casualty Report, a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.**

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 receive an invoice with your records.

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. 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 may preclude the release of some information.

b. **Fees for Archival Records:** Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the copies of documents in the requested record, you will receive an invoice. Copies will be sent after payment is made. For more information see <http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

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. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number. NOTE: If requester desires to send his/her record to a third party, he/she must fill out a DD Form 2870 authorizing the releasing agency to release the record and the timeframe of the authorization. The form may be downloaded using most commercial web search tools by entering "DD Form 2870" as a search term.

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 (MP), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.** SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.

REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

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

1. NAME USED DURING SERVICE (last, first, full middle)		2. SOCIAL SECURITY #		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				<input type="checkbox"/>	<input type="checkbox"/>		
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>		
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>		
6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. _____ 2. _____ 3. _____ 4. _____							
7. IS THIS PERSON DECEASED? <input type="checkbox"/> NO <input type="checkbox"/> YES - <i>MUST provide Date of Death if veteran is deceased:</i> _____							
8. DID THIS PERSON <u>RETIRE</u> FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES							

SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

☐ **DD Form 214 or equivalent:** Year(s) in which form(s) issued to veteran (Date of Separation): _____
This form contains information used to verify military service. **An UNDELETED DD Form 214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: 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. Please note – recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records/>
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: ☐ I want a **DELETED** copy.

☐ **Official Military Personnel File (OMPF):** The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.

☐ **Medical Records:** Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.
☐ I request inpatient/hospitalization records from _____ (facility), last treated in _____ (year). **(NOTE: Fields are required)**
If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.

☐ **Dental Records:** Please check this box if **ONLY** dental records are needed from the medical record.

☐ **Other (Please Specify):** _____

2. **PURPOSE:** (Providing information about the purpose of the request is **voluntary**; however, it 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.)
☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)

Explain here: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: _____		2. RELATIONSHIP TO VETERAN: _____	
3. <input type="checkbox"/> I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above. <input type="checkbox"/> I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)		<input type="checkbox"/> I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney) <input type="checkbox"/> OTHER (Specify): _____	
4. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.)			
Litigation Management Inc.("LMI") _____ Name			
Street Address _____		Apt. # _____	
City _____	State _____	ZIP Code _____	
Daytime Phone _____		Fax Number _____	
Email Address _____			
5. AUTHORIZATION SIGNATURE: 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 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)			
Signature Required – Do not print _____		Date _____	
* This form is available at http://www.archives.gov/veterans-military-service-records/standard-form-180.pdf on the National Archives and Records Administration (NARA) web site. *			

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	Personnel Record	Medical or 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 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay 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	2	13
COAST GUARD	Discharged, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	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 1/1/1999 – 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	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	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
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 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
	Active, Reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center AFPC/DP2SSM 550 C Street West JBSA-Randolph TX 78150-4721 Fax: 210-565-3124 Email: DP2SSM.MILRECS.INCOMING@US.AF.MIL	6	National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs ATTN: Release of Information Claims Intake Center P.O. Box 4444 Janesville, WI 53547-4444 Fax: 844-531-7818 https://www.va.gov
2	Air Reserve Personnel Center Total Force Service Center: 1-800-525-0102 https://mypers.af.mil/	7	US Army Human Resources Command's web page: https://www.hrc.army.mil/content/1113 or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) MS7200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 https://www.dcms.uscg.mil/ompf	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Boulevard, Building 103 St. Louis, MO 63120 Fax number: 314-260-8128	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2008 Elliot Road Quantico, VA 22134-5030 SMB.MANPOWER.MMRP-10@usmc.mil	9	AMEDD Army Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217 Fax Number: 210-201-8310	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002 http://www.archives.gov/veterans/military-service-records/
5	Marine Corps Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70114	10	Navy Personnel Command (PERS-313) 5720 Integrity Drive Millington, TN 38055-3130		

Attachment D

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 child, you may complete this form to release only the minor's non-medical records. We may charge a fee for providing information unrelated to the administration of a program under the Social Security Act.

NOTE: Do not use this form to:

- Request the release of medical records on behalf of a minor child. Instead, visit your local Social Security office or call our toll-free number, 1-800-772-1213 (TTY-1-800-325-0778), or
- Request detailed information about your earnings or employment history. Instead, complete and mail form SSA-7050-F4. You can obtain form SSA-7050-F4 from your local 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 "any and all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form. We may charge a fee to release information for non-program purposes.

- 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 requested information pertains.
- Fill in the name and address of the person or organization where you want us to send the requested information.
- Specify the reason you want us to release the information.
- Check the box next to the type(s) of information you want us to release including the date ranges, where applicable.
- For non-medical information, you, the parent or the legal guardian acting on behalf of a minor child or legally incompetent adult, must sign and date this form and provide a daytime phone number.
- If you are not the individual to whom the requested information pertains, state your relationship to that person. We may require proof of relationship.

PRIVACY ACT STATEMENT

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. We will use the information you provide to respond to your request for access to the records we maintain about you or to process your request to 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, the Privacy Act (5 U.S.C. § 552a(b)) permits us to disclose the information you provide 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. We use information from these matching programs to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of incorrect payments or overpayments under these programs. Additional information regarding this form, routine uses of information, and other Social Security programs is available on our Internet website, 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.***

You must complete all required fields. We will not honor your request unless all required fields are completed. (*Signifies a required field. **Please complete these fields in case we need to contact you about the consent form).

TO: Social Security Administration

*My Full Name

*My Date of Birth
(MM/DD/YYYY)

*My Social Security Number

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

*NAME OF PERSON OR ORGANIZATION:

*ADDRESS OF PERSON OR ORGANIZATION:

*I want this information released because:

We may charge a fee to release information for non-program purposes.

*Please release the following information selected from the list below:
Check at least one box. We will not disclose records unless you include date ranges where applicable.

1. ☐ Verification of Social Security Number

2. ☐ Current monthly Social Security benefit amount

3. ☐ Current monthly Supplemental Security Income payment amount

4. ☐ My benefit or payment amounts from date _____ to date _____

5. ☐ My Medicare entitlement from date _____ to date _____

6. ☐ Medical records from my claims folder(s) from date _____ to date _____

If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.

7. ☐ Complete medical records from my claims folder(s)

8. ☐ Other record(s) from my file (We will not honor a request for "any and all records" or "the entire file." You must specify other records; e.g., consultative exams, award/denial notices, benefit applications, appeals, questionnaires, doctor reports, determinations.)

I am the individual, to whom the requested information or 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 (28 CFR § 16.41(d)(2004) that I have examined all the information on this form 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 I must pay all applicable fees for requesting information for a non-program-related purpose.

*Signature:

*Date:

**Address:

**Daytime Phone:

Relationship (if not the subject of the record):

**Daytime Phone:

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness	2. Signature of witness
Address(Number and street,City,State, and Zip Code)	Address(Number and street,City,State, and Zip Code)

Attachment E

AUTHORIZATION FOR RELEASE OF WORKER'S COMPENSATION RECORDS

AUTHORIZED IN CONNECTION WITH

In re Paraquat Prods. Liab. Litig.

Southern District of Illinois

No. 3:21-md-3004-NJR

TO: Name _____
Address, City, State, Zip Code _____

This will authorize you to furnish copies of any and all workers' compensation records of any sort, including, but not limited to, statements, applications, disclosures, correspondence, notes, settlements, agreements, contracts or other documents, concerning:

Name of Claimant

Whose date of birth is _____ and whose social security number is _____.

I hereby authorize and request you to release the information to **Jones Day, Kirkland & Ellis**, and/or **Litigation Management Inc. ("LMI")** (the "Records Requester").

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future, either by you or another party, you must produce such information to the Records Requester at that time.

I acknowledge the right to revoke this Authorization to Release Employment Information by sending a written revocation notice to the above-referenced address, but that this revocation notice will not apply to information already released in response to this authorization and will not affect any actions taken in reliance on this authorization prior to the date my written revocation is received. I understand that the entity to which this authorization is directed may not condition treatment, payment, enrollment, or eligibility benefits on whether I sign the authorization. Any facsimile, copy, or photocopy of the authorization shall authorize you to release the records herein.

This Authorization to Release Employment Information shall remain effective throughout the duration of the above-referenced litigation and shall expire automatically at the close of the litigation.

Signature of claimant or personal representative

Date

Name of claimant and, if applicable, personal representative

Description of Personal Representative's authority to sign for claimant
(attach documents that show authority)

Attachment F-1

AUTHORIZATION FOR RELEASE OF INSURANCE RECORDS

AUTHORIZED IN CONNECTION WITH

In re Paraquat Prods. Liab. Litig.

Southern District of Illinois

No. 3:21-md-3004-NJR

TO: Name _____
Address, City, State, Zip Code _____

RE: Insured Name _____
Date of Birth _____ Social Security Number _____

I authorize you to furnish copies of any and all documents relating to any insurance policy or policies under which the above-referenced insured were covered and claimed benefits, including, but not limited to, claims made and payments received for such claims, as well as applications, forms, and correspondence or communications of any kind between you and the insured. I further authorize you to furnish copies of all medical, health, hospital, physicians, nursing, or allied health professional reports, records, notes, or invoices or bills in your possession related to the insured.

You are authorized to release the above records to: **Jones Day, Kirkland & Ellis**, and/or **Litigation Management Inc. ("LMI")** (the "Records Requester"), who has agreed to pay reasonable charges made by you to supply copies of such records.

This authorization does not authorize you to disclose anything other than documents and records to anyone.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future, either by you or another party, you must produce such information to the Records Requester at that time. Any facsimile, copy, or photocopy of the authorization shall authorize you to release the records described herein.

This authorization shall remain effective throughout the duration of the litigation and shall expire automatically at the close of the litigation.

Signature of claimant or personal representative

Date

Name of claimant and, if applicable, personal representative

Description of Personal Representative's authority to sign for claimant
(attach documents that show authority)

Signature of witness

Date

Attachment F-2

AUTHORIZATION FOR RELEASE OF CROP INSURANCE RECORDS

AUTHORIZED IN CONNECTION WITH

In re Paraquat Prods. Liab. Litig.

Southern District of Illinois

No. 3:21-md-3004-NJR

Requester: _____
(Grower's Name)

Requester's Current Address: _____

Date of Birth: _____

Social Security Number: _____

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine of not more than \$10,000.00 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. § 552(a)(i)(3) by a fine of not more than \$5,000.00.

I request that the following records be released:

Full and complete copies of all insurance policies, claims submitted, and any maps, plat books and descriptions of land or property related to any insurance coverage provided to [Farmer Name] and/or [Farming Entity Name], individually, jointly and/or by and through one or more partnerships, corporations or other entities, by the United States Department of Agriculture, Farm and Foreign Agriculture Services, Farm Service Agency, the Risk Management Agency and/or any private entity, from January 1, 1964 through the present, inclusive.

Pursuant to 7 U.S.C. § 1502(c)(2)(B), I further request, authorize and direct you to release any and all information relating to [Farmer Name] and/or [Farming Entity Name], including the foregoing records, to **Jones Day, Kirkland & Ellis**, and/or **Litigation Management Inc. ("LMI")**.

I am voluntarily signing this consent, without promises being made to me, or any entity that I represent, nor under threat of duress or coercion.

NAME: _____

SIGNATURE: _____ (Signature of Grower/Requester)

DATE AND TIME: _____

Attachment G

AUTHORIZATION FOR RELEASE OF DISABILITY CLAIMS RECORDS

AUTHORIZED IN CONNECTION WITH

In re Paraquat Prods. Liab. Litig.

Southern District of Illinois

No. 3:21-md-3004-NJR

TO: Name _____
Address, City, State, Zip Code _____

RE: Claimant Name _____
Date of Birth _____ Social Security Number _____

I authorize you to furnish copies of any and all records of disability claims of any sort, including, but not limited to, statements, applications, disclosures, correspondence, notes, settlements, agreements, contracts or other documents, concerning the above-referenced claimant.

You are authorized to release the above records to: **Jones Day, Kirkland & Ellis**, and/or **Litigation Management Inc. ("LMI")** (the "Records Requester"), who has agreed to pay reasonable charges made by you to supply copies of such records.

This authorization does not authorize you to disclose anything other than documents and records to anyone.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future, either by you or another party, you must produce such information to the Records Requester at that time. Any facsimile, copy, or photocopy of the authorization shall authorize you to release the records described herein.

This authorization shall remain effective throughout the duration of the litigation and shall expire automatically at the close of the litigation.

Signature of claimant or personal representative

Date

Name of claimant and, if applicable, personal representative

Description of Personal Representative's authority to sign for claimant
(attach documents that show authority)

Signature of witness

Date

Attachment H

AUTHORIZATION FOR RELEASE OF FSA DOCUMENTS

AUTHORIZED IN CONNECTION WITH

In re Paraquat Prods. Liab. Litig.

Southern District of Illinois

No. 3:21-md-3004-NJR

RE: Requester: _____
Doing Business As (Grower's Name): _____
Requester's Current Address: _____
Date of Birth _____ Social Security Number _____

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine of not more than \$10,000.00 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. § 552a(i)(3) by a fine of not more than \$5,000.00.

A. *Record Release:* I request that the following records be released:

1. All FSA records (including FSA 578, 1026A (if applicable), the USDA FSA Detailed Acreage History Report Form and aerial maps) and all records from the Risk Management Agency of the USDA relating to the above-named requester or any entity by or through which he or she may farm for the years **1964 through the present**.

Pursuant to 5 U.S.C. § 552a(b), I further request, authorize the release of any and all information relating to me, including the foregoing records, to: **Jones Day, Kirkland & Ellis**, and/or **Litigation Management Inc. ("LMI")** (the "Records Requester"), who has agreed to pay reasonable charges made by you to supply copies of such records.

I am voluntarily signing this consent, without promises being made to me, or any entity that I represent, nor under threat of duress or coercion.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future, either by you or another party, you must produce such information to the Records Requester at that time. Any facsimile, copy, or photocopy of the authorization shall authorize you to release the records described herein.

This authorization shall remain effective throughout the duration of the litigation and shall expire automatically at the close of the litigation.

[Signature Page to Follow]

Signature of Grower/Requester

Date

Name of Grower/Requester

Description of Requester's authority to sign for Grower
(attach documents that show authority)

Signature of witness

Date