

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

In re: PARAQUAT PRODUCTS  
LIABILITY LITIGATION

This Document Relates to All Cases

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

MDL No. 3004

**CASE MANAGEMENT ORDER NO. 25**  
**RELATING TO ONGOING LITIGATION AGAINST DEFENDANTS**

**ROSENSTENGEL, District Judge:**

This Case Management Order (“CMO”) applies to all Plaintiffs alleging personal injury and related claims against Syngenta Crop Protection LLC, Syngenta AG, (collectively, the “Syngenta Defendants”) and/or Chevron U.S.A. Inc. (individually, “Chevron”) (collectively, “Defendants”) who:

1. have cases pending against Defendants as of the date this CMO is entered *and* who have elected or will elect not to participate for any reason in the Master Settlement Agreement (“Settlement”) entered between Plaintiffs Leadership Counsel and Defendants on August 4, 2025;
2. have cases that are ineligible to participate in the Settlement; and
3. have cases that are newly filed in, removed to, or transferred to this multi-district litigation (“MDL”) after the entry of this CMO.<sup>1</sup>

This CMO requires each Plaintiff that falls into one of the categories above to produce certain information regarding their claim and to comply with certain

---

<sup>1</sup> This includes any Plaintiff proceeding *pro se*.

requirements prior to any further discovery. It further requires each Plaintiff who received a settlement offer pursuant to the Settlement but has elected or will elect not to participate to meet with Special Master Randi Ellis to ensure that they are fully apprised of their settlement offer. Failure to comply with this CMO may result in dismissal with prejudice.

Federal Rule of Civil Procedure 16(c)(2)(L) and (P) grants courts broad authority to manage proceedings, including to “adopt[] special procedures for managing potentially difficult or protracted actions that may involve complex issues, multiple parties, difficult legal questions, or unusual proof problems” and to “facilitate in other ways the just, speedy, and inexpensive disposition of the action.” In particular, district courts managing large multidistrict litigations enjoy substantial discretion to structure discovery, including through case management orders that direct plaintiffs to produce evidence supporting their claims (sometimes referred to as *Lone Pine* orders). See e.g., *Hamer v. LivaNova Deutschland GmbH*, 994 F.3d 173, 178 (3d Cir. 2021) (*Lone Pine* orders “may impose preliminary discovery requirements, like the production of relevant expert reports, or may require plaintiffs to furnish specific evidence like proof of a medical diagnosis, with the goal of winnowing non-compliant cases from the MDL”); *Dzik v. Bayer Corp.*, 846 F.3d 211, 216 (7th Cir. 2017) (affirming MDL court’s dismissal for failure to comply with discovery order and recognizing that “[d]istrict courts handling complex, multidistrict litigation must be given wide latitude with regard to case management in order to achieve efficiency”) (internal quotation marks omitted); *In re Vioxx Prods. Liab. Litig.*, 509 F. App’x 383, 384 (5th Cir. 2013) (approving *Lone Pine* order that required

plaintiffs to produce “pharmacy and medical records, expert reports, and answers to Merck’s interrogatories” among other items); *see also In re Testosterone Replacement Therapy Prods. Liab. Litig.*, MDL No. 2545 (Case No. 1:14-cv-01748), Case Mgmt. Order No. 126, Docket No. 2716, (N.D. Ill. June 11, 2018) (ordering non-settling plaintiffs to produce medical and pharmaceutical records, causation expert reports, and discovery attestations from counsel). Consistent with these authorities, the Court issues this CMO to promote the “just and efficient” resolution of any remaining actions and future litigation. 28 U.S.C. § 1407(a).

**I. Requirement to Meet With Special Master**

1. Any Plaintiff who receives a settlement offer pursuant to the Settlement and elects not to participate, or who has not yet made a decision on whether to participate, is ordered to meet personally with Special Master Randi Ellis. Any such Plaintiff must contact the Special Master within **30 days** of this Order to arrange such a meeting. The date, location, and manner of such meetings shall be left to the discretion of the Special Master. The Special Master shall ensure that each Plaintiff understands the terms of their settlement offer and the risks and benefits of accepting or declining their offer. Any Plaintiff who elects not to participate in the Settlement shall submit a wet ink, signed certification to the Special Master, Co-Lead Counsel for Plaintiffs, and Counsel for Defendants certifying that they have met with the Special Master, the time and date of that meeting, and that they are making a fully informed decision not to participate in the Settlement. A Plaintiff who neglects to make arrangements to meet with the Special

Master may be ordered to appear in Court in person to show cause why they have failed to do so.

## II. Plaintiffs' Requirements to Produce Certain Specified Information Regarding Their Claims

### A. Production Requirements

1. Nothing in this CMO abrogates each Plaintiff's obligation to comply with Case Management Orders No. 10 (Plaintiff Assessment Questionnaire Assessment Implementation) and No. 21 (Relating to Limited Third Party Discovery). Any Plaintiff subject to this CMO *who has not already done so* must serve the following documents and information on Counsel for Defendants through the P&N Portal (the "Portal").<sup>2</sup>

- a. All disclosures required by Federal Rule of Civil Procedure 26(a).
- b. Plaintiff's Fact Sheet. Each Plaintiff must prepare a Plaintiff's Fact Sheet ("PFS") in the form attached hereto as **Exhibit 1**, signed under penalty of perjury. Completion of the PFS includes production of all responsive documents required by the PFS.
- c. Summary of Pertinent Medical Records. Each Plaintiff must produce a Summary of Pertinent Medical Records. The Summary of Pertinent Medical Records must be provided in the format shown in **Exhibit 2**. Citations to specific records must be provided in the summary. In addition, excerpts from Plaintiff's records containing the relevant information must be attached as exhibits. Counsel must supervise the creation of the Summary of Pertinent Medical Records and must attest that the summary is based on a comprehensive review of all medical records and is complete and accurate.

---

<sup>2</sup> Discovery produced pursuant to the Court's recent orders on limited discovery (Docs. 5833 and 5834) that overlaps with the requirements of this Order need not be produced a second time pursuant to this Case Management Order.

2. Each Plaintiff and their Counsel will affirmatively collect and produce the documents described above and in the PFS. Each Plaintiff and their Counsel will be responsible for submitting necessary authorizations or other requests required to obtain such documents and for the costs associated with the collection of such documents. Each Plaintiff and their Counsel may retain, at their cost, a third-party record retrieval company to obtain such records. Each Plaintiff and their Counsel shall be deemed not to be in compliance with this CMO by only producing authorizations to allow Defendants to collect such records.

3. **Identification of Choice of Law.** Counsel for each Plaintiff, or Plaintiff personally (if they are proceeding *pro se*) must affirmatively identify the choice of law Plaintiff asserts should apply to their claim and a brief explanation for the choice based on that Plaintiff's alleged paraquat use. Plaintiff's Identification of Choice of Law will be filed on the docket of their member case, not on the master docket.

4. **Affidavit.** Each Plaintiff shall produce an affidavit by their Counsel, or by Plaintiff (if Plaintiff is proceeding *pro se*), attesting that: (i) Plaintiff has provided a PFS, executed under penalty of perjury; (ii) all available documents described above or in the PFS have been collected and produced; (iii) whether Plaintiff is living; (iv) if the case involves a survivorship or wrongful death claim, the proper party has been substituted and has the legal right to proceed on behalf of decedent; and (v) counsel has met with Plaintiff, personally investigated the merit of Plaintiff's claim and satisfied themselves that the claims are meritorious, and discussed, with Plaintiff or the person who has been appointed to act on behalf of the deceased Plaintiff's estate, the claims and likelihood of

success. If any of the documents described above or in the PFS do not exist or cannot be obtained, the affidavit shall state that fact and the reasons why such materials do not exist or cannot be obtained. The affidavit shall further identify the steps that Plaintiff or their Counsel took to obtain the documents or records, and they shall provide a “No Records Statement” from each records custodian or proof of return to sender from the United States Postal Service if the last known address of the records custodian is no longer valid.

**B. Production of Certain Use Documentation**

1. Each Plaintiff shall provide materials sufficient to show personal use of paraquat, as described below. Service of these documents shall be made to Counsel for Defendants via the Portal under the appropriate category for production of use documentation.

- a. Any Plaintiff who alleges any paraquat use from the earlier of 2015 or seven years prior to the retention of counsel in this MDL proceeding (“Recent Use Years”) shall provide the materials identified in **Exhibit 3**.
- b. Any Plaintiff who alleges any paraquat use between 1995 and 2014 but not post-2014 (the “Intermediate Use Years”) shall provide the materials identified in **Exhibit 4**.
- c. Any Plaintiff who alleges use exclusively before 1995 (“Early Use Years”) shall provide the materials identified in **Exhibit 5**.

2. Additionally, any Plaintiff who alleges paraquat use in California after 1974 shall produce California pesticide use reporting records for the applicable geographic areas and time periods described in the PFS. This requirement does not abrogate, limit, or replace any of the production requirements set forth above.

**C. Witness Affidavit Production Requirements**

1. Each Plaintiff shall produce a detailed affidavit from any witness to their alleged use of paraquat. Such affidavit shall state whether the affiant has personal knowledge that Plaintiff used a brand of paraquat manufactured by Defendants, the basis for that knowledge, and describe that Plaintiff's paraquat use in as much particularity as possible. The affidavit will be signed under penalty of perjury and based on the affiant's personal knowledge. The affidavit should include such information as set forth below, as well as the basis for the affiant's knowledge:

- a. Where Plaintiff used paraquat.
- b. Where the paraquat was obtained.
- c. How the paraquat was obtained, including who purchased it and from whom.
- d. The years Plaintiff used paraquat.
- e. Details of Plaintiff's paraquat use, including (i) the number of days a year; (ii) the time(s) of year; (iii) the total gallons a year; and (iv) the number of acres to which it was applied.
- f. Whether Plaintiff, their co-worker/s, or their supervisor/s had a restricted use pesticide license.
- g. If Plaintiff used paraquat at his employment, Plaintiff's duties and responsibilities.
- h. If Plaintiff's paraquat use was at a farm, the acreage and crops grown.
- i. In as much particularity as possible, why paraquat was used, including the crops for which it was used.

- j. The method by which Plaintiff mixed, loaded, and/or applied paraquat, and in as much particularity as possible, a description of the equipment Plaintiff used.
- k. In as much particularity as possible, a description of the personal protective equipment Plaintiff used while performing each task.

2. Any witness from whom a Plaintiff does not produce an affidavit may, in the Court's discretion, be precluded from testifying related to any of Plaintiff's claims, and that Plaintiff may, in the Court's discretion, be barred from providing evidence from any such witness related to any of that Plaintiff's claims.

**D. Production of Parkinson's Disease Documentation**

Any Plaintiff claiming Parkinson's disease ("PD") shall serve on Defendants, via the Portal, a medical record establishing that Plaintiff was first diagnosed with PD no earlier than 10 years after the first year that Plaintiff alleges he or she used or was exposed to paraquat. The diagnosis must be by a movement disorder specialist or, to the extent no movement disorder specialist practices reasonably near where Plaintiff resides or receives their medical treatment, by a licensed neurologist. The existence of an ICD code or billing code for PD alone *will not* be considered adequate proof of diagnosis.

**E. Expert Report Requirements**

1. Each Plaintiff shall serve on counsel for Defendants, via the Portal, expert reports in compliance with Federal Rule of Civil Procedure 26. Form or template reports are not permitted and will be stricken. Any case-specific expert from whom a Plaintiff does not produce a report will be precluded from testifying related to any of that

Plaintiff's claims, and that Plaintiff will be barred from providing evidence from any such expert related to any of that Plaintiff's claims.

2. A Rule 26(a)(2) case-specific expert report concerning the causation of a Plaintiff's alleged PD including, but not limited to:

- a. an as-precise-as-possible identification of that Plaintiff's paraquat exposure, including the level and duration and routes of exposure, and of the nature and timing of that Plaintiff's alleged PD injury;
- b. confirmation of that Plaintiff's PD diagnosis;
- c. an opinion identifying all potential alternative causes for that Plaintiff's PD and a detailed description for how each alternative cause was ruled out;
- d. a sworn statement that the expert believes that Plaintiff's exposure to paraquat caused the development of PD, along with a detailed description of all facts, medical and scientific literature or other authorities relied upon by the expert to support such opinion; and
- e. a complete set of medical and other records the expert relied upon.

**F. Statute of Limitations Compliance**

For all cases filed in, removed to, or transferred to this MDL after the entry of this CMO, each Plaintiff shall serve an affidavit signed by that Plaintiff providing the following information: (1) the date that Plaintiff or their representative first learned the injured party's PD may be related to paraquat use or exposure; (2) how that Plaintiff or their representative first learned their PD may be related to paraquat use or exposure; (3) the date that Plaintiff first spoke to or corresponded with any attorney about potential litigation related to PD or paraquat; and (4) the date that Plaintiff first retained Counsel

for litigation related to PD or paraquat. Service by each Plaintiff shall be made upon Counsel for Defendants via the Portal.

### **III. Deadline to Comply**

The Court understands that the process for implementing the Settlement is currently underway. The Court will set out deadlines for the items required by Section II in a future CMO. The Court is issuing this CMO now so that each Plaintiff who elects not to participate in the Settlement or any Plaintiff who asserts a claim against Defendants after the date of this CMO has notice of what will be required of them and can begin to gather the required information.

### **IV. Failure to Comply**

Any Plaintiff who fails to fully comply with the requirements of Section II shall be given notice by email from Defendants' Counsel, with a copy to Special Master Ellis, and shall be provided **30 days** to cure such deficiency ("Cure Period"). The Court and Special Master Ellis will be notified of any Plaintiff who fails to cure following notice. If the Court deems it appropriate, it may issue an "Order to Show Cause." **If a Plaintiff fails to show cause within the time set by the Court, the Court may dismiss that Plaintiff's case with prejudice, or, if good cause exists, under other terms it deems appropriate.**

### **V. Status Conference**

Counsel representing any Plaintiff in this litigation shall be expected to meet with the Court in person at the United States District Court for the Southern District of Illinois in East Saint Louis, Illinois, at Status Conferences. Failure of any Plaintiff's Counsel to

appear at a scheduled Status Conference when ordered to do so may result in dismissal of that Plaintiff's claim.

To the extent there are any conflicts between this CMO and any other Order entered in this MDL, this CMO shall govern, with all other requirements in preceding Orders remaining in effect.

**VI. Discovery**

The Court will set out procedures and deadlines for cases where a Plaintiff has complied with the requirements outlined in this CMO and mediation has failed in a future CMO.

**IT IS SO ORDERED.**

**DATED: June 12, 2026**

Handwritten signature of Nancy J. Rosenstengel in black ink, with a circular seal of the United States District Court for the District of New Jersey partially visible behind the signature.

---

**NANCY J. ROSENSTENGEL**  
**United States District Judge**

**Exhibit 1: Plaintiff's Fact Sheet**

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

This Document Relates to: [member case	)
name and number]	)Case No. 3:21-md-03004-NJR
	)
	)MDL No. 3004
IN RE: PARAQUAT PRODUCTS	)
LIABILITY LITIGATION	)
	)
	)

**PLAINTIFF’S FACT SHEET**

This Plaintiff’s Fact Sheet is a legal document. You are required to provide the following information regarding yourself, or for each individual on whose behalf you are asserting potential legal claims. Each question must be answered in full and 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.

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

In completing this Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge. In answering this Fact Sheet, the Plaintiff or the representative must conduct a reasonable investigation of documents and information within the possession, custody, or control of the Plaintiff or the representative. 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.

If you do not know the answer, please indicate that in response to the question rather than leaving that response blank. Do not leave any questions unanswered or blank. If a question does not apply, please respond “Not Applicable” or “N/A.”

For purposes of this Fact Sheet, “paraquat” refers to any product that contains the chemical paraquat dichloride.

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):  
\_\_\_\_\_

4. What is the circumstance that prevents the Plaintiff/Decedent from completing this Fact Sheet:  
\_\_\_\_\_

**[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. Identify any maiden name(s), former name(s), alias(es): \_\_\_\_\_

C. Date of birth: \_\_\_\_\_

D. Date of death (if applicable): \_\_\_\_\_

E. Social Security Number: \_\_\_\_\_

F. Medicare, Medicaid, and/or Tricare Claim numbers: \_\_\_\_\_

G. Race: \_\_\_\_\_

H. Ethnicity (Hispanic/Non-Hispanic): \_\_\_\_\_

I. Have you ever been married?

Yes \_\_\_\_\_ No \_\_\_\_\_

J. If yes, identify your current/former spouse(s): \_\_\_\_\_

K. Identify the following information for every place you have lived for at least one year, from birth through the present. 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)	Time period you lived at address (e.g., 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 from birth through the present.

Employer Name	Time period you worked there	City/State	Supervisor Name(s)	Job Title and Responsibilities	Paraquat exposure? (Y/N)

**IV. UNION MEMBERSHIP**

A. Have you ever been a member of any labor union?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, provide the following information.

Name of Union	City/State where union is located	Job to which it pertained	Date range of membership

**V. MILITARY SERVICE**

A. Have you served in the military in any capacity?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. Please identify the following.

<b>Branch of military</b>	<b>Highest rank attained</b>	<b>Date range of service</b>	<b>Locations stationed</b>

C. Do you receive disability benefits through the Department of Defense or the Department of Veterans Affairs?

Yes \_\_\_\_\_ No \_\_\_\_\_

1. If yes, for what conditions?

\_\_\_\_\_

D. To the best of your knowledge, were you ever exposed to Agent Orange?

Yes \_\_\_\_\_ No \_\_\_\_\_

1. If yes, when and where?

\_\_\_\_\_

2. If yes, have you made a claim related to Agent Orange with the U.S. Department of Veterans Affairs?

Yes \_\_\_\_\_ No \_\_\_\_\_

E. To the best of your knowledge, were you exposed to other chemicals during your military service?

Yes \_\_\_\_\_ No \_\_\_\_\_

1. If yes, which chemicals?

\_\_\_\_\_

2. If yes, when and where?

\_\_\_\_\_

3. If yes, have you made a claim related to such chemical exposure with the U.S. Department of Veterans Affairs?

Yes \_\_\_\_\_ No \_\_\_\_\_

F. Were you ever stationed at Camp Lejeune?

Yes \_\_\_\_\_ No \_\_\_\_\_

**VI. 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	Nature of case/claim	Approximate date case/claim filed	Venue/court where filed

**VII. FAMILY HISTORY**

A. To the best of your knowledge, were you adopted?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, please provide the following information regarding your birth parents.

Name	Date of birth	Deceased? (Y/N)	Date and cause of death	Address

C. To the best of your recollection and knowledge, identify all of the following diseases that any of your blood relatives (e.g., parents, siblings, grandparents, aunts/uncles, cousins, children) has been diagnosed with. (Check all that apply)

<b>Disease</b>	<b>Blood relative with diagnosis? (Y/N)</b>
1. Parkinson’s Disease	
2. Parkinsonism	
3. Essential Tremor	
4. Other Tremors	
5. Alzheimer’s Disease	
6. Dementia	
7. Lewy Body Dementia	
8. Huntington’s Disease	
9. Wilson’s Disease	
10. Tourette Syndrome	
11. Ataxia	
12. Chorea	
13. Dystonia	
14. Multiple System Atrophy	
15. Myoclonus	
16. Progressive Supranuclear Palsy	
17. Tardive Dyskinesia	
18. Crohn’s Disease	
19. Glioblastoma	
20. Colorectal Cancer	
21. Lung Cancer	
22. Ovarian Cancer	
23. Gaucher’s Disease	
24. Any other neurodegenerative disease	
25. Any other neurological disease or disease of the brain, spine or nerves	

D. For each diagnosis identified above, please state the following.

Relative's relationship to you (e.g., father, grandmother, daughter)	Paternal or maternal relation?	Diagnosis	Age at diagnosis	Occupation	Was relative exposed to paraquat (Y/N)?

**VIII. MEDICAL SERVICES**

A. What injury or injuries are you claiming in this lawsuit?

- Parkinson's disease
- Parkinsonism
- Other (identify): \_\_\_\_\_

B. Parkinson's Disease

1. Have you been diagnosed with Parkinson's Disease?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. If yes, state who first diagnosed you with Parkinson's Disease and when.

Provider name (first and last)	Provider type/specialty	City/state of practice	Date of diagnosis

3. Please identify the name(s) of all Health Care Providers<sup>1</sup> who have diagnosed or treated you for Parkinson's Disease.

<sup>1</sup> For the purposes of this Fact Sheet, "Health Care Provider" includes any doctor, hospital, 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.

<b>Provider name (first and last)</b>	<b>Provider type/specialty</b>	<b>City/state of practice</b>	<b>Dates of medical care, services, consultation</b>

C. Claimed injuries other than Parkinson’s Disease

1. For any injury you are claiming in this lawsuit other than Parkinson’s Disease, state who first diagnosed you with that injury or condition and when.

<b>Provider name (first and last)</b>	<b>Provider type/specialty</b>	<b>City/state of practice</b>	<b>Date of diagnosis</b>

2. For any injury you are claiming in this lawsuit other than Parkinson’s Disease, please identify the name(s) of all Health Care Providers who have diagnosed or treated you for it.

<b>Provider name (first and last)</b>	<b>Provider type/specialty</b>	<b>Dates of medical care, services, consultation</b>	<b>City/state of practice</b>	<b>Condition(s) treated you for</b>

D. All Other Health Care Providers

1. Please identify all Health Care Providers who have ever treated you for any condition or issue, other than the Health Care Providers identified above.

<b>Provider name (first and last)</b>	<b>Provider type/specialty</b>	<b>Dates of medical care, services, consultation</b>	<b>City/state of practice</b>	<b>Condition(s) treated you for</b>

E. Has any medical provider ever determined that the injury(ies) you are claiming in this lawsuit was caused by and/or associated with your exposure to an agricultural, industrial, or other toxic chemical?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify the following.

<b>Provider name (first and last)</b>	<b>Provider type/specialty</b>	<b>City/state of practice</b>	<b>Name of chemical</b>	<b>Month/year</b>

**IX. GENETIC TESTING**

A. Has any Health Care Provider ever ordered genetic testing related to your claimed injury(ies) in this lawsuit?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, identify the following.

<b>Provider that ordered genetic testing</b>	<b>Provider that performed genetic testing</b>	<b>Genetic test(s) performed</b>	<b>Month/year</b>	<b>Result(s)</b>

**X. INSURANCE AND DISABILITY CLAIM INFORMATION**

A. Have you ever applied for worker’s compensation benefits, social security disability benefits, private disability benefits, or state or federal benefits related to any medical condition or disability?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

<b>Date claim was filed</b>	<b>Name of agency</b>	<b>Nature of claimed injury or disability</b>	<b>Ultimate disposition of claim</b>	<b>Amount of benefits received, if any</b>

**XI. HEAD INJURY**

A. Have you ever received medical treatment for a head injury or been diagnosed with a concussion?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, please provide the following information as to each such injury.

<b>Date of head injury</b>	<b>Description of injury</b>	<b>Number of times injury occurred</b>	<b>Symptoms</b>	<b>Diagnosis</b>	<b>Name and address of health care provider</b>

**XII. FARMING HISTORY**

A. Have you ever engaged in agriculture (e.g., farming, gardening, raising animals) or the use of Agricultural Chemicals<sup>2</sup>?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, please provide the following information.

---

<sup>2</sup> For the purposes of this Fact Sheet, “Agricultural Chemicals” is defined as any and all herbicides, pesticides, insecticides, and fungicides used at each of the locations identified in your responses.

<b>Farm/ business name</b>	<b>Address</b>	<b>Year(s)</b>	<b>Your role and responsibilities</b>	<b>All known co- workers and supervisors</b>	<b>Crops/ animals raised (and acreage for each)</b>	<b>Agricultural Chemicals used (and application method for each)</b>

C. Have you ever been a member of an agricultural or farming organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

D. If yes, state the following.

<b>Name of organization</b>	<b>City/state</b>	<b>Type of membership</b>	<b>Years</b>

**XIII. TRAINING, CERTIFICATION, LICENSING**

A. Have you ever received any training related to the application of Agricultural Chemicals of any kind?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, please identify the following information.

<b>Type of training</b>	<b>Entity/organization providing training</b>	<b>Date(s)</b>	<b>Licenses or certifications received</b>

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

Yes \_\_\_\_\_ No \_\_\_\_\_

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

Issuing state	Type of license	License number	Years active

**XIV. CALIFORNIA PESTICIDE RECORDS**

A. Have you ever used paraquat in California?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. Please provide your California grower identification number and/or operator identification number.

\_\_\_\_\_

C. Have you ever submitted a pesticide use report to any California state or county agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

D. If yes, please describe the circumstances of such reporting, including the number of reports you submitted, the time period covered by those reports, how many reports you submitted per year, and the information you reported.

\_\_\_\_\_

**XV. PARAQUAT PURCHASE HISTORY**

A. Did you ever purchase paraquat?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, provide the following information.

Year(s)	Product and brand name	Seller or distributor	Seller/distributor address	Number of purchases each year	Amount purchased each year

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.

---

**XVI. 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 THIS SECTION AND CONTINUE WITH SECTION XVII.**

B. For each location where you claim you mixed and/or loaded paraquat, provide the following information. (If you need additional tables to fully complete this section, go to Appendix 1.)

	<b>Mixing/Loading Location #1</b>
Employer/farm/entity	
Employer/farm/entity address	
Address where mixing/loading occurred	
Time period	
Job title	
Role and responsibilities	
Supervisor	
Purpose for using paraquat	
Pests/weeds paraquat used to control	
Crops paraquat used to protect	
Non-crop areas paraquat used in (and why)	
Benefits of paraquat for your use	

	Mixing/Loading Location #1
Name and brand name of paraquat product used	
Manufacturer of paraquat product used	
Paraquat container type, size, and color	
Formulation (e.g., liquid, granules)	
Color of paraquat product used	
Odor of paraquat product used	
Other description of paraquat product used	
Strength or Concentration (e.g., 240 g/L)	
Individual or entity that sold or provided paraquat <sup>3</sup>	
Address of individual or entity that sold or provided paraquat	
Did you purchase this paraquat product yourself?	
Do you possess records of purchase of this paraquat product?	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state and license number	
Mixing equipment and method	
Loading equipment and method	
Names of others who witnessed you mixing and/or loading paraquat	
Contact information of others who witnessed you mixing and/or loading paraquat	

C. For each pest/weed, crop, or non-crop area identified above, please provide the following information.

Pest/weed, crop, or non-crop area	Time period (which years)	Time of year paraquat mixed/loaded	Days per year you mixed/loaded paraquat	Dilution rate (units of water per unit of paraquat)	Total gallons of paraquat concentrate mixed/loaded per year	Other products included in tank mix

<sup>3</sup> If your employer purchased paraquat and provided it to you, please identify the person or entity from whom your employer obtained paraquat.

D. Please identify the following information regarding the clothing and personal protective equipment you wore while mixing and/or loading paraquat.

Item	Applicable? (Y/N)	Time Frame	Frequency (e.g., always, usually, never)
Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator			
Rubber or Waterproof Gloves			
Chemical-resistant or Waterproof Footwear and Socks			
Chemical-resistant Headgear for Overhead Exposure or Face Shield			
Disposable Suit/Coveralls			
Long-sleeved Shirt			
Long Pants			
Protective Eyewear			
Rubber or Waterproof Apron			
Any Other Form of Personal Protective Equipment			

1. If you answered Yes for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used.

---

**XVII. APPLICATION OF PARAQUAT**

A. Have you ever personally applied or sprayed paraquat?

Yes \_\_\_\_\_ No \_\_\_\_\_

**IF NO, SKIP THIS SECTION AND CONTINUE WITH SECTION XVIII.**

B. For each location where you claim you applied or sprayed paraquat, provide the following information. (If you need additional tables to fully complete this section, go to Appendix 2.)

	Application Location #1
Employer/farm/entity	
Employer/farm/entity address	
Address where application occurred	
Time period	
Job title	

	<b>Application Location #1</b>
Role and responsibilities	
Supervisor	
Purpose for using paraquat	
Pests/weeds paraquat used to control	
Crops paraquat used to protect	
Non-crop areas paraquat used in (and why)	
Benefits of paraquat for your use	
Name and brand name of paraquat product used	
Manufacturer of paraquat product used	
Paraquat container type, size, and color	
Formulation (e.g., liquid, granules)	
Color of paraquat product used	
Odor of paraquat product used	
Other description of paraquat product used	
Strength or Concentration (e.g., 240 g/L)	
Individual or entity that sold or provided paraquat <sup>4</sup>	
Address of individual or entity that sold or provided paraquat	
Did you purchase this paraquat product yourself?	
Do you possess records of purchase of this paraquat product?	
Do you possess records of use of this paraquat product?	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state and license number	
Names of others who witnessed you applying paraquat	
Contact information of others who witnessed you applying paraquat	

---

<sup>4</sup> If your employer purchased paraquat and provided it to you, please identify the person or entity from whom your employer obtained paraquat.

C. For each pest/weed, crop, or non-crop area identified above, please provide the following information regarding paraquat use.

Pest/weed, crop, or non-crop area	Acres/area treated per year	Time period (which years)	Time of year paraquat applied	Days per year you applied paraquat	Application rate (units of paraquat per acre)	Total gallons of paraquat concentrate applied per year	Other products included in tank mix

D. For each pest/weed, crop, or non-crop area identified above, please identify the following information regarding the equipment you used to apply paraquat. If you used multiple types of equipment for the same pest/weed, crop, or non-crop area, please fill out a separate row for each equipment type.

Pest/weed, crop, or non-crop area	Equipment type (e.g., tractor, hand sprayer)	Time period (which years)	Tank size	Boom length	Boom height	Acres/area treated per day

E. If you used a hand wand or connected to a motorized vehicle (e.g., tractor, ATV, UTV, pickup truck), please describe.

\_\_\_\_\_

F. Please identify the following information regarding the clothing and personal protective equipment you wore while applying paraquat.

Item	Applicable? (Y/N)	Time Frame	Frequency (e.g., always, usually, never)
Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator			
Rubber or Waterproof Gloves			
Chemical-resistant or Waterproof Footwear and Socks			
Chemical-resistant Headgear for Overhead Exposure or Face Shield			
Disposable Suit/Coveralls			

Item	Applicable? (Y/N)	Time Frame	Frequency (e.g., always, usually, never)
Long-sleeved Shirt			
Long Pants			
Protective Eyewear			
Rubber or Waterproof Apron			
Any Other Form of Personal Protective Equipment			

1. If you answered Yes for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used.

---

**XVIII. REENTRY**

- A. 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 \_\_\_\_\_

**IF NO, SKIP THIS SECTION AND CONTINUE WITH SECTION XIX.**

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

---

- C. 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?

---

- D. 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?

---

- E. For each location where you claim you entered or reentered a field within 48 hours of paraquat being sprayed, provide the following information. (If you need additional tables to fully complete this section, go to Appendix 3.)

	<b>Reentry Location #1</b>
Employer/farm/entity	
Employer/farm/entity address	
Address where reentry occurred	
Time period	
Job title	
Role and responsibilities	
Supervisor	
Purpose for paraquat being used	
Pests/weeds paraquat used to control	
Crops paraquat used to protect	
Non-crop areas paraquat used in (and why)	
Name and brand name of paraquat product used	
Manufacturer of paraquat product used	
Formulation (e.g., liquid, granules)	
Color of paraquat product used	
Odor of paraquat product used	
Other description of paraquat product used	
Name of person who applied paraquat	
Issuing state and license number	
Relationship to person or entity that sprayed paraquat	
Names of others who witnessed you reenter	
Contact information of others who witnessed you reenter	

F. For each pest/weed, crop, or non-crop area identified above, please provide the following information regarding reentry.

<b>Pest/weed, crop, or non-crop area</b>	<b>Time period (which years)</b>	<b>Purpose for reentry</b>	<b>How many times per year you reentered</b>	<b>Duration of each reentry</b>	<b>Method used to apply paraquat before you reentered</b>

G. Please identify the following information regarding the clothing and personal protective equipment you wore while reentering a field that had been sprayed with paraquat.

Item	Applicable? (Y/N)	Time Frame	Frequency (e.g., always, usually, never)
Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator			
Rubber or Waterproof Gloves			
Chemical-resistant or Waterproof Footwear and Socks			
Chemical-resistant Headgear for Overhead Exposure or Face Shield			
Disposable Suit/Coveralls			
Long-sleeved Shirt			
Long Pants			
Protective Eyewear			
Rubber or Waterproof Apron			
Any Other Form of Personal Protective Equipment			

1. If you answered Yes for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used.

---

**XIX. 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 THIS SECTION AND CONTINUE WITH SECTION XX.**

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. (If you need additional tables to fully complete this section, go to Appendix 4.)

	Mist/Drift Location #1
Your location/address at the time of exposure	
Location/address of source of exposure	
Did you work or live at location where paraquat was sprayed?	

	<b>Mist/Drift Location #1</b>
Month and year of exposure	
Describe how you were exposed	
Distance between you and application equipment that was spraying paraquat	
Describe your basis for believing that the product sprayed was paraquat	
Purpose for paraquat being used	
Pests/weeds paraquat being used to control	
Crops paraquat being used to protect	
Non-crop areas paraquat being used in (and why)	
Name and brand name of paraquat product used	
Manufacturer of paraquat product used	
Formulation (e.g., liquid, granules)	
Color of paraquat product used	
Odor of paraquat product used	
Other description of paraquat product used	
Person or entity that sprayed paraquat	
Issuing state and license number	
Relationship to person or entity that sprayed paraquat	
Names of others who witnessed your exposure	
Contact information of others who witnessed your exposure	

C. Please identify the following information regarding the clothing and personal protective equipment you wore during your exposure.

<b>Item</b>	<b>Applicable? (Y/N)</b>	<b>Time Frame</b>	<b>Frequency (e.g., always, usually, never)</b>
Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator			
Rubber or Waterproof Gloves			
Chemical-resistant or Waterproof Footwear and Socks			
Chemical-resistant Headgear for Overhead Exposure or Face Shield			
Disposable Suit/Coveralls			
Long-sleeved Shirt			
Long Pants			
Protective Eyewear			

Item	Applicable? (Y/N)	Time Frame	Frequency (e.g., always, usually, never)
Rubber or Waterproof Apron			
Any Other Form of Personal Protective Equipment			

1. If you answered Yes for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used.

---

**XX. 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 THIS SECTION AND CONTINUE WITH SECTION XXI.**

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

Date	City/state	Duration of exposure	Type of exposure (e.g., dermal, inhalation)	Describe the manner in which you were exposed	Names and addresses of witnesses to your exposure

- C. Please identify the following information regarding the clothing and personal protective equipment you wore during your exposure.

Item	Applicable? (Y/N)	Time Frame	Frequency (e.g., always, usually, never)
Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator			
Rubber or Waterproof Gloves			
Chemical-resistant or Waterproof Footwear and Socks			
Chemical-resistant Headgear for Overhead Exposure or Face Shield			
Disposable Suit/Coveralls			
Long-sleeved Shirt			

Item	Applicable? (Y/N)	Time Frame	Frequency (e.g., always, usually, never)
Long Pants			
Protective Eyewear			
Rubber or Waterproof Apron			
Any Other Form of Personal Protective Equipment			

1. If you answered Yes for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used.

---

**XXI. 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 of your exposure, describe what you did in response to the exposure, 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, describe what you did in response to the exposure, indicate whether you rinsed your eyes with clean water, how much time passed between your exposure and when 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, describe what you did in response to the exposure, 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, describe what you did in response to the exposure, 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.

---

**XXII. SYMPTOMS WITHIN 24 HOURS OF PARAQUAT EXPOSURE**

A. Did you experience any symptoms within 24-hours after mixing, loading, applying, or otherwise being exposed to paraquat?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, identify any symptoms you experienced within 24-hours that you claim were caused by exposure to paraquat.

---

**XXIII. OTHER INFORMATION REGARDING PARAQUAT USE OR EXPOSURE**

A. Can you provide any other information regarding your alleged paraquat use or exposure?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, please provide that information.

**XXIV. OTHER INDUSTRIAL/AGRICULTURAL ACTIVITIES AND CHEMICALS**

A. To the best of your knowledge and recollection, identify all 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. Identify all that apply.

<b>Chemical</b>	<b>Applicable? (Y/N)</b>
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, Nopcocide, Repluse, Tuffcide)	
16. Chlorpyrifos ( <i>i.e.</i> , Dursban, Lorsban)	
17. Copper Hydroxide ( <i>i.e.</i> , Champ, Kocide, NuCop)	
18. Crop Oil	
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	

Chemical	Applicable? (Y/N)
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	
47. Permethrin	
48. Phosphorus Paste	
49. Potassium cyanate	
50. Propanil ( <i>i.e.</i> , Stampede)	
51. Propazine	
52. Pyrethrin	
53. Radox	
54. Ronnel	
55. Rotenone	
56. Simazine ( <i>i.e.</i> , Princep)	
57. Sodium Fluoride	
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	

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

---

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

Product and brand name	Years of use	Days per year	Quantity used per year	Description of use	Purpose/ crops used on	Individual/ entity that sold/provided product <sup>5</sup>	Names and addresses of witnesses

- C. Please identify the following information regarding the clothing and personal protective equipment you wore during your use of the chemicals identified above.

Item	Applicable? (Y/N)	Time Frame	Frequency ( <i>e.g.</i> , always, usually, never)	With which (or all) chemicals identified above
Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator				
Rubber or Waterproof Gloves				
Chemical-resistant or Waterproof Footwear and Socks				
Chemical-resistant Headgear for Overhead Exposure or Face Shield				
Disposable Suit/Coveralls				
Long-sleeved Shirt				
Long Pants				
Protective Eyewear				
Rubber or Waterproof Apron				
Any Other Form of Personal Protective Equipment				

---

<sup>5</sup> If your employer purchased the product and provided it to you, please identify the person or entity from whom your employer obtained the product.

1. If you answered Yes for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used.

\_\_\_\_\_

D. Have you ever been employed as an occupational welder or welded for more than 50% of your work day?

Yes \_\_\_\_\_ No \_\_\_\_\_

E. If yes, identify the date ranges during which you engaged in welding and for each date range, please provide the following information

Years of use	City/state	Days per year	Type of welding (e.g., SMAW, GMAW)	Purpose of welding	Type of metal involved	Occurred in confined space?

F. Identify all the following substances that you have been exposed to. Identify all that apply.

Substance	Applicable (Y/N)	Time period (which years)	Days per year	Hours per day	Details of exposure
1. Heavy metals (e.g., iron, mercury, manganese)					
2. Polychlorinated Biphenyls (PCBs)					
3. Solvents (e.g., hydrocarbon solvents like paint thinners, paint removers, cleaning fluids, trichloroethylene (TCE), organic solvents like acetone)					
4. Wood Preservatives					

**XXV. ADDITIONAL MEDICAL INFORMATION**

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

Condition	Applicable (Y/N)	When diagnosed	Treatment received	Time period of treatment	Treatment provider (full name and address)
1. Diabetes					
2. Cancer (identify type)					
3. Hepatitis C					

Condition	Applicable (Y/N)	When diagnosed	Treatment received	Time period of treatment	Treatment provider (full name and address)
4. CNS Infection					
5. Sepsis					
6. Influenza Requiring Hospitalization					
7. Irritable Bowel Syndrome (IBS)					
8. Japanese Encephalitis					
9. Lyme Disease					
10. Measles					
11. Strep Infection Requiring Hospitalization					
12. 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) diagnosis:

\_\_\_\_\_

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

Symptom	Applicable? (Y/N)
Shortness of breath	
Dry, hacking cough	
Fast, shallow breathing	
Gradual unintended weight loss	
Fatigue	
Aching joints and muscles	
Clubbing (widening and rounding) of the tips of the fingers or toes	
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 nicotine products?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_

- F. Have you ever used methamphetamines?

Yes \_\_\_\_\_ No \_\_\_\_\_

- 1. If yes, please identify the date range:\_\_\_\_\_

- G. Have you ever used well water as a water source, whether in your home or elsewhere?

Yes \_\_\_\_\_ No \_\_\_\_\_

- 1. 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.

\_\_\_\_\_

**XXVI. CRIMINAL HISTORY**

- A. Have you ever been convicted of a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_

- B. If yes, state nature of the crime, the date of conviction and the sentence imposed.

\_\_\_\_\_

- C. Have you been convicted of a misdemeanor in the past ten years?

Yes \_\_\_\_\_ No \_\_\_\_\_

- D. If yes, state nature of the crime, the date of conviction and the sentence imposed.

\_\_\_\_\_

**XXVII. KNOWLEDGE AND COMMUNICATIONS REGARDING LAWSUIT**

None of the questions below seeks communications between you and your attorneys or experts. Please exclude such communications from your responses.

- 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 might be connected in any way to your use of paraquat or any other chemical. Provide a description of the information you obtained, including (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.

---

B. When did you first contact any lawyer about paraquat or Parkinson's disease? In providing a response, provide an approximate date without divulging the substance of the communication.

---

C. Have you (or anyone acting on your behalf) had any conversations with any person (other than your counsel) at any time with regard to the conduct of any defendant relating to paraquat, the potential health effects of paraquat, or the usage and practices associated with paraquat?

Yes \_\_\_\_\_ No \_\_\_\_\_

D. Have you, or has anyone acting on your behalf, communicated with, interviewed, or obtained statements from any of the Defendants (*i.e.*, Syngenta, Chevron, or any other Defendant named in your lawsuit) regarding allegations in the lawsuit?

Yes \_\_\_\_\_ No \_\_\_\_\_

E. If the answer to any of the questions above is yes, please provide the following:

1. which (1) Defendant or (2) other person or entity with whom the communication occurred?
  2. the month/year of the communication or statement;
  3. where (city/state) the communication or statement occurred;
  4. who was present during the communication or statement;
  5. the matters and things stated by the person in the communication or statement;
  6. whether the conversation(s) was oral, written and/or recorded; and
  7. who has possession of any writing, recording, notes, or memoranda of the communication or statement.
- 

**XXVIII. FINANCIAL INFORMATION**

A. Do you have any medical expenses or out-of-pocket expenses due to the injury(ies) you claim in this lawsuit?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, please state the approximate amounts:

\_\_\_\_\_

C. Have you been unable to work as a result of the injury(ies) you claim this lawsuit?

Yes \_\_\_\_\_ No \_\_\_\_\_

D. If yes, please provide the following information:

<b>Time period unable to work</b>	<b>Employer name</b>	<b>Employer address</b>	<b>Your prior job title and responsibilities</b>	<b>Approximate total lost wage amount</b>

E. Have you sought unemployment benefits for any lost wages identified above?

Yes \_\_\_\_\_ No \_\_\_\_\_

F. If yes, state the date of your application for unemployment benefits, the agency or entity to whom you submitted your application, and the result (including any amounts awarded and the time period such amounts were disbursed).

\_\_\_\_\_

G. Since you first were exposed to paraquat, have you filed for bankruptcy?

Yes \_\_\_\_\_ No \_\_\_\_\_

H. If yes, please provide the following information:

<b>Date you filed for bankruptcy</b>	<b>Court where bankruptcy was filed</b>	<b>Name of bankruptcy attorney</b>	<b>Case number</b>	<b>Name of trustee</b>	<b>Date bankruptcy was finalized/closed</b>

**XXIX. RELEVANT PERSONS / WITNESSES**

A. Identify any person who has firsthand personal knowledge regarding your paraquat exposure and/or injuries suffered because of your paraquat exposure.

Name	Last known address	Relationship to you	Topics of knowledge

**XXX. DOCUMENTS<sup>6</sup>**

Please produce with this Fact Sheet the Documents described below. For purposes of this Plaintiff’s Fact Sheet, Plaintiff is not required to turn over any attorney-client privileged records.

Category	Already provided	Providing with this Fact Sheet	I have no such documents
A. All medical records relating to the Plaintiff from any time, before or after the onset of Parkinson’s Disease symptoms alleged in this MDL proceeding			
B. All Documents relating to Parkinson’s Disease, including but not limited to messages, emails, or other communications discussing the cause, extent, or impact of your injuries.			
C. All Documents related to any genetic testing you have undergone identified above, including any Documents reflecting the results of such testing.			
D. Documents sufficient to show your complete employment history, including Documents indicating business ownership and Documents indicating the names of and your formal affiliations with any limited liability corporations, partnerships, or other business entities.			
E. All employment (including but not limited to self-employment), personnel, military, or union records from any employer where the Plaintiff claims paraquat exposure, including (i) any records related to the Plaintiff’s responsibilities and duties, (ii) any records related to the use or			

<sup>6</sup> For the purpose of this Fact Sheet, Document is defined as any writing or record of every type, 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	Already provided	Providing with this Fact Sheet	I have no such documents
non-use of paraquat, and (iii) any changes in responsibilities or duties as a result of any claimed Parkinson’s Disease injury or disability.			
F. 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.			
G. All Documents (including, without limitation, receipts, invoices, spray logs, application records, labeling, instructions, warnings, precautions, and marketing materials) relating to your purchase, use, handling, and/or disposal of any herbicide, pesticide, insecticide, or other weed- or pest-control chemical, and/or the purchase, use, handling, and/or disposal of such agricultural chemicals at farms or other locations where you worked.			
H. 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.			
I. All documents showing 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, and all records from the Risk Management Agency of the USDA.			
J. All documents 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 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.			
K. All documents relating to any personal protective equipment used when using paraquat or any other agricultural chemicals, including but not limited to, photographs, videos, equipment			

Category	Already provided	Providing with this Fact Sheet	I have no such documents
manuals or instructions, proof of purchase, warranties, maintenance or repair records, and/or inspection reports.			
L. All inspection reports created at the time of usage of any equipment or implement responsive to Request K (directly above) that remains in your possession.			
M. All Documents relating to any industrial hygiene or other air, water, or medical monitoring for any exposure to paraquat or chemicals.			
N. All Documents reflecting any health-related insurance claims, worker’s compensation claims, or health-related fundraising efforts made by you or on your behalf since your first use or exposure to paraquat.			
O. All Documents, including all publications or studies, from which you, your family members, or your personal acquaintances have relied upon to learn about the purported relationship between Parkinson’s disease and paraquat.			
P. All Documents known to you at this time that relate to your claim for economic damages in this lawsuit.			
Q. 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.			
R. All investigative reports by you, including but not limited to financial and criminal background checks, concerning Defendants.			
S. 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.			
T. All nonprivileged communications relating to this litigation, including but not limited to messages, emails, or other communications relating to the existence of the litigation, knowledge of other plaintiffs’ involvement in the litigation, activity within the litigation, recommendations or consideration of joining the litigation, and/or obtaining or providing evidence or testimony in connection with any potential claim involving paraquat whether asserted by the Plaintiff or any other plaintiff.			
U. 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.			

### **XXXI. REMINDER FOR AUTHORIZATIONS**

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

- 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, including those listed in Sections IX and XX.
- 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**).
- 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**).

**XXXII. 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.

Dated: \_\_\_\_\_.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

**Exhibit 2: Summary of Pertinent Medical Records**

### **Plaintiff Summary of Pertinent Medical Records**

Instructions: Each Plaintiff must produce a summary of all pertinent medical records in the format shown below. Each separate relevant medical event should be listed as a separate entry within each section. Entries should be listed chronologically within each section, with earlier events and records described before events and records that occur later in time. Please add additional entries if you need to include additional events and records in each section. All sections must be completed.

Citations to specific records reflecting each entry must be provided in the summary. In addition, excerpts of each record summarized or described must be attached as exhibits to this Summary of Pertinent Medical Records. Each excerpt should reflect the complete record of the visit described in the summary.

Counsel must supervise the creation of the Summary of Pertinent Medical Records and must attest that the summary is based on a comprehensive review of all Plaintiff's medical records and is complete and accurate. This Summary of Pertinent Medical Records along with all attached excerpted records must be served on Defendants by the deadline and in the manner required by the Court's orders.

#### **PLAINTIFF INFORMATION**

Plaintiff Name		Plaintiff Date of Birth	
Date Case Filed		Case Number	
PAQ Number		Plaintiff Counsel	

**SUMMARY OF PERTINENT MEDICAL RECORDS FOR [INSERT PLAINTIFF NAME] ([PAQ No.]**

**SECTION 1: Documentation of Testing, Symptoms, and Diagnoses**

List all medical records, tests, and appointments from any point in time related to:

- DaTscans or SPECT, MRI, and/or PET brain scans
- Genetic testing undergone related to PD
- Diagnoses, proposed diagnoses, and denials of (as documented in the records) PD, Parkinsonism, atypical parkinsonism, Lewy Body Dementia, progressive supranuclear palsy, corticobasal degeneration, or multiple system atrophy
- Diagnoses, proposed diagnoses, and denials of (as documented in the records) other neurodegenerative or neurological injuries or diseases, including Essential Tremor, Huntington’s Disease, Wilson’s Disease, Alzheimer’s disease, other dementia diagnosis, and stroke

Event #	Date	Medical Provider, Specialty Facility Name/Location	Reason for Visit	Documentation of Testing	Documentation of Diagnoses	Describe All Testing-, Symptom-, and Diagnosis-Related Information in the Record	Exhibit # & Bates Citation
1				<input type="checkbox"/> DaTscan <input type="checkbox"/> SPECT <input type="checkbox"/> MRI <input type="checkbox"/> PET <input type="checkbox"/> Genetic testing	<input type="checkbox"/> Parkinson’s disease <input type="checkbox"/> Parkinsonism <input type="checkbox"/> Atypical parkinsonism <input type="checkbox"/> Progressive supranuclear palsy <input type="checkbox"/> Corticobasal degeneration <input type="checkbox"/> Multiple system atrophy <input type="checkbox"/> Essential Tremor <input type="checkbox"/> Lewy Body Dementia <input type="checkbox"/> Other <input type="checkbox"/> None of the above		
2				<input type="checkbox"/> DaTscan <input type="checkbox"/> SPECT	<input type="checkbox"/> Parkinson’s disease <input type="checkbox"/> Parkinsonism		

Event #	Date	Medical Provider, Specialty Facility Name/Location	Reason for Visit	Documentation of Testing	Documentation of Diagnoses	Describe All Testing-, Symptom-, and Diagnosis-Related Information in the Record	Exhibit # & Bates Citation
				<input type="checkbox"/> MRI <input type="checkbox"/> PET <input type="checkbox"/> Genetic testing	<input type="checkbox"/> Atypical parkinsonism <input type="checkbox"/> Progressive supranuclear palsy <input type="checkbox"/> Corticobasal degeneration <input type="checkbox"/> Multiple system atrophy <input type="checkbox"/> Essential Tremor <input type="checkbox"/> Lewy Body Dementia <input type="checkbox"/> Other <input type="checkbox"/> None of the above		
3				<input type="checkbox"/> DaTscan <input type="checkbox"/> SPECT <input type="checkbox"/> MRI <input type="checkbox"/> PET <input type="checkbox"/> Genetic testing	<input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Parkinsonism <input type="checkbox"/> Atypical parkinsonism <input type="checkbox"/> Progressive supranuclear palsy <input type="checkbox"/> Corticobasal degeneration <input type="checkbox"/> Multiple system atrophy <input type="checkbox"/> Essential Tremor <input type="checkbox"/> Lewy Body Dementia <input type="checkbox"/> Other <input type="checkbox"/> None of the above		
4							
5							

**SECTION 2: Documentation of Head Injuries**

List all records, reports, and documentation from any time of symptoms and incidents related to head injuries, including but not limited to:

- Blows to the head
- Loss of consciousness
- Headaches
- Reports or claims (whether confirmed/diagnosed or not) of concussions or Traumatic brain injury
- Diagnoses of concussions or Traumatic brain injury (TBI)

<b>Event #</b>	<b>Date</b>	<b>Medical Provider, Specialty Facility Name/Location</b>	<b>Reason for Visit</b>	<b>Describe Head Injury Documented (including Date of Injury, Location of Injury, Cause)</b>	<b>Describe All Symptoms and Diagnoses (If Any) Associated with Head Injury</b>	<b>Exhibit # &amp; Bates Citation</b>
1						
2						
3						
4						

**ATTORNEY ATTESTATION**

I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that I am an Attorney of Record for [Plaintiff Name]. I have supervised the creation of this Summary of Pertinent Medical Records. It is based on a comprehensive review of all Plaintiff's medical records and is complete and accurate.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

**Exhibit 3: Production Requirements for Recent Use Plaintiffs**

1. Documents sufficient to show that Plaintiff personally purchased and/or used paraquat in a brand manufactured by Defendants during the Recent Use Years. If Plaintiff alleges use of paraquat at a farm that they owned, documents sufficient to show that their farm purchased and used paraquat.

a. Documents establishing a restricted use pesticide license *alone* will not be considered to satisfy this paragraph. An affidavit attesting that the Plaintiff personally used paraquat also will *alone* not be considered to satisfy this paragraph.

b. Documents establishing that Plaintiff's employer purchased or used paraquat will not be considered documents establishing proof of purchase or use of paraquat by Plaintiff. If Plaintiff alleges personal use of paraquat while working for an employer, Plaintiff must produce both documents establishing that their employer purchased a brand of paraquat manufactured by Defendants and either documents establishing that Plaintiff personally used such paraquat or an affidavit from a representative of the employer attesting based on personal knowledge that Plaintiff personally used such paraquat.

2. Documents sufficient to show that (a) Plaintiff had a restricted use pesticide license for the Recent Use Years; and (b) for any person identified in the PFS under whose supervision paraquat was allegedly used, such person had a restricted use pesticide license for the Recent Use Years. Plaintiffs who allege use of paraquat after 2019 should

also produce all certifications of completion of the EPA-approved paraquat-specific training.

3. All Plaintiffs who allege claims against one or more in-state defendant(s) (in addition to Syngenta and Chevron) shall produce documents sufficient to show that Plaintiff purchased or used paraquat from each in-state defendant(s).

**Exhibit 4: Production Requirements for Intermediate Use Plaintiffs**

All Intermediate Use Plaintiffs shall produce the following:

1. Documents sufficient to show that Plaintiff personally purchased and/or used paraquat in a brand manufactured by Defendants during the Intermediate Use Years.

2. If such documents do not exist or cannot be obtained, Plaintiffs shall produce a detailed affidavit from a non-family member sufficient to show that Plaintiff used paraquat during the Intermediate Use Years. The affidavit shall contain the information described in Section II(C). The affidavit must be signed under penalty of perjury.

3. Plaintiffs shall also produce documents sufficient to corroborate the affidavit, including:

- a. Documents sufficient to show that during the alleged use, any relevant employer was in operation and employed Plaintiff.
- b. Documents sufficient to show that during the alleged use, any relevant farm was in operation and to show the location of the farm.
- c. Documents sufficient to show that during the alleged use, any relevant paraquat seller was in operation and sold paraquat manufactured by the Defendants.
- d. All such licensing and training documents as described in Exhibit 3.

4. All Plaintiffs who allege claims against one or more in-state defendant(s) (in addition to Syngenta and Chevron) shall produce documents as described in Exhibit 3.

If Plaintiff has no such documents, Plaintiff shall produce a detailed affidavit from a representative of each in-state defendant. The affidavit shall state whether Plaintiff purchased or used paraquat from in-state defendant. Plaintiff shall also produce documents sufficient to show that during the alleged use, the seller was in operation and sold paraquat manufactured by the Defendants.

**Exhibit 5: Proof Requirements for Early Use Plaintiffs**

All Early Use Plaintiffs shall produce the following:

1. Documents sufficient to show that Plaintiff personally purchased and/or used paraquat in a brand manufactured by Defendants during the Early Use Years.
2. If such documents do not exist or cannot be obtained, Plaintiff shall produce a detailed affidavit from a non-family member as described in **Exhibit 4**.
3. If a detailed affidavit from a non-family member does not exist or cannot be obtained, Plaintiff shall produce a detailed affidavit from a family member sufficient to show Plaintiff used paraquat during the Early Use Years. The affidavit shall contain the information described in Section II(C). The affidavit will be signed under penalty of perjury.
4. All Plaintiffs who allege claims against one or more in-state defendant(s) (in addition to Syngenta and Chevron) shall produce documents as described in **Exhibit 3**, or if such documents do not exist or cannot be obtained, a detailed affidavit and documents as described in **Exhibit 4**.
5. To the extent any of the documents or affidavits required by this **Exhibit 5** do not exist or cannot be obtained, Plaintiff shall produce two attestations, signed by Plaintiff and Counsel for Plaintiff respectively, stating that fact and the reasons why such materials do not exist or cannot be obtained and the steps taken to obtain the documents or records, and shall provide a “No Records Statement” from each records custodian or

proof of return to sender from the United States Postal Service if the last known address of the records custodian is no longer valid.

6. If Plaintiff swears that responsive materials do not exist or cannot be obtained, Plaintiff may be barred from using any materials that would have been responsive to the requests to support any of Plaintiff's claims in this MDL proceeding.