

MASTER DOCKET NO. 2004-70000

IN RE:	§	IN THE DISTRICT COURT OF
	§	
TEXAS STATE SILICA PRODUCTS	§	HARRIS COUNTY, TEXAS
LIABILITY LITIGATION	§	
	§	333RD JUDICIAL DISTRICT
This Document Relates to all Cases	§	(SILICA MDL)

FIRST AMENDED CASE MANAGEMENT ORDER

I. GENERAL STATEMENTS

A. Scope of the Order

This Order applies to all related silica-exposure cases transferred to this Court by the Judicial Panel on Multidistrict Litigation pursuant to Texas Rule of Judicial Administration 13 and all tag-along cases. Consistent with this Court's authority, as set forth in Rule 13.6(b), this Order is intended to facilitate the pre-trial administration of those cases. All MDL cases alleging a diagnosis of silicosis or silica-related disease are deemed Level 3. Nothing in this Order shall prevent the filing of any motion based on good cause. This Order is intended to supplant prior Texas Silica MDL orders governing trial settings.

B. Transfer to MDL 2004-70000

Only a party to an action, through its counsel of record, may transfer a case to this Court. Upon the filing of a transfer notice with this Court and the transferor court, the clerk of the transferor court shall transfer the entire case file to this Court.

C. All Discovery Will Be Conducted in MDL 2004-70000.

It is the intention of this Court that no action will be remanded to the trial court until the discovery period has ended, and the Court has had the opportunity to rule on pretrial motions and objections to pretrial filings. All discovery pursuant to Texas Rules of Civil Procedure 194, 196, 197 and 198 served by the parties prior to transfer that has yet to be answered is quashed and need not ever be answered. The parties may rely on discovery responses served prior to transfer. All depositions noticed in the original action prior to transfer are likewise quashed. Any depositions taken prior to transfer shall not be subject to re-notice or re-examination except in accordance with the Texas Rules of Civil Procedure.

D. Amendments and Modifications to the Order

Nothing in this Order is intended to limit any party's opportunity to seek amendment of this Order or other relief from the Court should this Order prove to be unworkable for any reason or fail to effectively manage case preparation. It is the intention of the parties that if a plaintiff fails to comply with its deadlines to identify fact and expert witnesses, that defendants shall have an automatic extension that is equal to the additional time taken by the plaintiff for their reciprocal obligations to identify fact witnesses, identify expert witnesses and disclose potential responsible third parties, so that the time intervals between the reciprocal obligations in this Order are maintained.

II. Initial Pleadings

A. Plaintiff's Petition

Each Plaintiff shall amend their individual petitions which includes the following if the information is not already included at the time of initial filing within 30 days after answering verified fact sheets:

1. Identify the claims that are being asserted against each Defendant, whether products liability or premises liability, or both, or some other theory of liability (including, but not limited to, manufacturing defect, marketing defect, design defect, strict liability, negligence, gross negligence, conspiracy, enterprise liability, and premises liability);
2. State the identity and location of each premises on which a premises liability allegation is based, when known;
3. State the identity of plaintiff's employers where exposure to silica occurred.
4. State the alleged illness or injury of the Plaintiff; and
5. State the identity of any product claimed to be responsible for the alleged injury.
6. State the years of exposure to silica

B. Expedited Case Notice

A case which meets the requirements of CPRC § 90.010(c) may be an expedited case or if the plaintiff's attorney sufficiently demonstrates an in extremis medical condition to the court. Attorneys for a Plaintiff electing Expedited Case status shall file and serve a Notice of Expedited Case status on all parties. This Notice shall be in the form of a separate pleading.

C. Cross-Claims

By appearing, each Defendant is deemed to have pleaded all issues of contribution as to all Defendants without the necessity of a separate cross-action. Defendants must

separately plead any indemnity claims against co-defendants if they intend to pursue them once the claims are remanded to the trial court.

Each Defendant is also deemed to have generally denied any cross-claim without further pleading. Whenever a defendant is nonsuited, dismissed, or otherwise formally released from a claim, all derivative liability of a non-manufacturing seller for distributing that defendant's product is extinguished, subject to the exceptions set forth in Texas Civil Practice and Remedies Code § 82.003. Any cross-claim, counterclaim or other claim for contribution brought by a co-defendant against the defendant being nonsuited or dismissed is automatically deemed dismissed without further order of the Court, unless a party files a written objection to the dismissal of the cross-claim, counterclaim or other claim within thirty (30) days.

D. Motions to Dismiss

1. Motions to Dismiss for failure to serve a complying medical report where the medical report is served with the original petition must be filed no later than 30 days after Defendant's initial responsive pleading is due.
2. An Order Granting a Motion to Dismiss under § 90.007 shall be entered as to all Defendants in the case unless good cause is shown.

III. MEDICAL REPORTS

A. Plaintiffs' Medical Reports

Each plaintiff must document his or her claims of silicosis or silica-related disease by providing a report that complies with the requirements and deadlines set forth in Chapter 90 of the Texas Civil Practice and Remedies Code (the "Medical Report"). No plaintiff's claim will proceed in MDL 2004-70000 until that plaintiff serves defendants with a Medical Report. Any objection by a defendant that a Medical Report fails to meet the requirements of § 90.004 of the Texas Civil Practice and Remedies Code must be made on or before the 30th day after the Medical Report is served on that defendant. Any objection by a defendant to a Medical Report must include the reasons why the report does not comply with § 90.004. All such objections shall be resolved before any plaintiff's claim may proceed in MDL 2004-70000. All defendants in that plaintiff's lawsuit shall be deemed to have joined in any such objection, unless a defendant opts out. Any objection to a Medical Report other than failure to comply with § 90.004 (such as *Robinson/Havner* challenges) may be made at any time before the case is remanded for trial. The claims of any plaintiff who does not provide a Medical Report in a case filed prior to September 1, 2005 shall not proceed with discovery until the requirements of §90.010(d) of the Texas Civil Practice and Remedies Code are met.

IV. DISCOVERY

Pursuant to Rule 194.2(a) of the Texas Rules of Civil Procedure and the Master In re Order signed on January 29, 2021, the deadline to make Initial Disclosures is extended in every case transferred to this Court. The deadline applicable to each party to make initial disclosures will be the deadline for each party to serve their Verified Fact Sheet, as set forth below. Additionally, for cases filed after January 1, 2021, the parties are not required to file or exchange Pretrial Disclosures under Rule 194.4, but are, instead, required to comply with the provisions of this order.

A. Plaintiffs' Verified Fact Sheet

1. GENERAL STATEMENTS:

Plaintiffs will answer the Verified Fact Sheet without objection in accordance with the procedure set forth below. Plaintiffs are entitled to rely on third-party discovery, co-worker testimony or any other information in addition to what plaintiff possesses to provide evidence of the products or premises which caused or contributed to plaintiff's alleged silica-related disease.

If a plaintiff intends to rely upon a fact witness to provide product or premises identification evidence, the plaintiff shall supplement his fact sheet with an addendum setting forth the identity of the fact witness (including the information required by Texas Rule of Civil Procedure 194.2(e) (Rule 194.2(b)(5) for cases filed after January 1, 2021), the worksite(s) at which the fact witness worked with the plaintiff, the time period during which they worked together, and a description of the exposure and the products about which the fact witness is expected to testify that plaintiff used. Plaintiff shall make such a disclosure for each living fact witness upon whom he will rely for product or premises identification.

2. PLAINTIFF'S VERIFIED FACT SHEET:

Once plaintiff has served the Medical Report described above and any objections to the sufficiency of that Medical Report have been resolved, each plaintiff shall complete and provide a sworn "Verified Fact Sheet" approved by the Court in MDL 2004-70000 Order No. 5 (Plaintiff's Verified Fact Sheet and Requests for Production to Plaintiffs) in accordance with the schedule set forth in Section IV(B)(1) below. A copy of the Plaintiff's "Verified Fact Sheet" is attached as Exhibit A.

3. RECORD AUTHORIZATIONS:

Each plaintiff shall execute the following authorization forms as part of his or her Verified Fact Sheet (copies of which are attached to this Order as **Exhibit B**).

- a. A HIPAA-compliant medical records authorization;
- b. IRS records authorizations;
- c. Employment records authorizations;
- d. Military records authorization, if applicable;
- e. Union records authorization, if applicable;
- f. A Railroad Retirement Board records authorization, if applicable;
- g. A Social Security Administration records authorizations; and
- h. A Department of Veteran Affairs records authorization, if applicable.
- i. Workers Compensation Records Authorization

For cases in the Texas State Silica MDL, the Court's October 25, 2019 Order on Motion to Clarify the Length of Time that Signed Authorizations are Valid will control. Any medical/health facility or individual doctor is required to provide records upon request, upon subpoena or authorizations up to the date of the request or subpoena and not limit the production to the date on the authorizations. There is no continuing duty upon a medical/health facility or individual doctor to supplement records unless requested.

4. REQUEST FOR DISMISSAL AFTER PLAINTIFF'S VERIFIED FACT SHEET:

The defendants whose products or premises are not listed by name or photograph in the completed Verified Fact Sheet, including all supplements and addenda served, shall be dismissed upon request or upon plaintiff's own initiative without prejudice from that plaintiff's lawsuit. Thirty (30) days after a dismissal request as described above, plaintiff shall supplement or add an addendum to his verified fact sheet, providing product or premises identification evidence for that defendant or plaintiff shall file a dismissal for that defendant. A dismissal under this provision shall have the effect of tolling the statute of limitations as to that plaintiff's claim against the dismissed defendant until the plaintiff files its motion to certification and remand for that plaintiff. The tolling period provided by this Order shall not waive any defense, right, objection, or motion that was available to the defendant and was timely asserted at the time the plaintiff's claim against that defendant was originally filed, including, but not limited to, any

defenses of limitations, repose or any other time-related, equitable, contractual or statutory defenses. Should plaintiff later develop product identification and reassert his claim against any defendant so dismissed, that defendant shall have the opportunity to conduct discovery (including, but not limited to, deposing the plaintiff), participate in motion practice, and otherwise avail itself of the provisions of this Order prior to the remand of that plaintiff's claim. When reasserting claims against previously dismissed defendants as described in the previous sentence, plaintiff shall not be required to request the issuance of citation to effectuate service but may rely on written notice to counsel of record for the previously dismissed defendant to reassert the claim.

B. Written Party Discovery

1. Defendants' Written Discovery to Plaintiffs

a. Expedited Cases -

Plaintiff shall answer the Verified Fact Sheet and must provide complete answers to the Requests for Production that were approved by the Court in MDL 2004-70000 Order No. 5 (Plaintiff's Verified Fact Sheet and Requests for Production to Plaintiffs) and must also provide answers to Texas Rule of Civil Procedure 194 Initial Disclosures (or, if applicable, Rule 194.2 Request for Disclosure) within forty-five (45) days from service of Notice of Expedited status and must serve complete answers before filing a Conditional Certification Requesting Remand and Trial Date. A copy of the Requests for Production to Plaintiffs is attached as "Exhibit C." Notwithstanding any other provisions in this Order, objections and claims of privilege shall be timely if asserted when the original response to the question or request is made. All discovery is subject to a duty to supplement under Texas Rules of Civil Procedure 193.5.

b. Non-Expedited Cases -

Plaintiff shall answer the Verified Fact Sheet and must provide complete answers to the Requests for Production that were approved by the Court in MDL 2004-70000 Order No. 5 (Plaintiff's Verified Fact Sheet and Requests for Production to Plaintiffs) and must also provide answers to Texas Rule of Civil Procedure 194 Initial Disclosures (or, if applicable, Rule 194.2 Request for Disclosure) within twelve (12) months of serving a complying medical report or be subject to a Motion to Dismiss for Want of Prosecution. A copy of the Requests for Production to Plaintiffs is attached as "Exhibit C." Plaintiff must serve complete answers before filing a Conditional Certification Requesting Remand and Trial Date. Objections

and claims of privilege shall be timely if made at or before the time original answers to master discovery is served. All discovery is subject to a duty to supplement under Texas Rules of Civil Procedure 193.5.

c. Other Written Discovery-

No other interrogatories, requests for production, or requests for disclosure shall be served, nor response required, without leave of court. Generally, after receipt of a Plaintiff's initial responses to Master Discovery, non-duplicative narrowly focused additional Interrogatories and Requests for Production applicable to a specific Plaintiff or Defendant will be allowed on a regular basis, upon request for leave of this Court to serve discovery of this nature. The deadline to respond to any such additional discovery will be within forty-five (45) days of service of such additional discovery requests unless otherwise ordered or agreed.

2. Plaintiffs' Written Discovery to Defendants

a. Expedited Cases -

Defendants identified by a specific product in a Plaintiff's Verified Fact Sheet other than Premises Defendants shall answer the Verified Fact Sheet in the form approved by the Court in Order No. 6 ("Defendant's Verified Fact Sheets") and must provide complete answers to the Requests for Production that were approved by the Court in MDL 2004-70000 Order No. 9 ("Plaintiff's Master Set of Requests for Production to Defendants"), and must also provide answers to Texas Rule of Civil Procedure 194 Initial Disclosures (or, if applicable, Rule 194.2 Request for Disclosure) within seventy-five (75) days from service of Notice of Expedited status. A copy of the Defendant's Verified Fact Sheets is attached as **Exhibit D**. A copy of the Requests for Production to Defendants is attached as **Exhibit E**. If Notice of Expedited Status was served on the Defendant before the Defendant's appearance day, that Defendant's deadline to respond to the above discovery shall be 75 days from the date the Defendant files its initial responsive pleadings in the case. Objections and claims of privilege shall be timely if made at or before the time original answers to the above discovery is served. Discovery to Premises Defendants shall be governed by Order No. 7 ("Discovery to Premises Defendants"), a copy of which is attached as **Exhibit F**.

Defendant's Verified Fact Sheet is to be answered without objection. A defendant's response shall be limited to the products specifically identified in the Plaintiff's Verified Fact Sheet. Defendants may each serve only one

Verified Fact Sheet, subject to a duty to supplement imposed by the Texas Rules of Civil Procedure 193.5

b. Non-Expedited Cases –

Defendants identified by a specific product in a Plaintiff's Verified Fact Sheet other than Premise Defendants shall answer the Verified Fact Sheet in the form approved by the Court in Order No. 6 ("Defendant's Verified Fact Sheets"), Exhibit D, and must provide complete answers to the Requests for Production that were approved by the Court in MDL 2004-70000 Order No. 9 ("Plaintiff's Master Set of Requests for Production to Defendants"), Exhibit E, and must also provide answers to Texas Rule of Civil Procedure 194 Initial Disclosures (or, if applicable, Rule 194.2 Request for Disclosure) not later than forty-five (45) days after service of any Plaintiff's Verified Fact Sheet that identifies a product of that defendant. A defendant's response shall be limited to the products specifically identified in the Plaintiff's Verified Fact Sheet. Defendants may each serve only one Verified Fact Sheet, subject to a duty to supplement imposed by the Texas Rules of Civil Procedure 193.5 If Plaintiff's Verified Fact Sheet is served on the Defendant before the Defendant's appearance day, that Defendant's deadline to respond to the above discovery shall be 45 days from the date the Defendant files its initial responsive pleadings in the case. Objections and claims of privilege shall be timely if made at or before the time original answers to the above discovery is served. Discovery to Premise Defendants shall be governed by Order No. 7 ("Discovery to Premise Defendants").

Defendant's Verified Fact Sheet is to be answered without objection. A defendant's response shall be limited to the products specifically identified in the Plaintiff's Verified Fact Sheet. Defendants may each serve only one Verified Fact Sheet, subject to a duty to supplement imposed by the Texas Rules of Civil Procedure 193.5

c. Other Written Discovery-

No other interrogatories, requests for production, or requests for disclosure shall be served, nor response required, without leave of court. Generally, after receipt of a Defendant's initial responses to Master Discovery, non-duplicative narrowly focused additional Interrogatories and Requests for Production applicable to a specific Plaintiff or Defendant will be allowed on a regular basis, upon request for leave of this Court to serve discovery of this nature. The deadline to respond to any such additional discovery will be forty-five (45) days of service of such additional discovery requests

unless otherwise ordered or agreed.

3. Written Discovery for All Parties

- a. The term "Master Discovery" means the MDL discovery for Plaintiffs and Defendants as set forth in **Exhibits A, B, C, D, and E** hereto. Parties may file answers to Master Discovery in the *In Re Silica Litigation* matter (cause No. 2004-70000), at their election, with service on all parties. Such discovery shall be fully amended not merely supplemented as appropriate such that each version of the answers is a complete set of answers in one document. If answers are filed in the *In Re* file, the party must timely file a brief statement of adoption in each individual case in which the party wants the answers deemed filed and must serve the notice of adoption on all parties in the individual case(s).
- b. Requests for Admission shall not be served on any party prior to certification.

C. Plaintiff Specific Discovery

1. Depositions

Depositions of plaintiffs who have completed and served a Medical Report and Verified Fact Sheet (including the required Record Authorizations) will proceed in accordance with the Texas Rules of Civil Procedure, not earlier than forty-five (45) days after a plaintiff serves his or her Verified Fact Sheet on defendants. Absent agreement of the parties, or upon good cause shown, no plaintiff will be deposed unless defendants possess a Social Security Administration earnings report encompassing the plaintiff's entire work history, subject to the provisions of MDL 2004-70000 Order No. 1 relating to perpetuation of testimony. Defendants must exercise diligence in obtaining Social Security Administration earnings reports with the authorization provided by plaintiffs.

a. Expedited Depositions

For good cause, a plaintiff's deposition may be taken on an expedited basis. To take such a deposition, Plaintiff's counsel must comply with Order No. 1 Allowing Perpetuation of Testimony, which is attached as **Exhibit G**.

Plaintiff will use "extreme diligence" in providing complete responses to the Verified Fact Sheet, Request for Production, and Rule 194 Disclosures.

Such responses shall provide as much information as is available in the exercise of "extreme diligence" and shall be served at least seven (7) business days before the deposition.

Any Defendant that does not believe good cause for the expedited deposition has been shown, or believes that the Plaintiff has failed to comply with the discovery requirements set forth above, shall, within three (3) business days of receipt of the deposition notice, notify Plaintiff's counsel, in writing, of the objection and arrange a telephone hearing with the Court. The notice of objection shall include a notice of hearing stating the date and time of the hearing.

The deposition may take place at (1) a location in close proximity to the Plaintiff's home, other than a private residence; (2) in the Plaintiff's home, if Plaintiff is physically unable to give a deposition in another location; or (3) any other location agreed upon by the parties.

b. Non-Expedited Depositions

Each Plaintiff, including the estate representative, is to be presented for deposition, unless physically unable, before filing a conditional certification. The presumption is that Plaintiff's counsel will schedule Plaintiff's deposition by agreement. Notice shall only be served after reasonable attempts to schedule Plaintiff's deposition have failed.

The deposition of each Plaintiff is limited to six (6) hours of deposition time per side unless otherwise agreed or ordered by the Court.

c. Deposition of Plaintiff Required

A Plaintiff must appear for an oral deposition. If Plaintiff is unable to appear for an oral deposition, Plaintiff will not be able to testify at trial.

d. Request for Dismissal after Plaintiff's Deposition

Any defendant against whom a plaintiff's deposition testimony provides no support and whose product is not identified by sources other than plaintiff in Plaintiff's Verified Fact Sheet, may make a written request for a dismissal following plaintiff's deposition, stating the rationale for the dismissal. Plaintiff shall have thirty (30) days to file the dismissal without prejudice of that defendant or to object to the request in writing, stating the rationale for the objection. A dismissal under this provision shall have the effect of tolling the statute of limitations as to that plaintiff's claim against

the dismissed defendant until the end of the discovery period for that plaintiff. The tolling period provided by this Order shall not waive any defense, right, objection, or motion that was available to the defendant and was timely asserted at the time the plaintiff's claim against that defendant was originally filed, including, but not limited to, any defenses of limitations, repose or any other time-related, equitable, contractual or statutory defenses. Should plaintiff later develop product identification and reassert his claim against any defendant so dismissed, that defendant shall have the opportunity to conduct discovery (including, but not limited to, re-deposing the plaintiff), participate in motion practice, and otherwise avail itself of the provisions of this Order prior to the remand of that plaintiff's claim. When reasserting claims against previously dismissed defendants as described in the previous sentence, plaintiff shall not be required to request the issuance of citation to effectuate service but may rely on written notice to counsel of record for the previously dismissed defendant to reassert the claim.

2. Physical Examination of the Plaintiff

a. Expedited Cases

i. A Plaintiff shall submit to a physical examination by a qualified physician in accordance with the procedures set forth in Texas Rules of Civil Procedure 204.2 and 204.3, if requested by a Defendant, before Plaintiffs' counsel files a Conditional Certification Requesting Remand and Trial Date.

ii. In the event of the death of a Plaintiff, Plaintiff's counsel shall notify Defendants, by letter or discovery response, whether an autopsy of any type, private or public, was performed upon the deceased and, if so, Plaintiff's Counsel shall provide the autopsy report to all parties within thirty (30) days of its receipt.

b. Non-Expedited Cases

i. Unless physically unable, each Plaintiff shall submit to one physical examination by a qualified physician, in accordance with the procedures set forth in Texas Rules of Civil Procedure 204.2 and 204.3, upon written request by a Defendant. Efforts shall be made for this examination to take place in connection with the Plaintiff's deposition. The physical examination shall be in the county of the deposition, in the county where the suit is pending, or such other location as agreed upon by counsel. All doctors performing such an examination shall promptly produce a report of such examination. Reports relating to the examination shall be produced to Plaintiff's counsel within thirty (30) days of receipt by defense counsel.

c. Additional Requirements for All Cases

All defendants with products or premises specifically identified in Plaintiff's Verified Fact Sheets or in Plaintiff's deposition as having caused plaintiff's alleged silica-related disease shall participate in funding any physical examination of a plaintiff, unless they opt out by giving written notice to the Defense Liaison Counsel in the case prior to the examination. Defendants who fail to participate in funding the examination or who opt out will not be entitled to any report generated from the examination or to use any such report for any purpose at trial, nor will they be entitled to the testimony of the examining professional at trial. Defendants that are added to a plaintiff's claim or a plaintiff's Verified Fact Sheet after the physical examination of that plaintiff, or defendants that are dismissed based on lack of product identification in Plaintiff's Verified Fact Sheet or plaintiff's deposition but against whom plaintiff later reasserts his or her claims, may opt in to the physical examination by giving notice to Defendants' Liaison Counsel in the case.

In the event that a medical expert witness who will be called to testify at trial about medical opinions on behalf of plaintiff further examines the plaintiff or develops new opinions regarding that plaintiff after that plaintiff has appeared for a physical examination, the defendants in the case shall have the right to have the plaintiff appear for an additional physical examination prior to remand without leave of this Court.

All pathological materials, Plaintiff-specific diagnosing medical reports, x-rays, CT scans, and other medical imaging that Plaintiffs have obtained shall be provided to the Defense Liaison Counsel no later than the defense medical examination or if no medical examination, then thirty (30) days before filing a Conditional Certification Requesting Remand and Trial.

Defense counsel shall promptly notify Plaintiff's counsel, in writing, of all x-rays, CT scans, and other medical imaging obtained by defense counsel and shall describe the imaging in sufficient detail to allow Plaintiff's counsel to determine whether Plaintiff's counsel wants the materials for Plaintiff's expert to review. All such imaging shall be provided to Plaintiffs' counsel before trial upon written request.

After certification, all original pathology, x-rays, CT scans and other medical imaging should be made available for either side's experts who may need such information for expert preparation and testimony.

All x-rays, CT scans, other medical imaging, and pathology materials

exchanged by counsel so provided shall be returned under the court's prior order of March 16, 2018.

3. Plaintiff Fact Witnesses

a. Expedited Cases

- i. Plaintiff shall, in response to master discovery and before filing a Conditional Certification Requesting Remand and Trial Date, provide Defendants the identity, address and phone number of all fact witnesses, including a concise summary of the testimony of each. If a fact witness is represented by Plaintiff's counsel, the fact of that representation shall be disclosed. The witnesses designated should be a complete list of all witnesses expected to be called to testify and should not include witnesses that, in good faith, will not be called to testify. Witnesses not named will be allowed to testify only after heightened scrutiny as to the reason they were not previously named.
- ii. Generally, depositions of fact witnesses should be taken before those of expert witnesses. Exceptions to this rule are expected to exist on a regular basis.
- iii. The time period to take such depositions shall expire ninety (90) days after certification or thirty (30) days prior to the pre-trial hearing, whichever is later.

b. Non-Expedited Cases

- i. Each fact witness shall be identified by Plaintiff no later than thirty (30) days before filing a Conditional Certification Requesting Remand and Trial Date. Supplemental designations of fact witnesses within forty-five (45) days of the pre-trial hearing may cause a delay in the trial of the case. If a fact witness is represented by plaintiffs' counsel, it shall be noted.
- ii. Each fact witness within control of Plaintiff or Plaintiff's counsel whom the Plaintiff intends to call to testify shall be presented for deposition, upon request by any Defendant, within a reasonable time, but no later than thirty (30) days before the pre-trial hearing, unless otherwise ordered by the Court.
- iii. Depositions of fact witnesses should be taken before those of expert witnesses, unless the parties agree otherwise.

4. Plaintiff Expert Witnesses

a. Expedited Cases

- i. Plaintiff shall, in response to Master Discovery and before filing a Conditional Certification Requesting Remand and Trial Date, provide Defendants the identity of all expert witnesses, including a concise summary of the testimony of each. The witnesses designated should be a complete list of witness expected to be called and should not include witnesses that, in good faith, will not be called. Witnesses not named will be allowed to testify only after heightened scrutiny as to the reason they were not previously named.
- ii. Reports shall be provided for Plaintiff-specific medical causation experts at least ten (10) days before the deposition of the expert. Reports shall be provided for other experts only upon motion and order.
- iii. Generally, depositions of Plaintiff's expert witnesses should be taken before those of Defendants' expert witnesses, within the same area of expertise. Exceptions to this are expected on a regular basis.
- iv. Experts shall be tendered for deposition within a reasonable time upon written request. The time period to take such depositions shall expire ninety (90) days after certification or thirty (30) days prior to the pre-trial hearing, whichever is later.

b. Non-Expedited Cases

- i. Each expert witness for a Plaintiff shall be identified no later than thirty (30) days before filing a Conditional Certification Requesting Remand and Trial. Supplemental designation of expert witnesses within sixty (60) days of the pre-trial hearing may cause delay in the trial of the case.
- ii. Each expert witness whom Plaintiff intends to call to testify at trial shall be presented for deposition, upon the written request of any Defendant, within a reasonable time but no later than thirty (30) days before the date of the pre-trial hearing.
- iii. Reports shall be provided for Plaintiff-specific medical causation experts at least ten (10) days before the deposition of the expert. Reports shall be provided for other experts only upon motion and order.

- iv. Depositions of Plaintiff's expert witnesses shall be taken before defense expert witnesses, within the same area of expertise, unless the parties agree otherwise.

D. Defendant Specific Discovery

1. Fact Witnesses

a. Expedited Cases

- i. Defendants shall designate their fact witnesses within thirty (30) days after certification. Supplemental designations may be made until ninety (90) days after certification or thirty (30) days prior to the pre-trial hearing whichever is later.
- ii. The time period to take such depositions shall expire 100 days after certification or twenty-one (21) days prior to the pre-trial hearing, whichever is later.

b. Non-Expedited Cases

- i. The fact witnesses for each Defendant shall be designated no later than thirty (30) days after certification. Supplemental designations may be made until thirty (30) days before the assigned trial date. If a fact witness is represented by defendant's counsel it shall be disclosed.
- ii. The fact witnesses within control of Defendant or defense counsel whom each Defendant intends to call to testify shall be presented for deposition within a reasonable time of the written request of another party, but no later than fourteen (14) days prior to the pre-trial hearing.

2. Expert Witnesses

a. Expedited Cases

- i. Defendants shall designate their expert witnesses within thirty (30) days after certification. Supplemental designations may be made until forty-five (45) days before the pre-trial hearing.
- ii. Experts shall be tendered for deposition within a reasonable time upon written request. The time period to take such depositions shall expire one hundred (100) days after certification or twenty-one (21) days prior to the pre-trial

hearing, whichever is later.

b. Non-Expedited Cases

- i. The expert witnesses for each Defendant shall be identified no later than thirty (30) days after certification. Supplemental designations may be made until forty-five (45) days before the pre-trial hearing.
- ii. The expert witnesses each Defendant intends to call to testify shall be presented for deposition, upon written request of the Plaintiff, within reasonable time, but no later than twenty-one (21) days before the pre-trial hearing.

3. Corporate Representatives

No sooner than sixty (60) days after a defendant serves its Verified Fact Sheet, Plaintiffs' counsel may notice the Rule 199.2(b)(1) organizational deposition of that defendant. Plaintiffs may only depose each defendant once in MDL 2004-70000, absent agreement of the parties or with good cause as ruled upon by the Court. Each defendant, however, may need to produce more than one witness to address each of the noticed topics. Depositions of multiple witnesses under that scenario will constitute a single deposition of a defendant.

E. Third Party Discovery

At any time, the parties in a particular case may conduct third party discovery. It is assumed that Plaintiffs' Liaison Steering Committee, Defendants' Liaison Steering Committee and representatives of any third parties will cooperate in the scheduling of third-party discovery. No party to any case in MDL 2004-70000 is a "third party" for purposes of this Order.

V. CERTIFICATION AND REMAND

All Plaintiffs must comply with each one of the following to obtain certification, a trial setting, and remand for trial unless remanded due to the fact the plaintiff was ineligible for transfer under Chapter 90 of the Texas Civil Practice and Remedies Code:

- a. Tender of all Plaintiff(s) in the subject case for deposition;
- b. Provide social security earnings information;

- c. Provide updated medical records, including X-rays, CT scans, and other medical imaging; and
- d. Provide updated Verified Fact Sheets and responses to Requests for Production and to Requests for Disclosure (or in cases filed on or after January 1, 2021 Initial Disclosures and Testifying Expert Disclosures) pursuant to Texas Rule of Civil Procedure 194.2 or other discovery as directed by this Court.

A. Upon completion of the discovery obligations by Plaintiff as set forth in Section V(a), V(b), V(c), and V(d) above, or a showing of good cause as to why such information or materials cannot be provided, Plaintiff's counsel may file a Conditional Certification Requesting Remand and Trial Date, which shall be served pursuant to the Texas Rules of Civil Procedure.

B. Within ten (10) days of receipt of a request for trial setting, any opposing party that does not believe that the requirements have been met shall file objections notifying requesting party, in writing, of the specific deficiencies it believes to exist. Any party not opting out of the objections is deemed to join in the objections to the trial request. In order for a case to be set for trial, requesting party shall arrange for a hearing with this Court on a date no sooner than fifteen (15) days after filing of the request for trial setting, at which hearing any timely filed objections will be considered.

C. If no objections or joinders to objections to conditional certification are timely raised, or the objections to certification are overruled; the case is certified, and certification is effective as of the hearing date.

D. Vacation letters not brought to the Court's attention before certification are deemed waived.

E. Remand shall not be less than 180 days after the trial setting is granted in a Non-Expedited case and no less than 120 days in an Expedited case unless otherwise ordered by the Court.

F. A written order setting the trial date shall be issued by this Court. Plaintiff shall present a proposed order to this Court at the trial setting request hearing and Plaintiff shall serve a copy of the order signed by this Court with the designated trial date on all counsel of record.

G. Except as otherwise required by statute or the Texas Rules of Civil Procedure, all motions, other than motions in limine and motions for summary judgment, must be filed no later than 21 days prior to the pre-trial conference.

H. This Court, in conjunction with the trial court, may set a transferred case for trial at such time and on such a date as will promote the convenience of the parties and witnesses and the just and efficient disposition of all related proceedings. This Court will confer with the trial court regarding potential trial settings or other matters regarding remand. The trial court must cooperate reasonably with this Court, and this Court must defer appropriately to the trial court's docket. The trial court must not continue or postpone a trial setting, without the concurrence of this Court. The parties shall receive at least forty-five (45) days notice of an initial trial setting.

I. Motions to challenge the qualifications of experts and/or the admissibility of expert testimony shall be filed no later than twenty-one (21) days prior to the pre-trial hearing. Motions which are the subject of this provision must be heard at least seven (7) days prior to the pre-trial hearing with notice to opposing counsel at least ten (10) days prior to the hearing.

J. Motions for summary judgment shall be heard prior to the pre-trial hearing absent exceptional circumstances.

K. No-Evidence Motions for Summary Judgment may be filed and set for hearing pursuant to the Texas Rules of Civil Procedure. Any request for a delay on a hearing will require a motion which sets forth specifically what discovery is necessary to enable the requesting party to respond to the motion for summary judgment.

VI. Post-Certification Discovery Obligations

Although not a prerequisite for seeking and obtaining a trial setting, Plaintiffs are to comply with the following discovery obligations within sixty (60) days after requesting a trial setting for a Non-Expedited case and thirty (30) days for an Expedited case, subject to amendments by a showing of good cause:

A. Tender of previously deposed Plaintiffs for non-duplicative depositions;

B. Tender of Plaintiffs for defense physical medical examinations pursuant to this Order;

C. Fact witnesses must be disclosed pursuant to the requirements in Texas Rule of Civil Procedure 194.2(e) in cases filed before January 1, 2021 and Rule 194.2(b)(5) in cases filed after January 1, 2021. In addition, Plaintiffs are to disclose whether any fact witness is deceased and whether Plaintiffs intend to offer at trial prior deposition testimony of any fact witness. If Plaintiffs intend to offer prior testimony, transcripts for all such testimony must be produced to Defendants;

D. Bankruptcy trust disclosures shall be provided for all bankruptcy trust claims that have been made prior to a request for trial setting. Otherwise, Plaintiffs are to comply with the bankruptcy trust claims provisions in Chapter 90 of the Texas Civil Practice and Remedies Code, including service to Defendants of notice of filings of, and bankruptcy trust claim materials relating to, each trust claim made by or on behalf of the exposed person 120 days before the scheduled trial date; and

E. Depositions by Defendants, if requested, of the physicians who provided the original diagnoses, regardless of such physicians' current designation or if they are now retired. Defendants shall have the responsibility to obtain these depositions, including the issuance of subpoenas. The Court will consider any motions to quash such depositions.

VII. Final Pre-Trial Hearing and Order of Remand

All pre-trial proceedings shall take place in this Court. There shall be a pre-trial conference in each case. Seven (7) days before the pre-trial conference, the parties shall exchange final exhibit and witness lists, deposition designations, and motions in limine. The parties are to exchange rebuttal page and line designations and objections to the designated deposition testimony three (3) days prior to the pre-trial conference and objections to those pages shall be filed one (1) day prior to the pre-trial conference. The parties shall confer on objections to such designations and motions before the pre-trial conference.

VIII. Bankrupt Defendants

Upon receiving notice of an automatic stay against a bankrupt defendant, this Court will, within fourteen (14) days, sever all known causes of action or claims brought by or against such bankrupt defendant into a separate Cause Number. When an automatic stay against a bankrupt defendant is lifted and that defendant has not received a discharge in bankruptcy, a party has ninety (90) days to advise this Court that such party wishes to proceed against the defendant. Failure of a party to advise this Court of that party's intent to proceed against such defendant within ninety (90) days after such party receives notice of such lifting of the automatic stay will result in an automatic dismissal for want of prosecution, but will not affect that defendant's designation as a responsible third party.

IX. Court Administration

A. Within thirty (30) days of service of the latter of a complying medical report, Notification of Service of a Complying Medical Report, and service of

Plaintiff's Verified Fact Sheet, Rule 194 Disclosures, and Responses to Requests for Production, Defendants shall confer and designate one counsel to serve as "Liaison Defense Counsel" for each case. Liaison Defense Counsel will promptly file and serve a notice notifying this Court and all parties of the designation. Unless otherwise specified in this Order, Liaison Defense Counsel shall coordinate among Defendants: (1) to schedule Plaintiff's deposition; (2) to schedule a medical examination of Plaintiff; and (3) to schedule pathology review. Should such Liaison Defense Counsel's client(s) resolve the case, a notice of withdrawal as Liaison Defense Counsel shall promptly be filed and the Defendants shall promptly appoint new Liaison Defense Counsel.

B. The Defendants, through Liaison Defense Counsel, or other designee, shall work with Plaintiff's counsel to agree upon a third-party records ordering service or services to share equally in the reasonable acquisition and copying costs of medical records, pathology, and medical imaging provided to Defendants pursuant to this Order.

C. The Clerk of this Court shall maintain a file entitled "In re: MDL Silica Litigation," which may be referred to as the "MDL Master Silica File." All motions, orders, and other instruments that apply to all silica cases shall only be filed in the MDL Master Silica File and shall be captioned "In Re: MDL Silica Litigation" (Cause No. 2004-70000) and bear the name of the motion. A motion, order, or other instrument filed in the MDL Master Silica File is deemed filed in each and every silica case to which it may be applicable and is incorporated by reference into such case for all purposes. Any motion or other instrument not applicable to all silica-related cases shall be captioned with the individual case name and contain the individual cases' cause number.

D. Counsel may file for admission pro hac vice in accordance with the Texas Government Code. Once a pro hac vice admission is granted for counsel, such counsel may participate in any MDL proceeding. Admission of an attorney pro hac vice in an In Re proceeding does not extend to the trial of any underlying action following remand. If a pro hac vice admission is granted in a specific case while it is in the MDL, the pro hac vice admission extends to the trial of that case following remand. Moreover, a pro hac vice motion is not mandatory for the use of out-of-state attorney who appears on behalf of a party at a deposition taking place in a state other than Texas.

E. Counsel for movant shall promptly notify the Coordinator of this Court by email or telephone of the cancellation of any hearing. Service of a Notice canceling a hearing is insufficient to notify the Court that a hearing has been passed or cancelled.

F. Double captions are required. All documents filed or served in plaintiff-specific cases in the MDL must list both the plaintiff-specific MDL cause number and style and the original cause number and style.

X. Miscellaneous Provisions

A. This Court may permit alternative dispute resolution if the parties mutually agree to participate. The trial court will not order alternative dispute resolution without the consent of the pre-trial court.

B. For weekly hearings and other matters, parties are encouraged to utilize teleconferencing to the extent such technology is available and will facilitate convenience.

C. Should any hearing be canceled by agreement of the parties directly involved in the hearing, the movants, parties joining the motion to be heard and the respondent shall not be required to seek agreement from all parties to a particular case to cancel the hearing.

D. Unless specifically addressed in this Case Management Order, the Texas Rules of Civil Procedure will govern all deadlines.

E. Except for the trial date and pre-trial date, any other deadline may be amended by agreement.

F. Unless otherwise addressed in this Case Management Order, the prevailing party in any contested matter shall, within ten (10) days of a ruling by the Court, prepare a written order for the Court's signature submitted for approval to opposing counsel and shall serve all parties with a copy of the signed order.

G. All unopposed or agreed matters along with a proposed order may be presented to the Court for ruling by submission with appropriate notice.

H. The provisions herein shall apply absent good cause found to extend, shorten or otherwise modify designated time frames.

I. Nothing in this Order shall preclude any party from making an application to the Court for relief from this Order.

J. Unless otherwise agreed by the parties, all depositions shall be conducted on normal business days, which is defined as days upon which the Harris County

courthouse is open for business (excluding those days the courthouse might be closed due to local weather conditions).

SIGNED and ENTERED this the 14th day of February, 2022.



THE HONORABLE MARK DAVIDSON

MDL CAUSE NO. _____

PLAINTIFF	§	IN THE DISTRICT COURT OF
	§	
VS.	§	HARRIS COUNTY, TEXAS
	§	
DEFENDANT, ET AL	§	333RD JUDICIAL DISTRICT

Transferred From
MDL CAUSE NO. _____

PLAINTIFF	§	IN THE DISTRICT COURT OF
	§	
VS.	§	ORIGINAL COUNTY, TEXAS
	§	
DEFENDANT, ET AL	§	ORIGINAL JUDICIAL DISTRICT

NOTIFICATION OF SERVICE OF A MEDICAL REPORT COMPLYING
WITH § 90.004 OR § 90.010

TO ALL COUNSEL OF RECORD:

PLEASE TAKE NOTICE that on (date), Plaintiff served a report complying with

_____ § 90.004 _____ § 90.010

via _____ facsimile _____ CM/RRR _____ E-Serve _____ hand delivery. Such
report was from (Doctor's name) and was dated (Date of report).

Respectfully submitted,

Plaintiff's counsel signature block

MDL CAUSE NO. _____

PLAINTIFF	§	IN THE DISTRICT COURT OF
	§	
VS.	§	HARRIS COUNTY, TEXAS
	§	
DEFENDANT, ET AL	§	333RD JUDICIAL DISTRICT

Transferred From
MDL CAUSE NO. _____

PLAINTIFF	§	IN THE DISTRICT COURT OF
	§	
VS.	§	ORIGINAL COUNTY, TEXAS
	§	
DEFENDANT, ET AL	§	ORIGINAL JUDICIAL DISTRICT

ORDER SETTING TRIAL DATE

The Court, finding that the prerequisites for Certification for Remand and Trial Date have been met, certifies this case as of _____, as a _____ Non-Expedited Case _____ Expedited Case

This case is set for pre-trial hearing before this Court on _____.

This case is set for trial before _____ on _____.

Signed this _____ day of _____, 20____.

HONORABLE MARK DAVIDSON

EXHIBIT A

Plaintiff Name: _____
Address: _____

SSN: _____
DOB: _____
DOD: _____

TEXAS STATE SILICA MDL
PLAINTIFF'S VERIFIED FACT SHEET

1. MEDICAL HISTORY and HEALTHCARE PROVIDERS

- A. Please provide the following information for each physician, doctor, B-Reader, clinic, hospital, or other healthcare provider ("Healthcare Provider") that you have seen or who has treated you, that you do not contend is protected from disclosure by privilege. If you cannot recall all of the details regarding the Healthcare Providers that you have seen, please provide as much information as possible. This provision specifically includes all Healthcare Providers who participated in the screening of plaintiff.¹

Name of Healthcare Provider: _____
Specialty, if any: _____
Address: _____
Phone: _____
Reason for treatment: _____
Dates of treatment: _____

2. Name of Healthcare Provider: _____
Specialty, if any: _____
Address: _____
Phone: _____
Reason for treatment: _____
Dates of treatment: _____

3. Name of Healthcare Provider: _____
Specialty, if any: _____
Address: _____
Phone: _____
Reason for treatment: _____
Dates of treatment: _____

4. Name of Healthcare Provider: _____
Specialty, if any: _____
Address: _____
Phone: _____
Reason for treatment: _____
Dates of treatment: _____

5. Name of Healthcare Provider: _____
Specialty, if any: _____
Address: _____
Phone: _____
Reason for treatment: _____
Dates of treatment: _____

¹ "Screening," for purposes of this verified fact sheet means any examination or testing, whether radiographic or otherwise, for the purpose of identifying lung-related illness, and specifically includes examination for purposes of litigation or possible litigation.

Exhibit A

Plaintiff Name: _____ SSN: _____

[ATTACH ADDITIONAL PAGES, IF NECESSARY]

Are you withholding the identity of a Healthcare Provider under a claim of privilege? ☐ Yes ☐ No

B. Describe your current use of prescription and non-prescription medication (including any and all respiratory medications, aids, and appliances) by providing:

The name of all such medications: _____

2. The date that you first started using each medication listed: _____

3. The name of the prescribing physician: _____

II. PHYSICAL INJURIES, ILLNESSES and DAMAGES

A. If you are making a claim or have filed a lawsuit, or have previously made a claim or filed a lawsuit for physical injuries or illness resulting from your exposure to sand, silica, asbestos, fumes, fibers, particulates or any other chemical or allegedly toxic substance, please describe the following separately for each claim, past or present:

For each claim or lawsuit, please provide the following information:

1. Nature of physical injuries or illness, including diagnosis: _____

2. The date that you first became aware of the physical injuries or illness: _____

3. The date you were diagnosed with the injuries or illness: _____

4. Who diagnosed you: _____

5. How you first became aware of the physical injuries or illness you allege: _____

6. Are you still suffering from the injuries or condition you allege? If so, please describe: _____

7. If you rely on pulmonary function tests or x-rays to support your diagnosis of the physical injury or illness you allege, identify the date(s) of the pulmonary function tests and x-rays, where these tests were performed, and who performed the tests: _____

Did you see or were you seen by a Healthcare Provider, screener, screening facility, or diagnosing doctor, other than those listed above in Section IA, for the physical injuries or illness listed above? ☐ Yes ☐ No

Plaintiff Name: _____

SSN: _____

If YES, please complete the following for each Healthcare Provider, screener, or diagnosing doctor: _____

- a. Name: _____
- b. Address: _____
- c. Date of first consultation with that Healthcare Provider, screener, or diagnosing doctor: _____
- d. Date of last consultation: _____
- e. Do you plan to continue to consult with that Healthcare Provider, screener, or diagnosing doctor in the future? ☐ Yes ☐ No
- f. Did you discuss your work history? ☐ Yes ☐ No
- g. Did you discuss any exposure to sand, silica, asbestos, fumes, fibers, particulates or any other chemical or allegedly toxic substance? ☐ Yes ☐ No

B. If you are making claims for out-of-pocket fees or expenses as a result of this lawsuit, please complete the following:

- 1. Describe the fees or expenses: _____
- 2. Amount of fees or expenses requesting and incurred: _____

C. Are you making a claim for lost wages or lost earning capacity? ☐ Yes ☐ No

If YES, please describe your claim for lost wages/lost earning capacity by providing the amount of lost wages claimed and your gross salary for any time period at issue: _____

D. For the past 10 years, please identify the following employment related information:

Employer Name: _____
Employer Address: _____
Job Duties: _____
Job Title: _____
Date Employed: _____
Full-time or Part-time: _____
Name of Supervisor: _____

2. Employer Name: _____
Employer Address: _____
Job Duties: _____
Job Title: _____
Date Employed: _____
Full-time or Part-time: _____
Name of Supervisor: _____

3. Employer Name: _____
Employer Address: _____
Job Duties: _____
Job Title: _____
Date Employed: _____
Full-time or Part-time: _____
Name of Supervisor: _____

Plaintiff Name: _____

SSN: _____

[ATTACH ADDITIONAL PAGES, IF NECESSARY]

- E. Has any insurance company, governmental entity, or other company paid medical bills on your behalf related to exposure to sand, silica, asbestos, fumes, fibers, particulates or any other chemical or allegedly toxic substance? ☐ Yes ☐ No

If YES, please complete the following:

Name of Company	Address/Telephone Number

III. WORK SITES and JOBS

For each work site at which you were exposed to sand or silica-containing materials, including non-parties' premises, provide the following information:

Employer: _____
Occupation: _____
Name of facility: _____
Work site name: _____
Work site address or
description of location: _____
Work site city, state: _____
Owner of Work site: _____

Date first worked at this work site: _____ Date last worked at this work site: _____

Date you were first exposed to sand or silica-containing products at this work site: _____

Number of weeks/months/years you worked at this work site: _____

Date you were last exposed to sand or silica-containing products at this work site: _____

If you did not work at this work site continuously, list the calendar months and years that you worked at this work site: _____

Work site type: ☐ Abrasive blasting ☐ Ceramic plant ☐ Foundry ☐ Glass plant
☐ Other (please be specific on work site type): _____

Do you believe you worked with or around any asbestos-containing products?
☐ Yes ☐ No ☐ Do Not Know

Plaintiff Name: _____

SSN: _____

*A continuation sheet for Work Sites is provided at the end of this document.
It should be copied and completed for each work site where you
claim exposure to sand, silica or sandblasting.*

For each job at each work site, provide the following information:

Work Site Name: _____

Job Title: _____ Department (if any): _____

Supervisor: _____

Date you first worked at this job: _____ Date you last worked at this job: _____

Description of duties at this job: _____

List all co-workers at this job: _____

If you claim exposure to sand, silica, silica-containing products, asbestos, fumes, fibers, particulates or any other chemical or allegedly toxic substance at this job, what was the frequency of that exposure at this job: _____

If you claim exposure to sand, silica, silica-containing products, or sandblasting at this job, describe your exposure to sand, silica or sandblasting (i.e. "I held a sandblasting nozzle"): _____

List the brand names you recall of any sand and/or silica-containing materials you used at this job: _____

If you do not recall brand names, describe any sand and/or silica-containing materials used in this job, include a description of the sand or silica-containing material and any bags or other packaging (i.e. color, labeling, typeface): _____

List the seller or supplier of any sand and/or silica-containing materials you contend you were exposed to at this job site: _____

Plaintiff Name: _____

SSN: _____

Did you personally conduct abrasive blasting? ☐ Yes ☐ No

If not, did you work on the abrasive blasting crew? ☐ Yes ☐ No If the answer is yes, please describe your work of on the abrasive blasting crew _____

If none of the above, please describe your alleged exposure to sand, silica or sandblasting: _____

Did you use respiratory protection in this job? ☐ Yes ☐ No

If YES, type of respiratory protection: ☐ Disposable dust mask ☐ Cartridge respirator
☐ Non-air supplied hood ☐ Air supplied hood
☐ Disposable Respirator ☐ Other: _____

If YES, identify the dates of use for each type of respiratory protection identified above: _____

List the brand name and model you recall of any respiratory protection you used in this job, including the dates of use: _____

If you do not recall brand names, describe any respiratory protection you used in this job: _____

List the seller or supplier of any respiratory protection you contend you used at this job site: _____

What percentage of the time did you wear respiratory protection in this job? _____

List the brand name(s) and model number(s) you recall of any equipment used in the abrasive blasting process (equipment will include blast pots, air compressors, and nozzles):

Type Equipment	Brand Name	Model Number

Plaintiff Name: _____

SSN: _____

Type Equipment	Brand Name	Model Number

If you do not remember the brands of equipment, describe this equipment with specificity, to include shape, size, color and identifying markings: _____

List the seller or supplier of any equipment used in the abrasive blasting process at this job site: _____

List the type(s), brand name(s) and model number(s) you recall of any other products you alleged created, caused or contributed to your alleged exposure to respirable silica not encompassed by the previous sections: _____

If you do not remember the brands of other products, describe these other products with specificity, to include shape, size, color and identifying markings: _____

List the seller or supplier of any other products you alleged created, caused or contributed to your alleged exposure to respirable silica at this job site: _____

*A continuation sheet for Jobs is provided at the end of this document.
It should be copied and completed for each job at each work site
where you claim exposure to sand, silica or sandblasting.*

Plaintiff Name: _____

SSN: _____

IV. IMAGES

In connection with your identification of products in this litigation, did you look at any actual products/equipment or photographs, drawings, slide shows, videos, DVDs or any other media presentation (hereinafter collectively "the images") showing products/equipment used by you at any of the worksites you have identified? ☐ Yes ☐ No

If the answer to the previous question is YES:

Who showed you the images? _____

Where did you view the images? _____

What date did you view the images? _____

How many times have you viewed the images? _____

Name of the person(s) showing products/equipment or images to you and their relationship to you: _____

If you identified products or equipment after viewing the images, attach copies of all images viewed. In addition, please identify the source of the images, the location of the images, and the number of images reviewed in the course of identifying products or defendants for this litigation. You have a duty to supplement your Answer to this Section if additional products are identified by you through a review of the images.

V. TOBACCO USE

Have you ever used any form of tobacco? ☐ Yes

If YES:

Type:

Amount used per day

Cigarettes

☐ Yes ☐ No

Chew/Dip/Snuff

☐ Yes ☐ No

Cigar

☐ Yes ☐ No

Pipe

☐ Yes ☐ No

Brands: _____

Are you still using any form of tobacco? ☐ Yes

If YES:

Type:

Amount used per day

Cigarettes

☐ Yes ☐ No

Chew/Dip/Snuff

☐ Yes ☐ No

Cigar

☐ Yes ☐ No

Pipe

☐ Yes ☐ No

Brands: _____

What year did you begin using tobacco? _____

Are you still using any form of tobacco? _____

Plaintiff Name: _____

SSN: _____

If the answer to the previous question is NO, what was the last year that you used any form of tobacco? _____

Has any doctor or healthcare professional advised you to stop using tobacco products?
☐ Yes ☐ No

If answer to previous question is YES, state the name of healthcare professional and date advised to discontinue tobacco use: _____

Were you aware of the health risks associated with tobacco use while using tobacco products?
☐ Yes ☐ No

VI. LAWSUITS, CLAIMS and WORKERS' COMPENSATION CLAIMS

A. Are you now or have you ever been, a party to any other lawsuit?
☐ Yes ☐ No

If the answer to the previous question is YES, please provide the following information:

A general description of the case: _____

Case name and style: _____

Cause number: _____ County: _____ State: _____ Court: _____

Year lawsuit filed: _____

Are or were you a _____ plaintiff or a _____ defendant in the case?

Attorneys' names and addresses: _____

Is the case _____ pending or _____ resolved?

List the aggregate amount of any/all settlements, verdicts or judgments, or bankruptcy claims received in any prior lung disease lawsuit: _____

Identify any products from previous lawsuits filed by you that you alleged caused or contributed to any of your injuries or damages: _____

B. Have you ever filed a claim for worker compensation benefits? ☐ Yes ☐ No

If the answer to the previous question is YES, please provide the following information:

A general description of the claim: _____

Claim number: _____

Plaintiff Name: _____ SSN: _____

Year filed: _____

Your attorney's names and addresses: _____

Is the claim _____ pending or _____ resolved?
What was the resolution of your claim: _____

C. Have you ever filed a claim with the Manville Personal Injury Settlement Trust?
☐ Yes ☐ No

If the answer to the previous question is YES, please provide the following information:

A general description of the claim: _____

Claim number: _____

Date filed: _____

Your attorney's names and addresses: _____

DOCUMENTS

Please attach to this Verified Fact Sheet all documents required by the CMO No. 1.

SUPPLEMENTATION

You have a continuing duty to amend or supplement your Answers to this Verified Fact Sheet if you learn that your Answers were incomplete or incorrect when made, or although complete and correct when made, are no longer complete and correct.

IX. VERIFICATION

THE STATE OF TEXAS §

§

COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, who after being duly sworn and deposed, said that the above and foregoing Answers to the Plaintiff's Verified Fact Sheet are within his/her personal knowledge and are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME by _____ on this the _____ day of _____, 2005.

Notary Public in and for the State of Texas

Plaintiff Name: _____
Address: _____

SSN: _____
DOB: _____
DOD: _____

Continuation sheet for Work Sites:
For each additional work site at which you claim exposure to sand or silica-containing materials,
provide the following information:

Employer: _____
Occupation: _____
Name of facility: _____
Work site name: _____
Work site address or
description of location: _____
Work site city, state: _____
Owner of Work site: _____

Date first worked at this work site: _____ Date last worked at this work site: _____

Date you were first exposed to sand or silica-containing products at this work site: _____

Number of weeks/months/years you worked at this work site: _____

Date you were last exposed to sand or silica-containing products at this work site: _____

If you did not work at this work site continuously, list the calendar months and years that you
worked at this work site: _____

Work site type: ☐ Abrasive blasting ☐ Ceramic plant ☐ Foundry ☐ Glass plant
☐ Other (please be specific on work site type): _____

Do you believe you worked with or around any asbestos-containing products? ☐ Yes ☐ No

Plaintiff Name: _____
Address: _____

SSN: _____
DOB: _____
DOD: _____

Continuation sheet for Jobs:

For each job at each work site, provide the following information.

Work Site Name: _____

Job title: _____ Department (if any): _____

Supervisor: _____

Date you first worked at this job: _____ Date you last worked at this job: _____

Description of duties at this job: _____

List all co-workers at this job: _____

If you claim exposure to sand, silica, silica-containing products, asbestos, fumes, fibers, particulates or any other chemical or allegedly toxic substance at this job, what was the frequency of that exposure at this job: _____

If you claim exposure to sand, silica, silica-containing products, or sandblasting at this job, describe your exposure to sand, silica or sandblasting (i.e. "I held a sandblasting nozzle"): _____

List the brand names you recall of any sand and/or silica-containing materials you used at this job: _____

If you do not recall brand names, describe any sand and/or silica-containing materials used in this job, include a description of the sand or silica-containing material and any bags or other packaging (Example, a description by color, labeling typeface): _____

List the seller or supplier of any sand and/or silica-containing materials you contend you were exposed to at this job site: _____

Plaintiff Name: _____
Address: _____

SSN: _____
DOB: _____
DOD: _____

Did you personally conduct abrasive blasting? ☐ Yes ☐ No
If not, did you work on the abrasive blasting crew? ☐ Yes ☐ No If the answer is yes, please describe your work of on the abrasive blasting crew _____

If none of the above, please describe your alleged exposure to sand, silica or sandblasting: _____

Did you use respiratory protection in this job? ☐ Yes ☐ No

If YES, type of respiratory protection: ☐ Disposable dust mask ☐ Cartridge respirator
☐ Non-air supplied hood ☐ Air supplied hood
☐ Disposable Respirator ☐ Other: _____

If YES, identify the dates of use for each type of respiratory protection identified above: _____

List the brand name and model you recall of any respiratory protection you used in this job, including the dates of use: _____

If you do not recall brand names, describe any respiratory protection you used in this job: _____

List the seller or supplier of any respiratory protection you contend you used at this job site: _____

What percentage of the time did you wear respiratory protection in this job?

List the brand name(s) and model number(s) you recall of any equipment used in the abrasive blasting process (equipment will include blast pots, air compressors, and nozzles):

Type Equipment	Brand Name	Model Number

Plaintiff Name: _____
Address: _____

SSN: _____
DOB: _____
DOD: _____

Type Equipment	Brand Name	Model Number

If you do not remember the brands of equipment, describe this equipment with specificity, to include shape, size, color and identifying markings: _____

List the seller or supplier of any equipment used in the abrasive blasting process at this job site: _____

List the type(s), brand name(s) and model number(s) you recall of any other products you alleged created, caused or contributed to your alleged exposure to respirable silica not encompassed by the previous sections: _____

If you do not remember the brands of other products, describe these other products with specificity, to include shape, size, color and identifying markings: _____

List the seller or supplier of any other products you alleged created, caused or contributed to your alleged exposure to respirable silica at this job site: _____

EXHIBIT B

HIPAA AUTHORIZATION - RELEASE OF PROTECTED HEALTH INFORMATION

Patient's PRINTED Name:	Birthdate:	Social Security Number:	Contact Phone No.:
<p>I hereby authorize the use/disclosure of health information about me as described below. I hereby authorize the medical professionals in receipt of this authorization to disclose records obtained in the course of my evaluation and/or treatment to the class of person presenting this release to you as detailed below via <input checked="" type="checkbox"/> personal courier <input checked="" type="checkbox"/> facsimile <input checked="" type="checkbox"/> mail.</p> <p>CLASS OF PERSONS TO WHOM PROTECTED HEALTH INFORMATION MAY BE RELEASED: MehaffyWeber, P.C. and/or court reporting service or records service company and any attorneys representing the Defendants named/to be named in the referenced lawsuit presenting this authorization. Address: 2615 Calder, Suite 800, Beaumont, Texas 77702; PH: 409-835-5011; FAX: 409-835-5177</p> <p>The information will be used/disclosed for discovery purposes and/or as evidence in the lawsuit styled:</p> <p>Records and/or slides, samples, films and/or images obtained by the requesting party may be forwarded to testifying and/or consulting experts of the requesting party consistent to the purposes of the lawsuit referenced herein. The authorizing party will have no right to the disclosure of consulting experts in this matter outside of the scope of the lawsuit referenced herein.</p> <p>TYPE OF ACCESS REQUESTED: Copies of Records and pathology slides, tissue samples, x-ray films/films of any kind, computer stored images, and any test or procedure results (however maintained) for all time periods past until two years from the date of this authorization.</p> <p>DESCRIPTION OF RECORDS OR SLIDES/SAMPLES/FILMS/IMAGES REQUESTED: ENTIRE RECORD, including, but not limited to, the following categories of records: Discharge Summary, Emergency Room Records, History and Physical Records, Consult Report(s), Operative Report(s), Rehab Services, Laboratory Reports, Imaging/Radiology, Nursing notes, Medication Record, Psychological Record, Psychiatric Record(s), Progress Notes, Physician Orders, Pathology Report(s), Cardiopulmonary Report(s), Face Sheet(s), Inpatient Treatment, Outpatient Treatment, Emergency Room Treatment, Clinical Chart(s), Clinical Report(s)/Document(s), Correspondence, Test Results, Questionnaires/Histories, Doctor's Handwritten Notes, documents received by or from other physicians or health care providers, Autopsy Report(s), Histology Reports, Cytology Reports, CT Scans, MRI, Echocardiogram Reports, Echocardiogram Videos, Cardiac Catheterization Reports, Cardiac Catheterization videos/CDs/films/reels, Mammograms, Myelograms, Pharmacy Prescription records including NDC numbers and drug information handouts/monographs, Information regarding alcohol/substance abuse, consent forms, Medical Power of Attorney, Advance Directives, organ donation records, requests to amend records, log sheets, demographic information, nuclear medicine reports, ultrasound reports/videos/pictures, and Billing Records including all statements, itemized bills and insurance records.</p> <p><i>This authorization is given in connection with pending claims and is valid and shall be honored by the health care provider for the entire time that claims remain pending in the referenced lawsuit. The party receiving information pursuant to this authorization is notified that the authority to use such authorization terminates when the lawsuit has concluded as to all parties.</i></p>			
<p>I understand that :</p> <ol style="list-style-type: none"> 1. The records used/disclosed pursuant to this authorization may include information relating to Human Immunodeficiency Virus ("HIV") or Acquired Immunodeficiency Syndrome ("AIDS"), treatment for or history of drug or alcohol abuse, or mental or behavioral health or psychiatric care. 2. Information disclosed by this authorization may be re-disclosed by the recipient of your Protected Health Information. Such re-disclosure will no longer be protected by this authorization. 3. I understand that I have a right to cancel this authorization at any time. If I wish to cancel this authorization, I understand that I must do so in writing and give it to the Medical Records Department of the medical facilities where I have been treated and/or evaluated or to the party/class of persons requesting the above-specified protected health information. I understand that cancellation will not apply to information that has already been released based on this authorization. 4. I have the right to receive a copy of this authorization. Copy of the authorization received. _____ (Initials) 5. A copy or facsimile (fax) of this authorization <u>IS</u> as valid as the original. 6. My healthcare and the payment of my healthcare will not be affected if I refuse to sign this authorization. 7. This authorization is intended to comply with all release of information requirements mandated by HIPAA and/or federal law. <p>I have read the above/had it read to me and authorize the disclosure of the Protected Health Information.</p>			
SIGNED: _____ Signature of Patient/Legal Guardian or Representative*		DATE: _____	
_____ (Relationship, if signed not signed by patient)		WITNESS: _____	
<p><small>*Representative must submit copies of legal document supporting his or her authority to act on the patient's behalf.</small></p>			
<p>OFFICE USE ONLY:</p>			
Name of staff member copying records: _____		Date: _____	
Name of staff member releasing records: _____		Date: _____	

Form **4506**

(November 2020)

Department of the Treasury
Internal Revenue Service**Request for Copy of Tax Return**

- Do not sign this form unless all applicable lines have been completed.
 ► Request may be rejected if the form is incomplete or illegible.
 ► For more information about Form 4506, visit www.irs.gov/form4506.

OMB No. 1545-0429

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax return is being sent to the third party, ensure that lines 5 through 7 are completed before signing. (see instructions).

6 Tax return requested. Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ►	
Note: If the copies must be certified for court or administrative proceedings, check here <input type="checkbox"/>	
7 Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions). <div style="display: flex; justify-content: space-between;"> <div>____/____/____</div> <div>____/____/____</div> <div>____/____/____</div> <div>____/____/____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>____/____/____</div> <div>____/____/____</div> <div>____/____/____</div> <div>____/____/____</div> </div>	
B Fee. There is a \$43 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.	<div style="border: 1px solid black; padding: 2px;">\$ 43.00</div>
a Cost for each return	\$
b Number of returns requested on line 7	
c Total cost. Multiply line 8a by line 8b	\$
9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here <input type="checkbox"/>	

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.

☐ Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here	Signature (see instructions)	Date	
	Print/Type name	Title (if line 1a above is a corporation, partnership, estate, or trust)	
	Spouse's signature	Date	
	Print/Type name		

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506 and its instructions, go to www.irs.gov/form4506.

General Instructions

Caution: Do not sign this form unless all applicable lines, including lines 5 through 7, have been completed.

Designated Recipient Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

How long will it take? It may take up to 75 calendar days for us to process your request.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year or period and the chart below shows two different addresses, send your request based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:

Mail to:

Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
Stop 6716 AUSC
Austin, TX 73301

Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin

Internal Revenue Service
RAIVS Team
Stop 6705 S-2
Kansas City, MO 64999

Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming

Internal Revenue Service
RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

Chart for all other returns

For returns not in Form 1040 series, if the address on the return was in:

Mail to:

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service
RAIVS Team
Stop 6705 S-2
Kansas City, MO 64999

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

Specific Instructions

Line 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, please include it on this line 3.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506.

Line 7. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 return, or 03/31/2017 for a first quarter Form 941 return.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5 through 7, are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506 but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(u) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are heir at law, next of kin, or beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if the authority has been specifically delegated to the representative on Form 2848, line 5a. Form 2848 showing the delegation must be attached to Form 4506.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 16 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6528
Washington, DC 20224.

Do not send the form to this address. Instead, see **Where to file** on this page.

EMPLOYMENT RECORDS AUTHORIZATION

TO WHOM IT MAY CONCERN:

This form authorizes you to provide to the firm _____, or their representative a complete copy of all employment records and documents of every kind including, but not limited to employment application

I, _____, hereby authorize all past or present employers of mine to permit attorney _____ with the law firm of MehaffyWeber, P. O. Box 16, Beaumont, Texas, 77704, or her representatives, by presenting this signed authorization, or a copy thereof, to such employer, a complete copy all of such employer's personnel or other records or documents of any nature whatsoever that pertain to any aspect of my present or former employment with such employer, including but not limited to my job applications, job references, dates of employment, job performance, job termination, job accidents or injuries, job medical history, job absences for sickness, injury or other reasons, or to post-employment evaluation, correspondence, or references to or from anyone.

Additionally, I hereby agree and authorize a photo static copy of this authorization may serve as the original.

SIGNED and EFFECTIVE this the ____ day of _____, 2021.

Signature

Printed Name

Social Security No. _____

SWORN TO AND SUBSCRIBED before me by the undersigned authority, on this the _____ day of _____, 2021.

NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

PAYROLL AND PERSONNEL RECORDS AUTHORIZATION

TO WHOM IT MAY CONCERN:

I hereby authorize you to provide to:

at the address:

A complete copy of all records pertaining to any employment including but not limited to all personnel, payroll, medical, or hospital records pertaining to:

Full name: _____

Date of Birth: _____ Social Security Number: _____

Dates of Employment: _____

I worked in the following departments:

I was employed at the following office:

SIGNED: _____

DATE: _____

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 eVetRec at <https://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 <https://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompr-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 <https://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 - MUST provide Date of Death if veteran is deceased: _____						
8. DID THIS PERSON RETIRE 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 I, 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.)	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.)
Name _____	
Street Address _____ Apt. # _____	
City _____ State _____ ZIP Code _____	
Daytime Phone _____ Fax Number _____	Signature Required - Do not print _____ Date _____
Email Address _____	

* This form is available at <https://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	Code Numbers	
		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.AIR.RECS.INCOMING@USAF.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 Jonesville, 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: http://www.hrc.army.mil/content/1112 or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Woolton 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/ompl/	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	AFSTR 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 https://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		

AUTHORIZATION FOR UNION RECORDS

TO WHOM IT MAY CONCERN:

This authorization specifically allows the law firm of MehaffyWeber, P.C., or any of its representatives to obtain all information requested from the unions of which plaintiff/decedent, _____, was a member, including but not limited to, payroll records and information, worker's compensation claim records, if any, health and dental records, and any and all reports pertaining to medical screening, annual physical examinations, including X-rays, medical examination reports, and plaintiff/decedent waives any privilege which plaintiff/decedent may have regarding such reports, records and information for the purposes of this lawsuit.

A copy of this authorization bearing my signature shall be as valid as the original.

Name of Union: _____

Address of Union: _____

Dates of Union Membership: _____

Plaintiff/Decedent: _____

Social Security No. _____

Date of Birth: _____

Signature: _____

Name of Representative, if applicable: _____

Date: _____

CONSENT FOR RELEASE OF RETIREMENT BOARD RECORDS

United States of America
Railroad Retirement Board
844 North Rush Street
Chicago, Illinois 60611-2092

This document, whether in original or a photocopy thereof, will serve as my Consent for Release of Information from the records of the Railroad Retirement Board ("RRB") in connection with my claim against one or more railroads, brought under the FELA.

This Consent authorizes a release of the following categories of information from the various Railroad Retirement Board System Managers:

- a. Information pertaining to the number of months of railroad service and/or compensation reported to the RRB;
- b. Information pertaining to claims, if any, for my unemployment or sickness benefits from the Board under the Railroad Unemployment Insurance Act;
- c. Records, if any, pertaining to disability annuities for which I may have applied under the Railroad Retirement act; and
- d. Information, if any, pertaining to any application I may have made for an age and service annuity under the Railroad Retirement Act.

The person/law firm in whose favor this records request is granted is as follows:

Further, I understand and authorize the law firm in favor of whom this Consent is given, to further release any such copies of records to other parties involved in the litigation I have brought, but to none other.

This Consent shall expire on _____.

Name

SSN

Address

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.**

Social Security Administration
Consent for Release of Information

Form Approved
OMB No. 0960-0566

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)

REQUEST FOR SOCIAL SECURITY EARNING INFORMATION

*Use This Form If You Need

1. **Certified/Non-Certified Detailed Earnings Information**
Includes periods of employment or self-employment
and the names and addresses of employers.
2. **Certified Yearly Totals of Earnings**
Includes total earnings for each year but does not
include the names and addresses of employers.

**DO NOT USE THIS FORM TO REQUEST
YEARLY EARNINGS TOTALS**

Yearly earnings totals are free to the public
if you do not require certification.

To obtain **FREE** yearly totals of earnings,
visit our website at www.ssa.gov/myaccount.

Privacy Act Statement Collection and Use of Personal Information

Section 205 of the Social Security Act, as amended, allows us to collect this information. In addition, the Budget and Accounting Act of 1950 and Debt Collection Act of 1982 authorize us to collect credit card information, if you choose to pay for the earnings information you have requested with a credit card. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from processing your request.

We will use the information to identify your records, process your request, and send the earnings information you request. We may also share the information for the following purposes, called routine uses:

1. To the Internal Revenue Service (IRS) for auditing SSA's compliance with the safeguard provisions of the Internal Revenue Code of 1986, as amended.
2. To contractors and other Federal agencies, as necessary, for the purpose of, assisting the Social Security Administration (SSA) in the efficient administration of its programs.
3. To banks enrolled in the Treasury credit card network to collect a payment or debt when the individual has given his/her credit card number for this purpose.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORNs) 60-0059, entitled Earnings Recording and Self-Employment Income System, 60-0090, entitled Master Beneficiary Record, 60-0224, entitled SSA-Initiated Personal Earnings and Benefit Estimate Statement, and 60-0231, entitled Financial Transactions of SSA Accounting and Finance Offices. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

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

REQUEST FOR SOCIAL SECURITY EARNING INFORMATION

1. Provide your name as it appears on your most recent Social Security card or the name of the individual whose earnings you are requesting.

First Name: Middle Initial:

Last Name:

Social Security Number (SSN) One SSN per request

Date of Birth:

Date of Death:

Other Name(s) Used
Maiden Name

2. What kind of earnings information do you need? (Choose ONE of the following types of earnings or SSA must return this request.)

- ☐ **Itemized Statement of Earnings \$92.00**
(Includes the names and addresses of employers)
If you check this box, tell us why you need this information below.

Year(s) Requested: to

Year(s) Requested: to

- ☐ Check this box if you want the earnings information **CERTIFIED** for an additional \$30.00 fee.

- ☐ **Certified Yearly Totals of Earnings \$30.00**
(Does not include the names and addresses of employers) Yearly earnings totals are FREE to the public if you do not require certification. To obtain FREE yearly totals of earnings, visit our website at www.ssa.gov/myaccount.

Year(s) Requested: to

Year(s) Requested: to

3. If you would like this information sent to someone else, please fill in the information below.
I authorize the Social Security Administration to release the earnings information to:

Name

Address

State

City

ZIP Code

4. I am the individual to whom the record pertains (or a person authorized to sign on behalf of that individual). I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Signature AND Printed Name of Individual or Legal Guardian

SSA must receive this form within 120 days from the date signed

Date

Relationship (if applicable, you must attach proof)

Daytime Phone:

Address

State

City

ZIP Code

Witnesses must sign this form ONLY if the above signature is by marked (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)

REQUEST FOR SOCIAL SECURITY EARNING INFORMATION**INFORMATION ABOUT YOUR REQUEST**

You may use this form to request earnings information for one ONE Social Security Number (SSN)

How do I get my earnings statement?

You must complete the attached form. Tell us the specific years of earnings you want, type of earnings record, and provide your mailing address. The itemized statement of earnings will be mailed to ONE address; therefore, if you want the statement sent to someone other than yourself, provide their address in section 3. Mail the completed form to SSA within 120 days of signature. If you sign with an "X", your mark must be witnessed by two impartial persons who must provide their name and address in the spaces provided. Select ONE type of earnings statement and include the appropriate fee.

1. Certified/Non-Certified Itemized Statement of Earnings

This statement includes years of self-employment or employment and the names and addresses of employers.

2. Certified Yearly Totals of Earnings

This statement includes the total earnings for each year requested but *does not* include the names and addresses of employers.

If you require one of each type of earnings statement, you must complete two separate forms. Mail each form to SSA with one form of payment attached to each request.

How do I get someone else's earnings statement?

You may get someone else's earnings information if you meet one of the following criteria, attach the necessary documents to show your entitlement to the earnings information and include the appropriate fee.

1. Someone Else's Earnings

The natural or adoptive parent or legal guardian of a minor child, or the legal guardian of a legally declared incompetent individual, may obtain earnings information if acting in the best interest of the minor child or incompetent individual. You must include proof of your relationship to the individual with your request. The proof may include a birth certificate, court order, adoption decree, or other legally binding document.

2. A Deceased Person's Earnings

You can request earnings information from the record of a deceased person if you are:

- The legal representative of the estate;
- A survivor (that is, the spouse, parent, child, divorced spouse of divorced parent); or
- An individual with a material interest (e.g., financial) who is an heir at law, next of kin, beneficiary under the will or donee of property of the decedent.

You must include proof of death and proof of your relationship to the deceased with your request.

Is There A Fee For Earnings Information?

Yes. We charge a \$92.00 fee for providing information for purposes unrelated to the administration of our programs.

1. Certified or Non-Certified Itemized Statement of Earnings

In most instances, individuals request Itemized Statements of Earnings for purposes unrelated to our programs such as a private pension plan or personal injury suit. Bulk submitters may email OCO.Pension.Fund@ssa.gov for an alternate method of obtaining itemized earnings information.

We will certify the itemized earnings information for an additional \$30.00 fee. Certification is usually not necessary unless you are specifically requested to obtain a certified earnings record.

Sometimes, there is no charge for itemized earnings information. If you have reason to believe your earnings are not correct (for example, you have previously received earnings information from us and it does not agree with your records), we will supply you with more detail for the year(s) in question. Be sure to show the year(s) involved on the request form and explain why you need the information. If you do not tell us why you need the information, we will charge a fee.

2. Certified Yearly Totals of Earnings

We charge \$30.00 to certify yearly totals of earnings. However, if you do not want or need certification, you may obtain yearly totals FREE of charge at www.ssa.gov/myaccount. Certification is usually not necessary unless you are advised specifically to obtain a certified earnings record.

Method of Payment

This Fee Is Not Refundable. DO NOT SEND CASH.

You may pay by credit card, check or money order.

• Credit Card Instructions

Complete the credit card section on page 4 and return it with your request form.

• Check or Money Order Instructions

Enclose one check or money order per request form payable to the Social Security Administration and write the Social Security number in the memo.

How long will it take SSA to process my request?

Please allow SSA 120 days to process this request. After 120 days, you may contact 1-800-772-1213 to leave an inquiry regarding your request.

REQUEST FOR SOCIAL SECURITY EARNING INFORMATION

• Where do I send my complete request?

Mail the completed form, supporting documentation, and applicable fee to:

Social Security Administration
P.O. Box 33011
Baltimore, Maryland 21290-33011

If using private contractor such as FedEx mail form, supporting documentation, and application fee to:

Social Security Administration
P.O. Box 33011
Baltimore, Maryland 21290-33011

• How much do I have to pay for an Itemized Statement of Earnings?

Non-Certified Itemized Statement of Earnings	Certified Itemized Statement of Earnings
\$92.00	\$122.00

• How much do I have to pay for Certified Yearly Totals of Earnings?

Certified yearly totals of earnings cost \$30.00. You may obtain non-certified yearly totals **FREE** of charge at www.ssa.gov/myaccount. Certification is usually not necessary unless you are specifically asked to obtain a certified earnings record.

YOU CAN MAKE YOUR PAYMENT BY CREDIT CARD

As a convenience, we offer you the option to make your payment by credit card. However, regular credit card rules will apply. You also pay by check or money order. Make check payable to Social Security Administration.

CHECK ONE	<input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Credit Card Holder's Name (Enter the name from the credit card)	First Name, Middle Initial, Last Name
Credit Card Holder's Address	Number & Street
	City, State, & ZIP Code
Daytime Telephone Number	<div> <div>Area Code</div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div>
Credit Card Number	<div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div>
Credit Card Expiration Date	(MM/YY)
Amount Charged See above to select the correct fee for your request. Applicable fees are \$30.00, \$92.00, or \$122.00. SSA will return forms without the appropriate fee.	\$
Credit Card Holder's Signature	Date

**DO NOT WRITE IN THIS SPACE
OFFICE USE ONLY**

Authorization

Name

Date

Remittance Control #



Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

**AUTHORIZATION TO DISCLOSE INFORMATION TO THE
DEPARTMENT OF VETERANS AFFAIRS (VA)**

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. Use this form to provide your written authorization to obtain your treatment records, so the VA can get the information required to process your claim. For more information, contact us at <https://iris.custhelp.va.gov>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the relay number is 711. VA forms are available at www.va.gov/vaforms. For mailing information see page 3.

SECTION I - VETERAN IDENTIFICATION INFORMATION

NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly, and insert one letter per box, to help expedite processing of the form.

1. VETERAN'S NAME (First, Middle Initial, Last)

2. SOCIAL SECURITY NUMBER

3. VA FILE NUMBER (If applicable)

4. DATE OF BIRTH (MM/DD/YYYY)

5. VETERAN'S SERVICE NUMBER (If applicable)

6. MAILING ADDRESS (Number and street or rural route, P. O. Box, City, State, ZIP Code and Country)

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

7. TELEPHONE NUMBER (Include Area Code)

8. E-MAIL ADDRESS (Optional)

☐ I agree to receive electronic correspondence from VA in regards to my claim.

Enter International Phone Number (If applicable)

SECTION II - PATIENT IDENTIFICATION FOR RECORDS VA IS REQUESTING (If other than veteran)

9. PATIENT'S NAME (First, Middle Initial, Last)

10. SOCIAL SECURITY NUMBER

11. VA FILE NUMBER (If applicable)

SECTION III - INFORMATION REGARDING SOURCE OF RECORD(S)

SOURCE OF RECORD(S):

- ALL medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities,
- Social workers/rehabilitation counselors,
- Consulting examiners used by VA,
- Employers, insurance companies, workers' compensation programs, and
- Others who may know about my condition (family, neighbors, friends, public officials).

SECTION IV - RECORDS TO BE RELEASED TO THE DEPARTMENT OF VETERANS AFFAIRS (VA)

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange) of: *All my medical records; including information related to my ability to perform tasks of daily living. This includes specific permission to release:*

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) *including*, but *not limited to*:
 - a. Psychological, psychiatric, or other mental impairment(s) excluding "psychotherapy notes" as defined in 45 C.F.R. §164.501,
 - b. Drug abuse, alcoholism, or other substance abuse,
 - c. Sickle cell anemia,
 - d. Records which may indicate the presence of a communicable or non-communicable disease; and tests for or records of HIV/AIDS,
 - e. Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Information created within 12 months *after* the date this authorization is signed in Item 13, as well as past information.

YOU SHOULD NOT COMPLETE THIS FORM UNLESS YOU WANT THE VA TO OBTAIN PRIVATE TREATMENT RECORDS ON YOUR BEHALF. IF YOU HAVE ALREADY PROVIDED THESE RECORDS OR INTEND TO OBTAIN THEM YOURSELF, THERE IS NO NEED TO FILL OUT THIS FORM. DOING SO WILL LENGTHEN YOUR CLAIM PROCESSING TIME. THIS FORM IS NOT NEEDED TO REQUEST VA MEDICAL RECORDS.

IMPORTANT - In accordance with 38 C.F.R. §3.159(c), "VA will not pay any fees charged by a custodian to provide records requested."

SECTION V- AUTHORIZATION AND CONSENT TO RELEASE INFORMATION TO VA AND SIGNATURE

12. IF MY CONSENT TO THIS INFORMATION IS LIMITED, THE LIMITATION IS WRITTEN HERE (If this space is left blank, there is no limitation to records):

TO WHOM: The Department of Veterans Affairs (VA).

PURPOSE: Determining my eligibility for benefits, and whether I can manage such benefits.

EXPIRES: This authorization is good for 12 months from the date shown in Item 14.

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above in Section I.
- I understand that there are some circumstances in which this information may be re-disclosed to other parties (See page 2 for details).
- I may write to VA and my source(s) to revoke this authorization at any time (See page 2 for details).
- VA will give me a copy of this form, if I ask; I may also ask the source(s) to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed. See Patient Acknowledgment below.

13. SIGNATURE OF PERSON AUTHORIZING DISCLOSURE (Required)

14. DATE SIGNED (MM/DD/YYYY) (Required)

15. PRINTED NAME OF PERSON SIGNING (First, Middle Initial, Last)

16. RELATIONSHIP TO VETERAN/CLAIMANT (If other than self, please provide full name, title, organization, city, State, and ZIP code. All court appointments must include docket number, county, and State)

NOTE: This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical and other information under P.L. 104-191 ("HIPAA"); 45 C.F.R. parts 160 and 164; 42 U.S.C. §290dd-2, 42 C.F.R. part 2, and State Law.

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, if the information including your Social Security Number (SSN) is not furnished completely or accurately, the source to which this authorization is addressed may not be able to identify and locate your records, and provide a copy to VA. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975 and still in effect.

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of material fact knowing it to be false.

If you do not revoke this authorization, it will automatically expire in 12 months from the date you sign and date the form. Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by VA without your consent if authorized by Federal laws such as the Privacy Act.

Under the Government Paperwork Elimination Act (GPEA) (Public Law 105-277), the Office of Management and Budget (OMB) ensures that agencies, when practicable, provide for the option of electronic maintenance, submission of disclosure of information and for the use and acceptance of electronic signatures. GPEA states that electronic records submitted or maintained in accordance with the procedures developed by OMB, or electronic signature or other forms of electronic authentication used in accordance with such procedures, "shall not be denied legal effect, validity, or enforceability merely because such records are in electronic form" (Public Law 105-277, section 1707).

RESPONDENT BURDEN: We need this information and your written authorization to obtain your treatment records to help us get the information required to process your claim. Title 38, United States Code, allows us to ask for this information. You can provide this authorization by signing VA Form 21-4142. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all possible sources. We will make copies of it for each source. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations. We estimate that you will need an average of 5 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form. If you use the Telecommunications Device for the Deaf (TDD), the Federal relay number is 711.

PATIENT ACKNOWLEDGMENT: I HEREBY AUTHORIZE the sources listed in Section IV, to release any information that may have been obtained in connection with a physical, psychological or psychiatric examination or treatment, with the understanding that VA will use this information in determining my eligibility to veterans benefits I have claimed. I understand that the source being asked to provide the Veterans Benefits Administration with records under this authorization may not require me to execute this authorization before it provides me with treatment, payment for health care, enrollment in a health plan, or eligibility for benefits provided by it. I understand that once my source sends this information to VA under this authorization, the information will no longer be protected by the HIPAA Privacy Rule, but will be protected by the Federal Privacy Act, 5 USC 552a, and VA may disclose this information as authorized by law. I also understand that I may revoke this authorization in writing, at any time except to the extent a source of information has already relied on it to take an action. To revoke, I must send a written statement to the VA Regional Office handling my claim or the Board of Veterans' Appeals (if my claim is related to an appeal) and also send a copy directly to any of my sources that I no longer wish to disclose information about me. I understand that VA may use information disclosed prior to revocation to decide my claim.

NOTE: For additional information regarding VA Form 21-4142, refer to the following website: <https://www.benefits.va.gov/privacyprovers/>.



Department of Veterans Affairs

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

**GENERAL RELEASE FOR MEDICAL PROVIDER INFORMATION
TO THE DEPARTMENT OF VETERANS AFFAIRS (VA)**

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. Use this form to provide the name of the provider or facility you have received treatment from to the VA. For more information, contact us at <https://irs.custhelp.va.gov>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms. After completing the form, mail to: Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI, 53547-4444.

SECTION I - VETERAN'S IDENTIFICATION INFORMATION

NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly, and insert one letter per box, to help expedite processing of the form.

1. VETERAN'S NAME (First, Middle Initial, Last)

2. SOCIAL SECURITY NUMBER

3. VA FILE NUMBER

4. DATE OF BIRTH (MM/DD/YYYY)

5. VETERAN'S SERVICE NUMBER (If applicable)

SECTION II - PATIENT IDENTIFICATION FOR RECORDS VA IS REQUESTING (If other than veteran)

6. PATIENT'S NAME (First, Middle Initial, Last)

7. SOCIAL SECURITY NUMBER

8. VA FILE NUMBER

SECTION III - MEDICAL PROVIDER INFORMATION

9A. PROVIDER OR FACILITY NAME

9B. CONDITIONS YOU ARE BEING
TREATED FOR

9C. DATE(S) OF TREATMENT:
(Include the time period (MM/DD/YYYY)
for the treatment by the provider listed in Item 9A)

From: — —
To: — —

9D. PROVIDER/FACILITY STREET ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

10A. PROVIDER OR FACILITY NAME

10B. CONDITIONS YOU ARE BEING
TREATED FOR

10C. DATE(S) OF TREATMENT:
(Include the time period (MM/DD/YYYY)
for the treatment by the provider listed in Item 10A)

From: — —
To: — —

10D. PROVIDER/FACILITY STREET ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

VETERAN'S SOCIAL SECURITY NO. — —

11A. PROVIDER OR FACILITY NAME	11B. CONDITIONS YOU ARE BEING TREATED FOR	11C. DATE(S) OF TREATMENT: (Include the time period (MM/DD/YYYY) for the treatment by the provider listed in Item 11A)
		From: — — To: — —
11D. PROVIDER/FACILITY STREET ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)		
No. & Street		
Apt./Unit Number City		
State/Province Country ZIP Code/Postal Code —		
12A. PROVIDER OR FACILITY NAME	12B. CONDITIONS YOU ARE BEING TREATED FOR	12C. DATE(S) OF TREATMENT: (Include the time period (MM/DD/YYYY) for the treatment by the provider listed in Item 12A)
		From: — — To: — —
12D. PROVIDER/FACILITY STREET ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)		
No. & Street		
Apt./Unit Number City		
State/Province Country ZIP Code/Postal Code —		
13A. PROVIDER OR FACILITY NAME	13B. CONDITIONS YOU ARE BEING TREATED FOR	13C. DATE(S) OF TREATMENT: (Include the time period (MM/DD/YYYY) for the treatment by the provider listed in Item 13A)
		From: — — To: — —
13D. PROVIDER/FACILITY STREET ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)		
No. & Street		
Apt./Unit Number City		
State/Province Country ZIP Code/Postal Code —		
<p>PRIVACY ACT NOTICE. The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, if the information including your Social Security Number (SSN) is not furnished completely or accurately, the health care provider to which this authorization is addressed may not be able to identify and locate your records, and provide a copy to VA. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975 and still in effect.</p> <p>RESPONDENT BURDEN: We need this information to obtain your treatment records Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form.</p>		
<p>PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false.</p>		



REQUEST FOR RECORD CHECK OR COPIES OF CONFIDENTIAL CLAIM INFORMATION

This form must be signed by a party eligible to receive the information requested.

Este formulario está disponible en español en el sitio web de la División en
www.tdi.texas.gov/forms/dwc/dwc153srec.pdf.

Para obtener asistencia en español, llame a la División al 800-252-7031.

I. INJURED EMPLOYEE INFORMATION

1. DWC Claim Number (Required if box 15 is not checked.)	2. Employee Social Security Number
3. Employee Name (First, Middle, Last)	
4. Date of Birth (mm-dd-yyyy)	5. Date of Injury (mm-dd-yyyy) (Required if box 15 is not checked.)
6. Employee Address (Street or P.O. Box, City, State, ZIP Code)	

II. REQUESTER INFORMATION

7. Name (First, Middle, Last)	8. DWC Representative Box Number (if applicable)
9. Position or Title (if applicable)	10. Firm Name (if applicable)
11. Address (Street or P.O. Box, City, State, ZIP Code)	12. Email Address
13. Phone Number	14. Fax Number

III. INFORMATION REQUESTED Please check a box to indicate the information you are requesting.

RECORD CHECK	
<input type="checkbox"/> 15. Record Check: Requesters will be provided the DWC claim number, date and nature of the injury, employer at the time of injury, whether the injured employee has received income benefits, and disposition of the claim for dates of injury before January 1, 1991.	
OR	
COPIES OF CONFIDENTIAL CLAIM INFORMATION	
<input type="checkbox"/> 16. Claim File <input type="checkbox"/> DRIS Notes Only	<input type="checkbox"/> 17. Medical Fee Dispute Resolution File (date of injury after January 1, 1991) Tracking Number*: <input type="checkbox"/> Complete File <input type="checkbox"/> Specific Document:
<input type="checkbox"/> 18. Indemnity Dispute Resolution File (date of injury after January 1, 1991) Dispute Sequence No: <input type="checkbox"/> Complete File <input type="checkbox"/> Specific Document: <input type="checkbox"/> Audio Recording of Hearing <input type="checkbox"/> Video or Audio Evidence (if any)	
19. Certified copy? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Format to receive documents: <input type="checkbox"/> Electronic or <input type="checkbox"/> Paper

*Required for a copy of a medical fee dispute resolution file.



IV. REQUESTER ELIGIBILITY**21. Requester Categories**

The Texas Labor Code limits the release of confidential claim information to the requesters below. Requester represents that he or she is entitled to the information requested and has authority to request the information.

Check only one box:

- ☐ The employee.
- ☐ The employee's legal beneficiary. (*Attach documentation*)
- ☐ The employee's or the legal beneficiary's representative. (*Attach documentation*)
- ☐ The employer at the time of injury. Requester must provide injured employee's period of employment. (*Attach documentation*)
- ☐ The workers' compensation insurance carrier.
- ☐ The insurance carrier's legal counsel or representative. (*Attach documentation*)
- ☐ The Texas Certified Self-Insurer Guaranty Association established under Texas Labor Code, Chapter 407, Subchapter G, if that association has assumed the obligations of an impaired employer.
- ☐ The Texas Property and Casualty Insurance Guaranty Association, if that association has assumed the obligations of an impaired insurance company.
- ☐ A third-party litigant in a lawsuit, in which the cause of action arises from the incident that gave rise to the injury. Requester must provide injured employee's date of injury. (*Attach copy of Petition and Answer*)
- ☐ Health care provider who is a party to a medical dispute under Texas Labor Code Section 413.031(c).

I certify that I am entitled to receive the confidential claim information requested. I understand that it is a Class A misdemeanor to unlawfully receive, publish, disclose, or distribute confidential information in or derived from an employee's claim file. Texas Labor Code Sections 402.064, 402.081, 402.083, 402.084, 402.086, and 402.091.

22. Signature of Requester**23. Printed Name of Requester****24. Date of Signature (mm-dd-yyyy)****Frequently Asked Questions****Request for Record Check or Copies of Confidential Claim Information (DWC Form-153)****Who may request confidential claim file information?**

Only the requester categories listed in Section IV are entitled to receive confidential claim information. See Texas Labor Code Section 402.084. Governmental agencies or political subdivisions requesting copies of confidential claim information in a capacity other than as an employer should not complete this form. Please contact DWC Legal Services at 512-804-4275 for more information on eligibility to receive confidential information.

- An eligible insurance carrier must have handled a workers' compensation claim for the injured employee. Documentation of a workers' compensation claim must be provided to determine eligibility.
- A lay person, legal representative, or other party may be eligible to receive confidential claim file information if the injured employee authorizes them to request and receive the information on their behalf. To establish eligibility, the party must provide documentation of representation (for example, a letter of representation from the client, copy of the contract between the client and the representative, or the defendant's original answer).



What are my options for receiving confidential claim file information?

- **Electronic** – Documents and other requested media will be provided through the GovQA website and notice will be sent to the requester's email. Insurance carriers will receive their copies through their Austin representative's secure file transfer protocol box.
- **Paper** – Documents will be printed and mailed to the requester. A fee may be charged depending on the number of printed documents. See below for more information about fees.
- **Certified** – The copy of the information requested will have a letter of certification attached, which is signed and stamped by the Custodian of Records and attests to the authenticity of the attached documents.

Are any fields on the DWC Form-153 optional?

All applicable fields must be completed each time a DWC Form-153 is submitted.

- **Section I** – all fields are required for claim file and indemnity dispute resolution file requests. Employee name, Social Security number, and date of birth are required for record check requests. All fields except date of birth are required for the medical fee dispute resolution file.
- **Section II** – all fields are required, if applicable. An email address is required to notify that electronic documents are ready for pick up. The email address is confidential under Texas Government Code Section 552.137 and will not be released without your consent.
- **Section III** – enter information in the specified fields for records you are requesting. The medical dispute resolution file tracking number is required for a copy of a medical fee dispute resolution file.
- **Section IV** – you must indicate the legal basis on which you are eligible to receive requested confidential claim information and provide any additional information in the documentation you attach to the request.

Incorrect or incomplete forms will be returned.**Can I request a record check and copies of confidential claim information for the same injured employee on the same request?**

No. Injured employees may have multiple claims, so you must submit a separate DWC Form-153 to request copies of confidential claim information for a specific claim.

How do I submit the DWC Form-153?

The original signed form can be attached to an open records request at tdi.texas.gov/open-records.html, faxed to DWC Legal Services at 512-804-4276, mailed, or personally delivered. Do not fax this request to any other DWC fax number. You must submit a separate DWC Form-153 for each injured employee.

Will I be charged a fee for copies of confidential claim file information?

DWC will give you electronic copies at no cost. We may charge a fee if you ask for paper copies, depending on the number of pages.

How can I get more information?

If you are requesting copies of a claim file or for help completing this form, call DWC Legal Services at 512-804-4703.

IMPORTANT: By submitting DWC Form-153, the requester represents that he or she is entitled to the information requested and that he or she has full authority to act as a requester. It is a Class A misdemeanor for an unauthorized person to receive confidential claim file information or to disclose such information to an unauthorized person. Texas Labor Code Sections 402.064, 402.081, 402.083, 402.084, 402.086, and 402.091.

EXHIBIT C

In Re:	§	IN THE DISTRICT COURT OF
	§	
TEXAS STATE SILICA PRODUCTS	§	HARRIS COUNTY, TEXAS
LIABILITY LITIGATION	§	
	§	295 TH JUDICIAL DISTRICT
	§	(Judge Tracy Christopher)
This Document Relates to All Cases	§	

DEFENDANTS' REQUESTS FOR PRODUCTION TO PLAINTIFFS

L
DEFINITIONS

1. For the purpose of interpreting or construing the scope of the requests made herein, the terms used should be given their most expansive and inclusive interpretations unless otherwise specifically limited in any particular request. This includes, without limitation, the following:

- a. Construing "and" as well as "or" in the conjunctive or disjunctive as necessary to make the interrogatory more inclusive;
- b. Construing the singular form of a word to include the plural and the plural form to include the singular;
- c. Construing the past tense of a verb to include the present and the present tense to include the past;
- d. Construing the terms "refer to," "reflect," and "relating to" to include any connection whatsoever, direct or indirect, with the requested subject matter.

2. "Documents" has the meaning intended by Rule 192.3 the Texas Rules of Civil Procedure and includes the originals, all copies of which are not identical to the original or to each other, and all drafts of all written, reported, recorded, or graphic matter, however produced or reproduced, now or at any time in your possession, custody, or control, including, but not limited to, correspondence, contracts, telegrams, memoranda, minutes, notes, reports, records, inter-company communications, drafts, recordings, notebooks, plans, advertising, drawings, photographs, sketches, specifications, instructions, service manuals, invoices, bills of lading, bills of sale, insurance contracts, warehouse receipts, freight bills, title documents, checks, drafts, notes, financing statements, telex, advertisements, charts, brochures, publications, price lists, client lists, journals, statistical records, computer print-outs, data processing programs, libraries, microfilm, all records by electronic, and photographic or mechanical means. "Documents"

Exhibit **E**

specifically includes any data or information that exists in electronic or magnetic form, within the meaning of Rule 196.4 of the Texas Rules of Civil Procedure, which Defendants request to be produced electronically in native format. All documents within your possession, custody, or control shall be produced. Pursuant to Tex.R.Civ.P. 192.3(b), a person is required to produce a document or tangible thing that is within the person's possession, custody, or control. Possession, custody, or control of an item means that the person either has physical possession of the item or has a right to possession of the item that is equal or superior to the person who has physical possession of the item. Tex. R.Civ.P. 192.7(b).

3. "You," "your," and "Plaintiff" refer to any Plaintiff seeking recovery against any Defendant in the above-referenced lawsuit, and any and all persons acting by or under their authority or control. This would include not only the named Plaintiff, but the decedent as well, if applicable.

4. "Person" or "Persons" includes natural persons, firms, partnerships, associations, joint ventures, corporations, and any other entities.

5. "Statement" means the statement of any person with knowledge of relevant facts as defined in Rule 192.3 of the Texas Rules of Civil Procedure.

6. "This Lawsuit" means Plaintiff's lawsuit, which was transferred to the Texas State Silica MDL pending in the 295th Judicial District Court of Harris County, Texas.

7. "Alleged Toxic Materials" means any materials to which the Plaintiff alleges exposure or has alleged or claimed exposure in the past (including, but not limited to, silica, silica-containing products, heavy metals, asbestos-containing products, solvents, chemicals, and/or welding fumes) and which Plaintiff claims or has claimed in the past to have caused or contributed to any disease, injury or illness.

8. "Health Care Provider" means and includes all "Covered Entities" and their "Business Associates" as those terms are defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and Chapter 181 of the Texas Health and Safety Code, including but not limited to, all health care providers, health plans, health care clearing houses, physicians, doctors, surgeons, pharmacists, osteopath, chiropractor, psychiatrists, psychologists, social workers, counselors, occupation, speech and/or physical therapists, hospitals, clinics, pharmacies, and other medical facility or health care facilities, including, but not limited to, drug and alcohol treatment and rehabilitation facilities. This also includes any health care provider employed, contracted with, or otherwise retained by any of Plaintiff's employers.

9. "Potential Party" means any person or entity who has not been sued in This Lawsuit as a Defendant, counter Defendant, or third party Defendant. It also includes any person or entity that is a settling person under Sections 33.011(5) and 33.015(d) of the Texas Civil Practice and Remedies Code, and any person or entity that has entered into any Settlement Agreement.

10. "Respiratory Protection Device" means dust masks, respirators, safety masks, or any other devices, instruments, products, or objects designed for use by individuals to prevent or reduce inhalation of dust, fibers, or vapors.

II.

TEXAS STATE SILICA MDL REQUESTS FOR PRODUCTION TO PLAINTIFFS

Produce all documents and tangible things that support any damage claim for which you are seeking compensation in This Lawsuit.

RESPONSE:

All documents or tangible things regarding any complaints made by or on behalf of Plaintiff to any of the Defendants or to other persons, including but not necessarily limited to physicians and/or Health Care Providers, firms, or corporations, at any time whatsoever with respect to the Alleged Toxic Materials, or products Plaintiff allegedly used when exposed to the Alleged Toxic Materials, including, without limitation, all correspondence, records of telephone conversations, meetings, discussions, or conferences, and all other documents or tangible things which evidence, show or may show, or which may set forth the nature of any complaints, when such complaints were made, to whom such complaints were directed, and the nature of any remedies recommended or performed, and whether such remedies were made.

RESPONSE:

3. All documents or tangible things of any kind whatsoever regarding any training or instruction provided to Plaintiff with respect to the use and/or production of the Alleged Toxic Materials, products Plaintiff allegedly used when exposed to the Alleged Toxic Materials, and personal protective equipment, including but not limited to, all manuals, pamphlets, booklets, literature, correspondence, and other written documents or tangible things providing for or relating to any such instructions.

RESPONSE:

4. All documents or tangible things of any kind whatsoever regarding any warnings or instruction given to Plaintiff with respect to exposure to the Alleged Toxic Materials, and the use of protective equipment and/or any other products when exposed to the Alleged Toxic Materials. This also includes, but is not limited to, any and all warnings, labels, or other instructions that you have in your possession that were placed upon any personal protective equipment or other equipment.

RESPONSE:

5. All documents or tangible things of any kind whatsoever which evidence, show, or set forth the levels and/or concentrations of Alleged Toxic Materials to which Plaintiff was allegedly exposed and/or length and time of exposure.

RESPONSE:

6. All documents or tangible things of any kind whatsoever which evidence, show, or set forth Plaintiff's specific job duties for each of Plaintiff's employers.

RESPONSE:

7. If x-rays, CT scan, MRI, NMR, and/or PET scans or other diagnostic imaging were taken of Plaintiff at any time beginning ten (10) years prior to the date of his alleged first exposure to Alleged Toxic Materials and continuing until the present, provide each x-ray, scan, or other diagnostic image and all documents which refer to or will disclose the name and address of the person who took the x-ray, scan, or other diagnostic image, the dates each were taken, and what each disclosed.

RESPONSE:

8. All reports and other documents related to any claims for Social Security Disability benefits, state disability benefits, and/or workers' compensation benefits you have filed.

RESPONSE:

10. All reports and other documents from each Health Care Provider who examined, counseled, or treated Plaintiff in connection with any claim for Social Security Disability, state disability, Social Security insurance, major medical insurance, Blue Cross, Workers' Compensation, or any similar group.

RESPONSE:

All pathology and cytology specimens, and records, documents or tangible things generated or maintained by any Health Care Provider which treated or cared for Plaintiff for a period beginning ten (10) years prior to the date of Plaintiff's alleged first exposure to Alleged Toxic Materials and continuing until the present.

RESPONSE:

12. All documents which refer or relate to tobacco use by Plaintiff.

RESPONSE:

13. All documents which refer or relate to the use, inhalation, injection, or ingestion by Plaintiff of any legal or illegal drugs or narcotic agents, including, but not limited to, cocaine, crack cocaine, marijuana, heroin, PCP, hallucinogens, barbiturates or amphetamines.

RESPONSE:

14. All documents and tangible things which refer or relate to in any way Plaintiff having been accepted for, or declined for, turned down, or rated by any company for accident, health, or life insurance due to any physical impairment or condition capable of causing any physical impairment that could diminish Plaintiff's capability to work or that could diminish Plaintiff's earning capacity for a period beginning five (5) years prior to the date of Plaintiff's alleged first exposure to the Alleged Toxic Materials.

RESPONSE:

15. All documents relating to any license and/or certification Plaintiff possesses or has possessed, whether issued by any agency (governmental or non-governmental, including the United States, United States Territories and Provinces, and any other foreign countries) or other person, to perform any profession, trade, or occupation, including, but not limited to, documents which will disclose the date the license was issued, the name and address of the agency which issued the license, and the profession, trade, or occupation in which the license was issued.

RESPONSE:

16. A copy of your Federal Income Tax Returns during the period of time beginning five (5) years prior to the date of Plaintiff's alleged first exposure to Alleged Toxic Materials, and continuing to the present as well as all documents related to the amount of income which Plaintiff received whether or not reported on your Federal Income Tax Returns during the period of time beginning five (5) years prior to the date of Plaintiff's alleged first exposure to Alleged Toxic Materials, and continuing to the present.

RESPONSE:

17. All documents related to any days of work missed by Plaintiff and the earning loss resulting from such lost work time which you claim resulted from the illness, injury, or condition made the basis of This Lawsuit.

RESPONSE:

18. All documents related to any out-of-pocket expenses which you claim resulted from the incidents which are the basis of This Lawsuit.

RESPONSE:

19. All statements, invoices, billings, and other tangible materials reflecting medical expenses for which Plaintiff seeks recovery in This Lawsuit.

RESPONSE:

20. Copies of all medical, employment, payroll, personnel, Social Security Administration, military service records, and union records in your possession.

RESPONSE:

21. A copy of any application for employment signed, prepared, or filed by Plaintiff, or on Plaintiff's behalf, with any prospective employer.

RESPONSE:

22. A copy of any application signed, prepared, or filed by Plaintiff with the Texas Employment Commission for purposes of obtaining unemployment benefits.

RESPONSE:

23. A copy of any applications or claim forms filed by Plaintiff or on Plaintiff's behalf with any health insurance company for reimbursement or payment of any medical or funeral expenses incurred as a result of the injury or disease made the basis of This Lawsuit.

RESPONSE:

24. All documents and tangible things concerning any other lawsuit or claim submittal which you have on file or previously filed or are aware of arising out of the same factual circumstances as this Lawsuit, or involving any other occupational injury or physical injury or mental injury including but not limited to:

- a. Any prior sworn testimony of Plaintiff (excluding any depositions taken in this case);
- b. Any prior discovery responses of Plaintiff (including any and all amended and supplemental responses);

- c. Any witness statements of Plaintiff as defined by Rule 192.3 of the Texas Rules of Civil Procedure (including, but not limited to affidavits, and sworn statements); and
- d. All petitions and/or complaints served or filed, or authorized to be served or filed, by you or on your behalf in any court or administrative agency, in any lawsuit or proceeding in which it was alleged that you suffered from any injury or disease, whether or not silica-related (including any and all amended and supplemental petitions, complaints);

RESPONSE:

- 25. All documents and tangible things which support your claim, if any, for loss, injury, or damage to consortium (defined as any alleged impairment or damage to affection, solace, comfort, companionship, society, assistance, sexual relations, emotional support, love, and felicity necessary to support a successful marriage).

RESPONSE:

- 26. All documents and tangible things which support your claim, if any, for loss or damage to household services (defined as any alleged impairment to the performance of household and domestic duties by a spouse to the marriage).

RESPONSE:

- 27. For all consulting experts whose mental impressions and opinions have been reviewed by any testifying expert retained by you, produce all materials concerning the general substance of that expert's mental impressions and opinions, and that expert's basis for those mental impressions and opinions, including all documents, tangible things, reports, models, or data compilations that have been provided to, reviewed by, or prepared by or for that expert.

RESPONSE:

- 28. All materials created, used or authorized by any consulting expert whose work, materials, opinions or conclusions were reviewed by or relied upon by any testifying expert.

RESPONSE:

- 29. For all consulting experts whose mental impressions and opinions have been reviewed by any testifying expert retained by you, produce a copy of that expert's current resume and bibliography.

RESPONSE:

30. All transcripts in your possession, custody, or control of all deposition or trial testimony by each expert identified pursuant to Rule 194.2(f), Tex.R.Civ.P. (Plaintiff may produce, in lieu of actual copies of transcripts, a list of transcripts responsive to this request).

RESPONSE:

31. All documents between you and any consulting expert whose mental impressions and opinions have been reviewed by any testifying expert and all documents between your attorney and any consulting expert whose mental impressions and opinions have been reviewed by any testifying expert.

RESPONSE:

32. All records, reports, forms, and other documents reflecting demands for payment (whether satisfied or not) made by you against a non-party (including bankrupt entities) for any of the damages you allege you suffered from exposure to any and all Alleged Toxic Materials (including but not limited to any and all documents relating to payments resulting from alleged exposure to asbestos). This request does not include documents relating to settlement negotiations.

RESPONSE:

33. All documents identified by you in Plaintiff's verified fact sheet.

RESPONSE:

34. Birth certificates for all children, both natural and/or adopted, of Plaintiff or of anyone dependent upon Plaintiff for support, or documents evidencing standing for any other person seeking recovery in This Lawsuit other than Plaintiff's spouse.

RESPONSE:

35. All documents evidencing Plaintiff's use of protective equipment and/or personal protective equipment when allegedly exposed to the Alleged Toxic Materials.

RESPONSE:

36. If making a claim for loss of consortium or a surviving spouse is seeking recovery in This Lawsuit, a copy of Plaintiff's marriage certificate(s) and any and all divorce decrees for the Plaintiff.

RESPONSE:

- 37 All pre-suit documents referring to, relating to or evidencing communications between any of the Defendants and Plaintiff regarding any of the issues involved in This Lawsuit.

RESPONSE:

38. All documents which indicate, refer to, relate to or evidence your allegations that Plaintiff experienced a loss of earning capacity as a result of the illness, injury, or disease made the basis of This Lawsuit.

RESPONSE:

39. A copy of any and all billing records, invoices, or charges from any expert who may testify in this case or whose opinions have been relied upon by an expert who may testify.

RESPONSE:

40. All sandblasting, personal protective equipment or other products in the possession of Plaintiff, including but not limited to, respiratory equipment, hoods, dust masks, respirators, abrasives, blasting pots, power tools and equipment, hoses and nozzles, or the containers, bags or boxes in which they came, used by Plaintiff during the occurrence or occurrences that made the basis of Plaintiff's claims in This Lawsuit.

RESPONSE:

- 41 All diaries, notes, logs, or journals kept by Plaintiff which mention job sites, products, co-workers, and/or supervisors.

RESPONSE:

42. Any and all photographs, pictures, drawings, diagrams, slides, films, videotapes, and electronic recordings of any silica-related product, respiratory equipment, personal protective equipment, any product used for or in conjunction with abrasive blasting, or any other product which Plaintiff claims caused or contributed to his alleged injury or exposure to the Alleged Toxic Materials in Plaintiff's possession (excluding the photographs in the CSR Picture book and the Walter Weathers Picture book).

RESPONSE:

43. Any and all photographs, pictures, drawings, diagrams, slides, films, videotapes, and electronic recordings of any location or work site where you were allegedly exposed to any Alleged Toxic Materials.

RESPONSE:

44. Any and all photographs, pictures, drawings, diagrams, slides, films, videotapes, and electronic recordings that refer or relate to Plaintiff's disease or condition or any element of damage alleged by you in this action (i.e. any day-in-the-life recordings). For each photograph, slide, film, and videotape, provide all documents which will reveal the date of the foregoing items were made, taken or shot, and the person or entity shooting, taking, or making the same (excluding the photographs in the CSR Picture book and the Walter Weathers Picture book).

RESPONSE:

45. All documents that you have reviewed to assist in the identification of any Alleged Toxic Materials to which you contend you were exposed (excluding the photographs in the CSR Picture book and the Walter Weathers Picture book).

RESPONSE:

46. All photographs, blueprints, plans, diagrams, drawings, maps, models, mockups or other visual reproductions of (1) any of your employers' premises, (2) any Premises Defendants' Property, and (3) any of your worksites and jobsites.

RESPONSE:

47. Any and all time cards, paychecks, pay stubs, time vouchers or other documents evidencing your work on any of your employers' and/or of any of the Premises Defendants' Property.

RESPONSE:

48. All documents evidencing or reflecting when you first became aware that your alleged exposure to the Alleged Toxic Materials had caused you an alleged injury or disease.

RESPONSE:

49. Produce a copy of all agreements related to This Lawsuit in which any consideration, other than money, has been exchanged.

RESPONSE:

50. All documents which support or relate to your contention that any of the Defendant's, or any other individual's or entity's products and/or materials were defective or unsafe.

RESPONSE:

51. Any and all industrial hygiene inspections, air monitoring results, surveys, or studies of any job location or employer where you were allegedly exposed to Alleged Toxic Materials.

RESPONSE:

52. Any safety inspections, surveys, or studies, of any job location or employer where you were allegedly exposed to Alleged Toxic Materials.

RESPONSE:

53. Any and all correspondence, notes, memoranda, data, documents, or reports of any inspection relating to foundry or sandblasting operations conducted by any federal, state, or municipal agency for respiratory health hazards at any (1) of your employers' premises, (2) of the Premises Defendants' Property, and (3) of your worksites and jobsites.

RESPONSE:

54. All sales literature, packaging, packaging materials, advertising, promotional material, technical literature, warnings, material safety data sheets, labels, product records, shipping records, invoices, purchase orders, marketing records, NIOSH or OSHA documents, sales, records, internal memoranda, internal reports, minutes of meetings, or other documents, in Plaintiff's possession, custody, or control, from of any your employers and/or work sites, or from any supplier to your employers or worksites that relate to the Alleged Toxic Materials to which Plaintiff was allegedly exposed or that relate to the products Plaintiff allegedly used when exposed to the Alleged Toxic Materials.

RESPONSE:

55. All documents generated by, from, or for any Defendant in This Lawsuit as well as all documents created by any Defendant in This Lawsuit which are in the Plaintiff's possession, custody or control.

RESPONSE:

56. All judgments, verdicts, or awards involving you (whether or not final or whether or not fully paid or satisfied) in any lawsuit, proceeding or worker's compensation claim, or other claim involving or relating to any respiratory injury or disease.

RESPONSE:

57. Produce all documents relating to any respiratory protection program implemented by any of your employers during any time that you contend you used any Respiratory Protection Device or personal protective equipment when exposed to the Alleged Toxic Material.

RESPONSE:

58. Produce all documents relating to any fit test you underwent for any Respiratory Protection Device or personal protective equipment.

RESPONSE:

59. All documents that refer, pertain, or relate to, Plaintiff's employment at or for an employer that does not appear on Plaintiff's Social Security Records.

RESPONSE:

60. Copies of all insurance policies, documents, or memoranda evidencing payment for any damages allegedly arising from the occurrence made the basis of This Lawsuit. This request is intended to include, but is not limited to, Social Security Insurance, major medical insurance, Blue Cross, Workers' Compensation, Medicaid, Medicare, or any similar group.

RESPONSE:

61. All documents reviewed by Plaintiff and/or used to refresh Plaintiff's recollection to prepare for sworn testimony.

RESPONSE:

62. All advertisements, flyers, letters, invitations, communications, or documents relating to medical screenings to which you were invited or which you attended.

RESPONSE:

63. Any and all pulmonary function test reports (including all quality assurance/quality control data underlying the pulmonary function tests) and all data created by and or stored on the pulmonary function testing equipment used in conjunction with the pulmonary function testing of the Plaintiffs, including but not limited to, tracings, quality assurance messages, time stamp data, and error codes, if available.

RESPONSE:

64. Any and all documents concerning and any work, exposure, and medical evaluation and history forms or materials utilized or prepared by you (or on your behalf) or by any of Plaintiff's diagnosing physician(s) concerning Plaintiff.

RESPONSE:

65. Any and all documents reflecting sign-in rosters for the medical screening of each Plaintiff.

RESPONSE:

EXHIBIT D

Master File Number: 2004-70000

IN RE:

TEXAS STATE SILICA
PRODUCTS LIABILITY LITIGATION

§ IN THE DISTRICT COURT
§
§ 295th JUDICIAL DISTRICT
§
§ HARRIS COUNTY, TEXAS
§ (Judge Tracy Christopher)

**Texas Silica MDL
Defendants Verified Fact Sheet**

Definitions

"Product" shall mean those Products that contain and/or produce respirable crystalline silica dust, as well or those Products that are designed, and listed marketed, sold and/or distributed to prevent the respiration of silica dust, including but not limited to Respiratory Protection or abrasive blasting equipment and compressors that have been identified by existing MDL Plaintiffs either by naming the Product brand name or by identifying a photograph of the Product. In terms of Product(s) that are designed for Respiratory Protection, this shall mean those Products that are designed, marketed, sold and/or distributed to prevent the respiration or inhalation of crystalline silica dust, including but not limited to dust masks, dust respirators, cartridge respirators, air supplied hoods and non-air-supplied hoods.

Unless otherwise specified, answers to these disclosures shall be limited to Products identified in Plaintiffs Verified fact sheet and years Plaintiff used each Product identified.

I. Corporate Organization

- a. Provide Defendant's Full Name, legal status (individual, corporation, partnership, etc.), address, and the identity of any, predecessor entities, or successor entities that designed, manufactured, marketed, processed, mined, sold and/or distributed any of the Products or types of Products that are the subject of this litigation.
- b. Provide a description of Defendant's corporate structure.

II. Products

- a. Identify each Product designed, manufactured, marketed, sold and/or distributed from 1930 to the present, including a general description of each Product, the brand name (if any), model # and the specific time period during which each particular Product was designed, manufactured, marketed, sold and/or distributed, subject to the Products identified by any existing MDL Plaintiffs as referenced above.

EXHIBIT

~~XD~~ 1

- b. Produce photographs of Products identified in II(a), if any if not already produced and authenticated,

HI. General Knowledge

- a. Did Defendant ever learn that inhalation of crystalline silica dust could constitute a human health hazard. If so, state the date, if ever, that the Defendant learned that exposure to certain levels of silica dust may cause or be associated with the following diseases:

1. silicosis
2. lung cancer
3. rheumatoid arthritis
4. scleroderma
5. renal disease
6. bronchitis/Chronic Obstructive Pulmonary Disease
7. mycobacterial infections, including, but not limited to, tuberculosis
8. cor pulmonale
9. lupus

- b. Please list all trade organizations or associations, and any other groups to which Defendant has belonged relating to the Products and subject matter of this litigation.

This list should include (but is not limited to) any membership in the:

American Hygiene Foundation
Industrial Hygiene Foundation
Chemical Manufacturer's Association (or its predecessor, the MCA)
American Chemical Council
American Petroleum Institute
Texas Chemical Council
National Safety Council
American National Standards Institute (ANSI)
Industrial Medical Association
American Society of Mechanical Engineers (ASME)
American Society for Testing and Materials
Chlorine Institute
American Industrial Hygiene Association
Society of Automotive Engineers
Society of Petroleum Engineers
American Conference of Governmental Industrial Hygienists (ACGIH)
American Occupational Medicine Association
American Public Health Association

American Medical Association
National Association of Corrosion Engineers (NACE)
National Industrial Sand Association (NISA)
Silica Safety Association
National Stonecutter's Association
National Foundryman's Association
Steel Structures Painting Council
Industrial Respiratory Equipment Association
Any textile groups
Any state safety organizations

As to each listed group, please state:

1. the time period when Defendant was a member;
 2. the identity of Defendant's employees, former employees, or representatives who served on any committees or subcommittees of any listed group (e.g., a medical advisory committee or legal committee); and
 3. the name of the committee or subcommittee on which such person served and the position occupied on the committee, if applicable.
- c. Has Defendant ever been cited by OSHA or any other local, state, or federal governmental agency for any matter related to silica or silica exposure? If so, please provide the dates of such citations, the fines assessed, if any to the Defendant, and the remedial measures in response to the citation.
- d. If the Defendant alleges it is not liable in the capacity in which it was sued, please state your reason.
- e. Where are Defendant's principal places of business in Texas (city and county pursuant to the provisions of the Texas Civil Practice and Remedies Code Section 15.001 *et seq.*)? If Defendant contends that none of its locations in Texas are a principal place of business, please identify its place of business in Texas where its highest-level decision-makers work.
- f. When was the first time Defendant became familiar with the concept of a threshold limit value, or TLV, for airborne dust, and how was Defendant first made aware of this concept?
- g. If Defendant contends that any of its Product(s) were never sold, distributed, or otherwise present on any job-sites within the State of Texas, please provide the basis for such contention. Further, if Defendant contends that it is not subject to the jurisdiction of the courts of the State of Texas, please provide the basis for such contention.

IV. Insurance Coverage

- a. State the amounts of coverage remaining on each individual insurance policy initially supplied by each Defendant pursuant to Rule 197, with right to supplement

**INITIAL DISCLOSURES
(DISTRIBUTOR DEFENDANTS)**

1. Identify each and every manufacturer for whom you sold or distributed a Product from the date of your starting business to the present. Include in your answer
 - a. The years you sold such Product for each named company
 - b. The specific brand names or other discerning information illustrating the exact Product sold.
 - c. Whether you published any brochures or sales literature for this Product for any of the years it was sold.
 - d. The identity of any and all person(s) responsible for drafting, writing and/or distributing sales brochures for the respiratory ~~equipment~~ ^{product} sold.
 - e. Identify each and every sales person, marketing representative or regional sales manager responsible for marketing Products to you for and on behalf of these manufacturers in Texas for the entire period you sold these Products.
 - f. Identify each and every manufacturing representative responsible for the marketing and sale of Products who communicated with your company about the sale of their Products or provided training to your employees with regard to the sale of their Products.
2. Identify each and every study or test in your possession performed by any third party (including but not limited to organizations such as the Los Alamos Scientific Laboratory or NIOSH) on any of the Products that you ever sold or distributed in Texas relating to potential respiratory hazards. (This may include, but is not limited to, studies which relate to the filter performance of respirators, the propensity of the face-piece of these respirators to face seal, and/or field performance testing of respirators). Include in your answer the date and author of such study or test.
3. Identify the names of all known businesses, employers or other type of facilities where you sold any Products for the period Plaintiff used Products. Include in your answer the years you sold or distributed such equipment to such entities. For purposes of responding to this request,

the request is limited to the information regarding Plaintiffs employers and Products used identified in the Plaintiffs fact sheet.

4. If you re-labeled, modified, or otherwise changed the brand name, packaging, or warning in any way on the Products described in Disclosure #1, identify:
 - a. the re-labeling, modification, or other change
 - b. the reason for the re-labeling, modification, or other change
 - c. whether the manufacturer was aware of the re-labeling, modification, or other change, and whether the manufacturer approved said re-labeling, modification, or other change
 - d. if a warning was changed, identify each test, study, information, or individual relied upon to support such a change.

**INITIAL DISCLOSURES
(SILICA-CONTAINING PRODUCT DEFENDANTS)**

1. For each Product(s) manufactured, produced, processed, sold, distributed, supplied or furnished by you, please state:
 - a. the brand name, if any, and the generic name of the Product;
 - b. the inclusive dates of manufacture, production or supply;
 - c. any other name, number or designation by which the Product may be identified;
 - d. a physical description of the Product, including its color, shape, size and weight per unit, its texture, and the percentage of silica content and any other mineralogical content; and
 - e. the use for which the Product was manufactured or sold.
2. For each of your Product(s) identified in the preceding disclosure, please describe, for all the years which you sold the Product:
 - a. the container or package in which the Product was sold, distributed or supplied;
 - b. any logo or other design on the container and/or package and the inclusive dates it has appeared on the container and/or package;

- c. the content of any printing on the container and/or package and the inclusive dates when it appeared on the container;
 - d. any instructions on the container and/or package and the inclusive dates when they appeared on the container and/or package, including the dimensions or size of such instructions;
 - e. any warning on the container and/or package and the inclusive dates when they appeared on the container and/or package, including the dimensions or size of such warnings;
 - f. if you provided warnings or instructions on the container or package, but later changed them, provide the changes made, including the changes in dimension or size;
 - g. Identify each test, study, information, or individual consulted or relied upon regarding the warnings placed on each Product.
3. Identify each present employee, or former employee, agent or non-privileged consultant of yours who was employed during any period Plaintiff used your Product(s), who has been employed by you to investigate, research and evaluate the safety hazards of Products and/or dust producing operations.
4. Describe your corporate procedures and practices concerning the subject of Product safety and research in the design, development, and manufacture, testing, and use of your Product(s) for the entire period which you manufactured, sold, distributed and/or marketed this Product(s) (especially as it relates to identifying the health hazards associated with your Product). In your answer to this disclosure, identify each present or former corporate department, division or other such subdivision responsible for any of these activities.
5. State if you or anyone on your behalf ever conducted, sponsored or contributed financially to any studies or research to determine if exposure to silica dust may be harmful and/or create health hazards. Disclosures of ongoing studies shall be limited to subject matter and expected date of completion.
6. If the answer to Disclosure #5 is in the affirmative, please state:
- a) by whom the research was conducted, giving complete names and addresses;
 - b) the title of the report, test, experiment, study or other type of document and the date it was completed.
7. During the time Plaintiff allegedly used your Product, did the defendant require or suggest that its employees take any precautions against the exposure to any Product(s) which were processed, manufactured or distributed by Defendants' facilities.

8. If your answer to Disclosure #7 was in the affirmative, then please state:
 - a) the date that each was first required or suggested;
 - b) a full description of each requirement or suggestion;
9. If you contend that the defendant could not have known prior to 1990 that exposure to silica by those who worked with or around Products could cause any disease or medical condition, please state, in detail, all the facts on which the Defendant relies to support such a contention.
10. Identify any tests, studies, or research conducted by Defendant, funded by Defendant, or otherwise conducted on Defendant's behalf on the use of non-silica alternate abrasives.

**INITIAL DISCLOSURES
(RESPIRATORY PRODUCT DEFENDANTS)**

1. Identify each and every distributor or retailer, which sold Products manufactured by you up to the date of Plaintiffs last exposure.
2. With regard to those distributors and retailers identified in the preceding disclosure, please identify each and every sales person, marketing representative or regional sales manager employed by you responsible for marketing Products in Texas.
3. Please identify by model name and number every Product your company sold or has reason to believe was sold in Texas for the entire period you have done business in Texas.
4. Please identify each and every person responsible for the development and design of each model of Product(s) which you sold in Texas previously identified in Disclosure #3.
5. Please identify each and every person responsible for the development of instructions, labeling, Product literature and warnings associated with each Product you identified in Disclosure #3 for all of the years which you have marketed this Product.
6. Identify each submission to the National Institute for Occupational Safety and Health (NIOSH) or its predecessor Bureau of Mines (BOM) where approval was sought to obtain certification of any Product from these governmental entities relating to material changes in Product and packaging. Include in your answer the following:
 - a) The date of each approval and approval number.
 - b) Whether the approval sought was original or involved a modification to the above listed Product model previously approved by NIOSH or BOM.

- c) If a modification to an existing approval, the nature of the modification for which approval was sought and the date the modification was sought.
7. If in the preceding disclosure you indicated that you did not seek certification by NIOSH or its predecessor BOM because the Product was manufactured by another company but resold by you, then please identify the company that originally manufactured any Product sold by you and provide the NIOSH or BOM approval number for this Product.
8. If you did not seek NIOSH or Bureau of Mines (BOM) approval for any Product you sold in Texas, then please identify any and all respiratory Products by name and model number that was sold in Texas but not approved by NIOSH or BOM.
9. If you sold Products in Texas that were originally certified by NIOSH or BOM but that certification was later withdrawn or expired, then please identify by model name and number the identity of the Product and the date certification expired or was withdrawn.
10. Identify each and every laboratory study, quality control compliance testing or other independent study or test performed by you or on your behalf, on any Product sold or manufactured by you which relates to the filter performance of these Products or the face-piece to face-seal fit of these Products. Include in your answer the date, author and source of such study or test.
11. Identify each and every study or test performed by any third party (including but not limited organizations such as the Los Alamos Scientific Laboratory or NIOSH) on any Product made by you and sold in Texas which relates to the filter performance of these respiratory Products or the propensity of the face-piece to face-seal of these Products. Include in your answer the date and author of such study or test.
12. Identify each and every field study (field study is defined as studies relating to exposures under the same or similar work conditions involving respirable dust, excluding employee air monitoring results) or test performed by you or on your behalf on any Products sold by you in Texas, which relates to the filter performance of these Products or the propensity of the face-piece to face-seal of these Products. Include in your answer the date, author and source of such study or test.

**INITIAL DISCLOSURES
(ABRASIVE BLASTING EQUIPMENT DEFENDANTS)**

1. List by brand name, model type, and dates marketed each Product or component Product which was manufactured, distributed, assembled, and/or processed by you for each of the following categories:
- a) abrasive application equipment (including but not limited to blast pots and these pots component parts.)

- b) this inquiry also applies to compressors.
2. State whether you have ever placed any type of label, tag or any type of sign on the packaging material of the packaging of your Product(s) manufactured, distributed, or sold by you, warning the user about the danger of silica contained in the abrasive blasting material used in the sandblasting process.

If you answered the above disclosure affirmatively, please provide the following information:

- a. The date such warning was first placed on the Product;
 - b. The specific wording of such warning, and the specific wording of any subsequent changes in the wording of the warning;
 - c. The dates such warnings were changed or modified;
 - d. The specific size and location of the warning on the package.
 - e. The test, study, information, or individual consulted or relied upon regarding the warnings placed on each Product.
 - f. The reasons for placing such a warning on the Products listed.
3. State the name and respective address of each and every individual with your company who participated, in any way, in the decision to place warnings on any of the Product(s) manufactured or distributed by you.
4. Please provide the title, reference, date and author of any report or study which you relied upon in support of your decision to place warnings on the Products listed.
5. If you have indicated in the previous disclosure that you did place warnings on or attached to Product(s) manufactured or distributed by you, then please state whether you ever included such warnings in your sales literature. If so, please identify the type of sales literature which included such warnings and the dates such warnings began.
6. If in the preceding disclosures you indicated that you did not place any warnings related to the danger of silica on Product(s) manufactured, sold, or distributed by you, then please state the basis for your decision not to attach or include any warning on such Products.
7. Please list the names, position or title, and address of each and every employee, consultant, engineer, or any other agent of your company who was responsible for the marketing and sale of the Product(s) manufactured, sold or distributed by you up to the date of Plaintiffs last exposures, subject to Products and employers and job-sites identified by MDL Plaintiffs.

8. Did your company ever have a research Product testing, and/or quality control department? If so, give the year such Research Department was established and whether or not such a department operated continuously since being established.
- a. Please state, in detail, the purposes and responsibilities of such department and the names and current addresses of all persons in charge of such a department.
 - b. Please list each and every report, study, memoranda or document produced in your company or any independent study which relates to the safety of the sandblasting application equipment manufactured or distributed by you with regard to potential respiratory hazards.
9. Please identify all distributors of Product(s) sold by you in the state of Texas up to the date of Plaintiffs last exposure limited to the list of employers and/or jobsites identified by the Plaintiff's fact sheet.

Standard verification will be attached.

EXHIBIT E

MasterFileNumber:2004-70000

IN RE:

TEXAS STATE SILICA
PRODUCTS LIABILITY LITIGATION

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IN THE DISTRICT COURT

295th JUDICIAL DISTRICT

HARRIS COUNTY, TEXAS
(Judge Tracy Christopher)

**Texas Silica MDL
Master Set of Request for Production to Defendants**

Definitions

"Product" shall mean those Products that contain and/or produce respirable crystalline silica dust, as well as those Products that are designed, and listed, marketed, sold and/or distributed to prevent the respiration of silica dust, including but not limited to Respiratory Protection or Product and compressors that have been identified by existing MDL Plaintiffs either by naming the Product brand name or by identifying a photograph of the Product. In terms of Product(s) that are designed for Respiratory Protection, this shall mean those Products that are designed, marketed, sold and/or distributed to prevent the respiration or inhalation of crystalline silica dust, including but not limited to dust masks, dust respirators, cartridge respirators, air supplied hoods and non-air-supplied hoods.

Unless otherwise specified, answers to this request for Production shall be limited to the Products identified in the Plaintiffs verified fact sheet and the years Plaintiff used each Product identified.

"Respiratory health hazards" - means respiratory health hazards involving dust.

"Alleged toxic materials" means any materials to which the Plaintiff alleges exposure or has alleged or claimed exposure in the past (including, but not limited to, silica, silica containing products, heavy metals, asbestos-containing products, solvents, chemicals, and/or welding fumes) and which Plaintiff claims or has claimed in the past to have caused or contributed to any disease, injury or illness.

~~EXHIBIT~~
E

REQUEST FOR PRODUCTION - RESPIRATOR DEFENDANTS

Definitions - Respirator Defendants Only

Uncertified Products - These Requests apply to Products not certified by the Bureau of Mines or the National Institute for Occupational Safety and Health. For any uncertified Product the Defendant shall produce this information for the period of five years preceding the date of Plaintiff's first use of the Product up to the date of Plaintiff's last use of the Product.

"Laboratory filtration study" shall mean any test that investigates the performance of the filter in question initiated by you or a third party consultant in order to obtain or retain certification from the National Institute of Occupational Safety and Health or the Bureau of Mines which would include "silica dust tests" and "face seal to face piece studies."

"Face piece to face seal studies" shall mean any study carried out to determine the extent, if any, of face seal leakage in any of the Products as defined above.

"Field tests" shall mean any test carried out in a simulated or actual work environment to test the performance of the Products as defined above.

"Comparative studies" shall mean any study or memoranda reflecting the results of any of the above mentioned tests on any of the Products as defined above comparing the performance of any Product against any Product manufactured by you.

"Investigative studies, performance analysis, air filtering studies" shall mean any other study or test that tests the performance of the respirator in any other manner to determine its filtration and/or face seal capabilities using any other dust or mist other than silica for the purpose of testing the performance of efficiency of any Product as defined above.

In accordance with the Texas Rules of Civil Procedure, please produce copies of the following:

1. Copies of any and all franchise agreements, distributor agreements, retail distributor agreements, marketing agreements, memoranda of understanding, or letter agreements between you and any other company which is in the business of

selling your respiratory Product(s) designed, manufactured and or sold in the state of Texas.

2. Copies of any and all laboratory filtration studies, face piece to face seal studies or field tests, investigative studies, performance analyses, air filtering studies, and/or comparative studies on the performance of the Products as defined above from the period your product was first certified by NIOSH up until the date of Plaintiffs last use of your Product. For Products designed, manufactured or sold before NIOSH certification, the Defendant shall produce this information for the period of five years preceding the date of Plaintiffs first use of your Product up to the date of Plaintiffs last use of your Product. This request includes silica dust tests but does not include any other quality control tests.
3. Copies of any and all warnings, instructions, packaging labels, signs or other type of insignia which were either attached to or accompanied with any of the Product(s) as defined above from the period your product was first certified by NIOSH up until up to the date of Plaintiffs last use of your Product. For Products designed, manufactured or sold before NIOSH certification, the Defendant shall produce this information for the period of five years preceding the date of Plaintiffs first use of your Product up until the date of Plaintiffs last use of your Product. If this packaging is printed in different colors, please provide color copies. This request includes any and all modifications or changes in language for any of the labels or instructions accompanied with this respiratory Product
 - a. Copies of all documents concerning the advisability, feasibility, decision to or reason for commencing the use of warnings or warning labels on any of the Products as defined above, including memoranda or correspondence by individuals or committees discussing the same from the period your Product was first certified by NIOSH up until the date of Plaintiffs last use of your Product. For Products designed, manufactured or sold before NIOSH certification, the Defendant shall produce this information for the period of five years preceding the date of Plaintiffs first use of your Product up until the date of Plaintiffs last use of your Product.
4. Copies of any and all sales brochures, sales literature, trade journal advertisements, informational pamphlets or other types of written material which might have been provided by you to a purchaser which pertain to any of the Products as defined above for a period of five years prior to the date of Plaintiffs first use of the Product up to the date of the Plaintiffs last use of the Product.
 - a. Copies of any and all marketing circulars, memoranda, bulletins, newsletters, technical information or selling points including any documents listed above that were provided by you to any and all representatives, distributors and/or sales persons for a period of five years prior to the date of Plaintiffs first use of the Product up to the date of the Plaintiffs last use of the Product.

5. Copies of any and all complaints, customer problems relating to respiratory health hazards or complaints of Product misuse regarding Products as defined above which were brought to your attention with regard to the Products from the period your Product was first certified by NIOSH up until the date of Plaintiffs last use of your Product. For Products designed, manufactured or sold before NIOSH certification, the Defendant shall produce this information for the period of five years preceding the date of Plaintiffs first use of the Product up to the date of Plaintiffs last use of the Product.
6. Copies of any and all position papers, statements, testimony by your company representatives or correspondence of any kind relating to any government regulatory agency, particularly that of the National Institute for Occupational Safety and Health or the Bureau of Mines, pertaining to the rules and regulations relating to the certification and/or government approved testing of any of the Products as defined above.
7. Copies of any and all in house guidelines or communications, technical papers or standards relating to Product warnings, instructions or use limitations which you have utilized in the development of any warnings or instructions for the Products as defined above from the period your Product was first certified by NIOSH up until the date of Plaintiffs last use of your Product. For Products designed, manufactured or sold before NIOSH certification, the Defendant shall produce this information for the period of five years preceding the date of Plaintiffs first use of the product up to the date of Plaintiffs last use of the Product.
8. Copies of any document which reflects the defendant's current policies relating to document retention and preservation of documents.
9. Your current annual report or net worth statement.
10. Any and all Quality Control plans required pursuant to 30 C.F.R. § 11.40 et seq. and any amendments or changes to these Quality Control Plans and/or manuals applicable to any Product as defined above up to the date of Plaintiffs last use.
11. Any and all documents, memoranda, correspondence, and/or reports between you and the National Institute for Occupational Safety and Health relating to Quality control plans and/or manuals applicable to the any or the Products as defined above for the entire period such Product was designed, manufactured or sold by you up to the date of Plaintiffs last use.
12. Any and all tests in your possession, custody or control made by representatives or agents of the Los Alamos Scientific Laboratory to the National Institute for Occupational Safety and Health, the Bureau of Mines and/or you regarding the

quality control plan and/or manuals applicable to the any or the Products as defined above from the period your Product was first certified by NIOSH up until the date of Plaintiffs last use of your Product. For Products designed, manufactured or sold before NIOSH certification, the Defendant shall produce this information for the period of five years preceding the date of Plaintiff's first use of the Product up to the date of Plaintiffs last use of the Product.

13. Copies of any and all quality control tests performed you on any Product as defined above pursuant to 30 C.F.R. § 11.40 *et seq.* or any other test which relates to the performance of the Product as defined above conducted by you if such test was used to determine whether your Product was in compliance with quality control specifications outlined by your own quality control plan for the period one year prior to the Plaintiffs first use of the Product up to the date of the Plaintiffs last use of the Product. These quality control tests will be limited to Final Lot inspections showing Critical, Major A and Major B defects.
 - a. Copies of any and all records which represent summaries of laboratory tests and/or quality control tests carried out pursuant to 30 C.F.R. § 11.40 *et seq.* Such documents include, but are not limited to, "Requests for Quality Assurance," "control charts," summaries of testing, tables, graphs and/or other summaries of any type which summarize the results of quality control tests for the period one year prior to the Plaintiffs first use of the Product up to the date of the Plaintiffs last use of the Product. These quality control tests will be limited to Final Lot inspections showing Critical, Major A and Major B defects.
14. Any and all communications, correspondence, field memoranda and/or memoranda from or to the National Institute for Occupational Safety and Health and/or the United States Bureau of Mines relating to the failure, problems and/or possible regulatory noncompliance and/or regulatory compliance associated with granting and/or providing approval by those government agencies for any Product as defined above from the period your Product was first certified by NIOSH up until the date of Plaintiffs last use of your Product. For Products designed, manufactured or sold before NIOSH certification, the Defendant shall produce this information for the period of five years preceding the date of Plaintiffs first use of the Product up to the date of Plaintiff's last use of the Product.
15. Copies of any and all minutes, agendas, meetings, training sessions, conferences materials, or other type of materials regarding the training and education of individuals involved in the sale, marketing, sale and distribution of any Product as defined above up to the date of Plaintiff's last use.
16. Copies of any and all marketing, sale and or distribution plans, reports, studies, relating to the strategy to be applied by your company for the sale and or distribution of any Product as defined above for a period of five years before the date of Plaintiff's first use of the Product up until the date of Plaintiff's last use of the Product.

17. All transcripts in your possession custody, or control of all deposition or trial testimony by each expert identified pursuant to Rule 194.2(f), Tex. R. Civ. P. (Defendant may produce, in lieu of actual copies of transcripts, a list of transcripts responsive to this request).
18. A copy of any and all billing records, invoices or charges from any expert who may testify in this case or whose opinions have been relied upon by an expert who may testify.
19. All photographs, blueprints, plans, diagrams, drawings, maps, models, mockups or other visual reproductions referring, relating, pertaining to 1) any of Plaintiffs employers' premises, 2) any of Premises Defendant's property where Plaintiff worked and 3) any of Plaintiffs worksites.
20. Any and all industrial hygiene inspections, air monitoring results, surveys or studies of any of Plaintiffs job location or employer where he/she was allegedly exposed to alleged toxic materials.
21. All correspondence, notes, memoranda, data or reports of any inspection relating to foundry, sandblasting or other silica dust generating operations conducted by any federal, state or municipal agency at any of the employment locations identified by Plaintiff pursuant to the definition stated above.
22. All documents reviewed by any corporate representative or any witness produced by the Defendant, used to refresh the recollection of the witness to prepare for sworn testimony.
23. All depositions of your corporate representatives, agents and/or employees conducted in any prior or pending silica-related litigation, excluding depositions in workers' compensation cases. (Defendant may produce, in lieu of actual copies of transcripts, a list of transcripts responsive to this request.
24. Copies of any and all sale agreements, contracts, stock purchase agreements, or corporate merger agreements which relate to the sale and/or purchase of your company which sold, manufactured or distributed any Product identified by Plaintiff up to the date of Plaintiffs last use of said Product. This request does not have to be answered if an agreement can be reached between defendant and plaintiff with respect to successor liability.
25. Copies of any and all invoices, receipts, purchase orders, computer printouts, inventory lists or other type of documents reflecting the sale of any Product sold by you for any Product as defined above as limited to the job sites and/or work locations identified by Plaintiff in his/her verified fact sheet for the years of Plaintiffs alleged use of said Product.

**REQUEST FOR PRODUCTION - SILICA CONTAINING PRODUCT
DEFENDANTS**

In accordance with the Texas Rules of Civil Procedure, please produce copies of the following:

1. All operating or use instructions or manuals provided to purchasers or users of the Products which you sold for the time period beginning five years prior to the date of Plaintiff's first alleged exposure to your product and ending on the date of Plaintiff's last exposure to your Product, including representative samples of exact copies.
2. All instructions or recommendations relating to the Products manufactured, produced, sold and/or marketed for the time period beginning five years prior to the date of Plaintiff's first alleged exposure to your product and ending on the date of Plaintiff's last exposure to your Product, including representative samples of exact copies. This request does not include instructions you provided to your own employees.
3. Representative samples of the containers or packages in which the Products were shipped, transported or sold for the time period beginning five years prior to the date of Plaintiff's first alleged exposure to your product and ending on the date of Plaintiff's last exposure to your Product.
4. Copies of any and all invoices, receipts, purchase orders, computer printouts, inventory lists or other type of documents reflecting the sale of any Product sold by you for any Product as defined above as limited to the job sites and/or work locations identified by Plaintiff in his/her verified fact sheet for the years of Plaintiff's alleged use of said Product.
5. All correspondence, memoranda, notes or other documents concerning the use, sale, purchase or delivery of Products to any person or worksite identified by Plaintiff in his/her verified fact sheet.
6. Document or records evidencing that the labels were actually placed on the Products or containers.
7. All documents concerning the discussion of the advisability, feasibility, decision to or reason for commencing the use of any warnings or warning labels on any Product manufactured, sold, distributed or marketed by you for the time period beginning with the earlier of 1974 or the date five years prior to Plaintiff's first alleged exposure to your Product and ending on the date of Plaintiff's last exposure to your Product.

8. All sales, dealership or distribution agreements between you and any dealer or distributor in the state of Texas for your Product during the time period of Plaintiffs alleged exposure to your products.
9. All advertising material, pamphlets, brochures, Product bulletins and other documents used by you, your dealers or distributors in connection with the sale or distribution of Products released, mailed, distributed or published during the time period of Plaintiff's alleged exposure to your Products.
10. All internal studies or air sampling surveys that show whether or not the Defendant appreciated when and to what degree silica becomes respirable conducted during the time period beginning on the date five years prior to Plaintiffs first alleged exposure to your Product and ending on the date of Plaintiffs last exposure to your Product. This request does not include internal studies or air sampling surveys conducted at your plants.
11. Documents that discuss or refer to the time when you first learned that exposure to silica may cause or be associated with the diseases listed in III (a) of the Defendants Verified Fact sheet maintained by the following committees past or present:
 - a. Medical department
 - b. Health safety and environment department
 - c. Industrial health or hygiene department;
 - d. Research and development department. ..>
12. All correspondence, notes, memoranda, data or reports of any inspection relating to foundry or sandblasting operations conducted by any federal, state or municipal agency at any of the employment locations identified by Plaintiff in his/her verified fact sheet.
13. As pertaining to any of your factories or plants where Products were manufactured, processed, packaged, sold or distributed by your employees please produce the following for the relevant time period stated above:
 - a) All policies and procedures relating to respiratory protection to be utilized by your employees working around Products involving significantly similar exposure to silica or silica containing dust to what Plaintiff was exposed.

- b) Copies of any and all industrial hygiene surveys, air sampling surveys or other safety inspections at any plant locations which evaluate respiratory hazards within your manufacturing facility involving significantly similar exposure to silica or silica containing dust to that of Plaintiff.
 - c) Copies of any and all inspection reports, citations or other type documents relating to any inspection of your facility by any local, state or government agency, relating to respiratory hazards to silica or silica containing dust for exposures substantially similar to that of Plaintiff.
- 14. All warnings and training concerning the hazards of silica that you provided to your employees whose exposure to products was significantly similar to Plaintiffs alleged exposure. This request is limited to employees of your facilities where the Products were produced and to the time period of Plaintiffs alleged exposure to your products.
 - 15. All MSHA (Mine Safety Health Administration) forms 7000-1 and 7000-2 (and any predecessor forms) reporting injuries or illnesses in your employees for dust diseases of the lungs. Information on any such form that could be used to identify an employee may be redacted before production. This request is limited to employees of your facilities where the Products were produced and to injuries or illnesses allegedly resulting from exposures to silica that were substantially similar to Plaintiffs alleged exposure.
 - 16. Documents, papers, books, accounts, correspondence, memoranda, minutes of meetings, publications and digests, or correspondence pertaining to the health hazards of exposure to your Products generated or received in connection with your involvement in any trade organization, industry organization or similar entity as listed in Defendants verified fact sheet under III(a).
 - 17. All documents, papers, proceedings, abstracts, reports and studies received or presented at any scientific or medical symposium or similar meeting or otherwise published by any of your officers or employees, related to the health hazards of exposure to silica, crystalline silica or Products.
 - 18. All correspondence, memoranda, records, and reports concerning any research or studies related to the hazards of exposure to silica, crystalline silica or Products. This request does not include any research or studies of exposures at your facilities and is limited to a) research or studies in which you directly participated or funded and b) research or studies for which you provided direct funding that were performed by any organization, consultant or institution of which you were a member.
 - 19. A list of all papers, proceedings, abstracts, reports, periodicals and studies in your possession relating to the hazards of exposure to silica, crystalline silica or Products.

20. All testimony, statements or other documents concerning silica, crystalline silica or Products and health, safe silica exposure levels or the safe handling of silica or Products submitted by you or on your behalf to any federal or state administrative agency.
21. Films, videotapes, visual aids and printed materials used or available for use, at educational seminars or other presentations presented to users of your Products relating to such Products or their use.
22. Complete purchase or sale agreements and related corporate filings by which you purchased or sold any company, operation or business entity already selling, distributing, processing or manufacturing Products. This request is limited to those defendants that contend they do not have successor liability for the Products at issue.
23. Your current annual report or net worth statement.
24. A copy of any surveillance movies, photographs or nonprivileged investigative reports that have been made of plaintiff.
25. Any documents, photographs, industrial hygiene surveys, safety inspections, non-privileged investigative reports or other physical evidence pertaining to any employers previously disclosed in Defendant's disclosures.
26. Copies of all Material Safety Data Sheets (MSDS) that apply to any Product(s) manufactured and/or sold by you.
27. Copies of any and all correspondence, memoranda or written communication of any type advising any of the companies identified in Plaintiff's verified fact sheet of the health hazards associated with the use and application of any of the Products sold by you at any time period prior to the time of Plaintiff's last exposure to your Product.
28. All transcripts in your possession custody, or control of all deposition or trial testimony by each expert identified pursuant to Rule 194.2(f), Tex. R. Civ. P. (Defendant may produce, in lieu of actual copies of transcripts, a list of transcripts responsive to this request).
29. A copy of any and all billing records, invoices or charges from any expert who may testify in this case or whose opinions have been relied upon by an expert who may testify.
30. All photographs, blueprints, plans, diagrams, drawings, maps, models, mockups or other visual reproductions referring, relating, pertaining to 1) any of Plaintiffs

employers' premises, 2) any of Premises Defendant's property and 3) any of Plaintiff's worksites.

31. Any and all industrial hygiene inspections, air monitoring results, surveys or studies of any of Plaintiff's job location or employer where he/she was allegedly exposed to alleged toxic materials. Alleged toxic materials means any materials to which the Plaintiff alleges exposure or has alleged or claimed exposure in the past (including but not limited to silica, silica-containing products, heavy metals, asbestos containing products, solvents, chemicals and/or welding fumes) which Plaintiff claims or has claimed in the past to have caused or contributed to any disease, injury or illness.
32. All documents reviewed by any corporate representative or witness used to refresh the recollection of this witness to prepare for sworn testimony in this case.
33. All depositions of your corporate representatives, agents and/or employees conducted in any prior or pending silica-related litigation. Depositions of employees taken in proceedings in which the employee was making a work-related injury claim, whether or not covered by workers compensation, are excluded from this request.
34. Complete sale agreements, contracts, stock purchase agreements, corporate merger agreements which relate to the sale and/or purchase of your company which sold, manufactured or distributed any Product identified by Plaintiff up to the date of Plaintiff's last use of said Product. This request is limited to those defendants that contend they do not have successor liability for the Products at issue.

REQUEST FOR PRODUCTION - DISTRIBUTORS

Time Frame Limitations - The limiting time frame of these requests, unless otherwise specified, is as follows: For Product(s) certified by NIOSH (National Institute for Occupational Safety and Health) please produce copies of such material from the period your product was first certified by NIOSH up until the date of Plaintiff's last use of your Product. For Products sold before NIOSH certification, the Defendant shall produce this information for the period five years preceding the date of Plaintiff's date of first use of the product up to the date of Plaintiff's last use. For Products not certified by NIOSH, the limiting time period for productions shall be from 1974 up until the date of Plaintiff's last exposure. If exposure preceded 1974, five years prior to the date of first exposure up until the date of last exposure.

These requests are not applicable to Defendants involved with power tools, saws or grinders.

1. Copies of any and all franchise agreements, distributor agreements, retail distributor agreements, marketing agreements, memoranda of understanding, or letter agreements between you and any other company which is in the business of selling any Product sold by you in the state of Texas.
2. Copies of any and all invoices, receipts, purchase orders, computer printouts, inventory lists or other type of documents reflecting the sale of any Product sold by you for any Product as defined above as limited to the job sites and/or work locations identified by Plaintiff in his/her verified fact sheet for the years of Plaintiff's alleged use of said Product.
3. All marketing circulars, memoranda, bulletins, newsletters, sales literature, technical information and/or other non privileged documents relating to the selling points of any Product sold by you as a distributor for any Product as defined above five years prior to the date of alleged first use up to the time of Plaintiff's last exposure.
4. Copies of any and all advertising material, brochures, pamphlets, training literature, booklets, video tapes, tape recordings, posters, manuals or other types of documents which relate to the proper use and application of any Product either used by your sales persons or distributed to customers five years prior to the date of alleged first use up to the time of Plaintiff's last exposure.
5. All newsletters, correspondence, memoranda, marketing circulars, brochures, program or conference agendas which pertain to the performance and/or efficiency of the Products between you and any manufacturer on whose behalf you sold any Product(s) five years prior to the date of alleged first use up to the

time of Plaintiff's last exposure.

6. Copies of any and all technical standards, periodicals, articles, guidelines, or correspondence which pertains to the performance and/or efficiency of the Products you sold which are in your possession for any of the Products as defined above five years prior to the date of alleged first use up to the time of Plaintiff's last exposure.
7. Copies of any and all complaints, customer problems relating to respiratory health hazards of a Product as defined above or complaints of Product misuse regarding Products as defined above which were brought to your attention with regard to the Products sold by you as a distributor as provided by the definition of "Time Frame" stated above.
8. Copies of any and all communications between you and any manufacturer for whom you sold Product(s) relating to respiratory health hazards and any of the conditions listed in III(a) of the Defendants verified fact sheet for any of the Products as defined above up to the time of Plaintiff's last exposure.
9. Copies of any and all advertising materials, correspondence, or written communications of any type relating to any and all on site services provided to your company with regard to the sale of the Product during the years of Plaintiff's alleged use of the Product.
10. All transcripts in your possession custody, or control of all deposition or trial testimony by each expert identified pursuant to Rule 194.2(f), Tex. R. Civ. P. (Defendant may produce, in lieu of actual copies of transcripts, a list of transcripts responsive to this request).
11. A copy of any and all billing records, invoices or charges from any expert who may testify in this case or whose opinions have been relied upon by an expert who may testify.
12. All photographs, blueprints, plans, diagrams, drawings, maps, models, mockups or other visual reproductions referring, relating, pertaining to 1) any of Plaintiff's employers' premises, 2) any of Premises Defendant's property and 3) any of Plaintiff's worksites.
13. Any and all industrial hygiene inspections, air monitoring results, surveys or studies of any of Plaintiff's job location or employer where he/she was allegedly exposed to alleged toxic materials.
14. All correspondence, notes, memoranda, data or reports of any inspection relating to foundry or sandblasting operations conducted by any federal, state or

municipal agency at any of the employment locations identified by Plaintiff pursuant to the definition stated above.

15. All documents reviewed by any corporate representative or witness produced by the Defendant used to refresh the recollection of the witness to prepare for sworn testimony in this case.
16. All depositions of your corporate representatives, agents and/or employees conducted in any prior or pending silica-related litigation excluding depositions in workers compensation cases.
17. Copies of any and all sale agreements, contracts, stock purchase agreements, corporate merger agreements which relate to the sale and/or purchase of your company which sold, manufactured or distributed the Product(s) identified by Plaintiff up to the date of Plaintiffs last use of said Product. This request does not have to be answered if an agreement can be reached between the Defendant and Plaintiff with respect to successor liability.

**REQUEST FOR PRODUCTION - ABRASIVE BLASTING EQUIPMENT
DEFENDANTS**

Uncertified Products - These Requests apply to Products not certified by the Bureau of Mines or the National Institute for Occupational Safety and Health. For any uncertified Product the Defendant shall produce this information for the period of five years preceding the date of Plaintiff's first use of the Product up to the date of Plaintiff's last use of the Product.

1. Copies of any and all franchise agreements, distributor agreements, retail distributor agreements, marketing agreements, memoranda of understanding, or letter agreements between you and any other company which is in the business of selling any Product designed, manufactured and or sold by you in Texas for any of the Products as defined above.
2. Copies of any and all invoices, receipts, purchase orders, computer printouts, inventory lists or other type of documents reflecting the sale of any Product sold by you for any Product as defined above as limited to the job sites and/or work locations identified by Plaintiff in his/her verified fact sheet for the years of Plaintiff's alleged use of said Product.
3. Copies of any and all industrial hygiene surveys, safety inspections or air sampling reports conducted by anyone either affiliated with you or some other entity which pertain to any part of the premises of any of the companies listed in Request for Production No. 2 for any of the Products as defined above.
4. Copies of any and all laboratory or field tests, investigative studies, performance analyses, and/or comparative studies which relate to the level(s) of respirable silica dust produced by Product (while in operation) which was designed, manufactured, distributed and/or sold by you.
5. Copies of any and all technical standards, performance standards, recommended practices, periodicals, articles, guidelines, or correspondence in Defendant's possession which pertain to the performance and/or efficiency of the Product as it relates to respiratory health hazards for any of the Products as defined above.
6. Copies of any and all warnings, instructions, labels, signs or other type of insignia relating to respiratory health hazards which were either attached to or accompanied with any of the Product designed, manufactured, distributed and/or sold by you. This request includes any and all modifications or changes in language for any of the labels or instructions accompanied with this Product the equipment designed, manufactured, distributed and sold by you from 1974 up to the time of Plaintiff's last exposure. If the exposure preceded 1974, then five

years prior to the date of the first exposure up until the date of the last exposure.

7. Copies of any and all sales brochures, sales literature, trade journal advertisements informational pamphlets, Product bulletins designed, manufactured, distributed and/or sold by you five years prior to the date of first alleged use up to the time of Plaintiff's last exposure.
8. Copies of any and all packaging labels or instructions concerning respiratory health hazards which were submitted to any third party consultant or agent and/or representative on your behalf for approval with regard to any Product designed, manufactured and sold by you. This request includes any modifications or changes to any of the labels or instructions which accompanied any of this equipment. This request is limited to any of the Products as defined above up from 1974 up until the date of Plaintiff's last exposure to the time of Plaintiff's last exposure. If the exposure preceded 1974, then five years prior to the date of the first exposure up until the date of the last exposure.
9. Copies of any and all complaints, Product inquiries, and customer problems relating to respiratory health hazards and the performance or use of a Product as defined above which were brought to your attention with regard to any Product designed, manufactured, sold and/or distributed by you from 1974 up to the time of Plaintiff's last exposure. If the exposure preceded 1974, then five years prior to the date of the first exposure up until the date of the last exposure.
10. All testimony, statements or other documents concerning silica, crystalline silica or Products and health, safe silica exposure levels or the safe handling of silica or Products submitted by you or on your behalf to any federal or state administrative agency.
11. All marketing circulars, memoranda, bulletins, newsletters, sales literature, technical information and/or other documents relating to the selling points of the Products designed, manufactured, distributed or sold by you and distributed to any and all agents, representatives and/or salespersons involved in the sale of the Product, five years prior to the date of first alleged use up until the time of Plaintiff's last exposure.
12. Copies of any and all published guidelines, technical papers or standards relating to Product warnings regarding respiratory health hazards which you have utilized in the development of any warnings or instructions for all Products manufactured by you which were designed, manufactured, sold and/or distributed by you, from 1974 up until the up to the time of Plaintiff's last exposure. If the exposure preceded 1974, then five years prior to the date of the first exposure up until the date of the last exposure.

13. Copies of any document which reflects the defendant's policies relating to your current policy on document retention and preservation of documents.
14. Copies of all documents concerning the advisability, feasibility, decision to or reason for commencing the use of warnings relating to respiratory health hazards for warning labels on any of the Product designed, manufactured, sold and/or distributed by you, from 1974 up until the time of Plaintiff's last exposure. If the exposure preceded 1974, then five years prior to the date of the first exposure up until the date of the last exposure.
15. All documents which concern in any way the language, location, size or color of each warning, warning label or instruction relating to respiratory health hazards which may have accompanied any of the Products which were designed, manufactured, sold and/or distributed by you from 1974 up to the time of Plaintiff's last exposure. If the exposure preceded 1974, then five years prior to the date of the first exposure up until the date of the last exposure.
16. All records and files of any of your committees or departments having the responsibility for initiating, reviewing or making recommendations concerning the labeling of any of the Product(s) which was designed, manufactured, sold and/or distributed by you as it relates to the subject of respiratory health hazards from 1974 up to the time of Plaintiff's last exposure. If the exposure preceded 1974, then five years prior to the date of the first exposure up until the date of the last exposure.
17. Your current annual report or net worth statement if exemplary damages are pled for.
18. Copies of any and all communications between you and other distributors or manufacturers of any of the Product manufactured or sold by you regarding the use and application of these Products in atmospheres containing respirable free silica or other pneumoconiosis-producing dusts from 1974 up to the time of Plaintiff's last exposure. If the exposure preceded 1974, then five years prior to the date of the first exposure up until the date of the last exposure. This request excludes discussion of other abrasive materials that are not considered capable of producing silicosis or other pneumoconiosis related diseases.
19. All transcripts in your possession custody, or control of all deposition or trial testimony by each expert identified pursuant to Rule 194.2(f), Tex. R. Civ. P. (Defendant may produce, in lieu of actual copies of transcripts, a list of transcripts responsive to this request).
20. A copy of any and all billing records, invoices or charges from any expert who may testify in this case or whose opinions have been relied upon by an expert who may testify.

21. All photographs, blueprints, plans, diagrams, drawings, maps, models, mockups or other visual reproductions referring, relating, pertaining to 1) any of Plaintiffs employers' premises, 2) any of Premises Defendant's property and 3) any of Plaintiffs worksites.
22. All correspondence, notes, memoranda, data or reports of any inspection relating to foundry or sandblasting operations conducted by any federal, state or municipal agency at any of the employment locations identified by Plaintiff pursuant to the definition stated above.
23. All documents reviewed by any corporate representative or witness used to refresh the recollection of this witness to prepare for sworn testimony in this case.
24. All depositions of your corporate representatives, agents and/or employees conducted in any prior or pending silica-related litigation excluding depositions in workers compensation cases.
25. Copies of any and all sale agreements, contracts, stock purchase agreements, corporate merger agreements, or any documents of any type which relate to the sale and/or purchase of the company which sold, manufactured or distributed the any Product identified by Plaintiff up to the date of Plaintiffs last use of said Product. This request does not have to be answered if an agreement can be reached between the defendant and plaintiff with respect to successor liability.

EXHIBIT F

P-4
WR ENTX

Master File No. 2004-70000

In Re: § IN THE DISTRICT COURT OF
§
TEXAS STATE SILICA PRODUCTS §
LIABILITY LITIGATION §
§
§
This Document Relates to All Cases §
§

295TH JUDICIAL DISTRICT
(Judge Tracy Christopher)

CHARLES L. HANSEN
District Clerk

ORDER NO. 7
Discovery to Premises Defendants

JUN - 6 2005

By Harris County, Texas
Deputy

After considering the proposed "Defendant's Verified Fact Sheet" and "Defendants Requests for Production" submitted by Plaintiffs, and after having heard argument relating to the inapplicability of those documents to the Premises Defendants, the Court ORDERS as follows:

- 1) Premises Defendants are not required to object or respond to Defendants' Verified Fact Sheet.
- 2) Premises Defendants are not required to object or respond to Defendants Requests for Production.
- 3) All discovery to Premises Defendants shall be submitted by Plaintiffs on case-by-case basis.
- 4) For purposes of this Order, Premises Defendants shall be defined as any Defendant that is being sued based upon its ownership, operation or control of a specific location where a Plaintiff was allegedly exposed to respirable free silica.

SIGNED and ENTERED this the 6th day of June, 2005.

JUN - 6 2005

Tracy Christopher
Honorable Tracy Christopher
Pre-Trial Judge

Approved as to Form
and Entry Requested:

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Unofficial Copy Office of Chris Daniel District Clerk

EXHIBIT G

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WR Perty

In Re:	§	IN THE DISTRICT COURT OF
TEXAS STATE SILICA PRODUCTS	§	HARRIS COUNTY, TEXAS
LIABILITY LITIGATION	§	295 TH JUDICIAL DISTRICT
	§	(Judge Tracy Christopher)
This Document Relates to All Cases	§	

~~STANDING~~ NO. 1 ORDER ALLOWING PERPETUATION OF TESTIMONY

ON THIS DAY, came to be heard the Plaintiffs' Motion to Allow Perpetuation of Testimony; if a Plaintiff has a disease process which may jeopardize his availability to provide a deposition during the scheduled discovery period, the Plaintiff shall be allowed to perpetuate his or her testimony. At least seven business days prior to the deposition of said Plaintiff, Plaintiff shall provide to all known Defendants to have been alleged to be responsible a deposition notice with time, place and location of the deposition and as much background information, as available, if not already produced. Such information shall include information on work history, medical records (if available) and expert reports (if available) and any information on product identification (if available). The work history information will include employer and worksite locations, years worked and products used at each location; to the best extent the Plaintiff remembers such information. Motions to quash depositions to perpetuate testimony may be filed but will not automatically quash the deposition and the Movant(s) may request a hearing. The Plaintiff, if available, and whose health would not be prejudiced by further discovery, may be re-deposed during the prescribed discovery time period on non duplicative matters.

F. I. L. L. E. D
CHARLES L. LACARNE
District Clerk

JAN 10 2005

Harris County, Texas
By WR
Deputy

F. I. L. L. E. D
CHARLES L. LACARNE

JAN 10 2005

By Harris
Deputy

Signed this 10th day of Jan. 2005.

JAN 10 2005

Mary Christopher
JUDGE PRESIDING

APPROVED AS TO FORM:

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