

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF LOUISIANA

IN RE: CHINESE MANUFACTURED DRYWALL  
PRODUCTS LIABILITY LITIGATION  
THIS DOCUMENT RELATES TO: ALL CASES

MDL NO. 2047  
SECTION: L  
JUDGE FALLON  
MAG. JUDGE WILKINSON

|                              |
|------------------------------|
| <b>For Internal Use Only</b> |
| _____<br>File Number         |
| _____<br>Date Received       |

This Plaintiff Profile Form must be completed and signed by every person making a claim in this litigation using one form per affected address. In completing this Profile Form, you are under oath and must provide information that is true and correct to the best of your knowledge. If you cannot recall all of the details requested, please provide as much information as you can and expressly indicate "unknown" in the space provided when not known. You must supplement your responses if you learn they are incomplete or incorrect in any material respect. You may and should consult with your attorney if you have any questions regarding completion of this form. If you are completing the form for someone who has died or who cannot complete the Profile Form, please answer as completely as you can for that person. The questions and requests for production contained within this Profile Form are non-objectionable and shall be answered without objection. By answering this Profile Form, you are not waiving the attorney work product and/or attorney client privileges. Similarly, by disclosing the identity of consultants, such consultants may remain non-testifying experts and are subject to all protections afforded by law.

To the extent that the form does not provide enough space to complete your responses, you may attach as many sheets of paper as necessary. All photographs produced in response to this form shall be in color and attached to or printed on 8 1/2" x 11" white paper.

**Section I. Property Information**

Name Property Owner \_\_\_\_\_  
Address of Affected Property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Is this Property:\* Residential      Commercial      Governmental  
Name of Person Completing this Form \_\_\_\_\_  
Is above your primary residence?      Yes  
Mailing Address (if different) \_\_\_\_\_  
\_\_\_\_\_  
Phone: (      ) - \_\_\_\_\_  
\* If your response is commercial or governmental you should not fill out the remaining questions, you will receive a follow up form at a later date.  
Circle one:      Owner-Occupant      Owner Only      Renter-Occupant  
Represented By: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: (      ) - \_\_\_\_\_  
Case No. /Docket Info: \_\_\_\_\_

**Section II. Insurance Information**

Homeowner/ Renter Insurer: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: (      ) - \_\_\_\_\_  
**+ Attach Copy of Insurance Declaration Page**

**Section III. Claimant Information**

| Name of Claimant | Dates Occupied |       | Gender | Date of Birth | Are you claiming personal injuries?* | Identify Claimant Status as an Owner-Occupant, an Owner Only, or an Occupant or Renter Only |
|------------------|----------------|-------|--------|---------------|--------------------------------------|---|
|                  | Move-in        | Leave |        |               |                                      |   |
|                  | / /            | / /   | M / F  | / /           | Yes No                               |   |
|                  | / /            | / /   | M / F  | / /           | Yes No                               |   |
|                  | / /            | / /   | M / F  | / /           | Yes No                               |   |
|                  | / /            | / /   | M / F  | / /           | Yes No                               |   |
|                  | / /            | / /   | M / F  | / /           | Yes No                               |   |
|                  | / /            | / /   | M / F  | / /           | Yes No                               |   |
|                  | / /            | / /   | M / F  | / /           | Yes No                               |   |
|                  | / /            | / /   | M / F  | / /           | Yes No                               |   |

\* Personal injuries include claims for mental anguish and medical monitoring.

**Section IV. Inspection Information**

1.0. Have you, or has anyone on your behalf, conducted an inspection into whether Chinese-manufactured drywall is present in your home? Yes No

1.1. If "Yes" to Question 1.0 Section IV. Who conducted the inspection? \_\_\_\_\_

1.2. When did the inspection take place?  /  /

2.0. Has a determination been made that Chinese-manufactured drywall is present in your home? Yes No

2.1. If "Yes" to Question 2.0. Section IV. Who made this determination? \_\_\_\_\_

2.2. When was this determination made?  /  /

**Section V. Drywall Information**

| Drywall Manufacturer | Markings on Drywall | Location in Home |
|----------------------|---------------------|------------------|
|                      |                     |                  |
|                      |                     |                  |
|                      |                     |                  |

**Section VI. Home Information**

|                              |                      |            |     |    |
|------------------------------|----------------------|------------|-----|----|
| Approx. Sq. Ft. of House:    | <input type="text"/> | Occupied   | Yes | No |
| Estimated Sq. Ft. of Drywall | <input type="text"/> | Year-round |     |    |
| Height of interior Walls     | <input type="text"/> | Summer     |     |    |
| Number of Bedrooms:          | <input type="text"/> | Winter     |     |    |
| Number of Bathrooms:         | <input type="text"/> |            |     |    |

**Plumbing System**

|                           | Blackening or Corrosion? |    |     |
|---------------------------|--------------------------|----|-----|
|                           | Yes                      | No | N/A |
| PVC/ CPVC/ Plastic Piping |                          |    |     |
| Copper Piping             |                          |    |     |
| Copper Fixtures           |                          |    |     |
| Other Fixtures            |                          |    |     |

Were repairs made to the plumbing system?

Dates:

**Electrical System**

|                      | Blackening or Corrosion? |    |     |
|----------------------|--------------------------|----|-----|
|                      | Yes                      | No | N/A |
| Receptacles          |                          |    |     |
| Switches             |                          |    |     |
| Main Panel           |                          |    |     |
| 2nd Panel            |                          |    |     |
| Exposed Copper Wires |                          |    |     |

Were repairs made to the electrical system?

Dates:

**+ Attach Copy of Floor Plan on 8 1/2" X 11" paper**

**Section VII. Construction/Renovation Information**

**Date Range for New Home Construction: (Month/Day/Year)**

Start Date:  /  /  Completion Date:  /  /

Move In Date:  /  /  Date Acquired Home:  /  /

**Date Range for Renovations: (Month/Day/Year)**

Start Date:  /  /  Completion Date:  /  /

Move In Date:  /  /

| Renovation(s)                              | Yes | No | N/A |
|--|-----|----|-----|
| First Floor: 1/2 Wall of drywall replaced  |     |    |     |
| First Floor: Full Wall of drywall replaced |     |    |     |
| Second Floor: Any drywall replaced         |     |    |     |

**Section VIII. Homebuilder/ General Contractor/ Developer Information**

Homebuilder/ General Contractor/ Developer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**+ Attach Copy of Construction/Renovation Contract**  
**+ Attach Copy of New Home Warranty Declaration**

**Section IX. Drywall Installer**

Drywall Installer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Section X. Drywall Supplier**

Drywall Supplier's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Section XI. Verification of Plaintiff Profile Form**

I declare under penalty of perjury under the laws of the United States of America and pursuant to 28 U.S.C. § 1746 that all information provided in this Plaintiff Profile Form is true and correct to the best of my knowledge, and that I have supplied all of the documents requested in this declaration to the extent that such documents are in my possession, custody or control.

|                      |             |                      |             |
|----------------------|-------------|----------------------|-------------|
| _____                | _____       | _____                | _____       |
| Claimant's Signature | Date Signed | Claimant's Signature | Date Signed |
| _____                | _____       | _____                | _____       |
| Claimant's Signature | Date Signed | Claimant's Signature | Date Signed |
| _____                | _____       | _____                | _____       |
| Claimant's Signature | Date Signed | Claimant's Signature | Date Signed |