

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

For Internal Use Only
_____ File Number
_____ 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