

V. DOCUMENT REQUESTS

A. Records Evidencing Purchase, APAP Use and Alleged Injury

The documents requested in this section are documents that you are required to produce either (a) with your Fact Sheet, or (b) as a supplemental production after you produce your Fact Sheet, if you do not have the documents in your possession at the time you produce your Fact Sheet. For purposes of responding to the questions in this section, documents are “Accessible” if they are (1) in your possession, or (2) accessible via a request directed at the appropriate person and/or entity. For the documents listed in this section, if you do not currently have the documents requested in your possession, you must request the records prior to or no later than 14 days of submitting this Fact Sheet. Once received, you should supplement your records production as promptly as possible.

1. All documents evidencing your purchase, or someone else’s purchase on your behalf or on behalf of Birth Mother, of the APAP products identified in Section II.B, above, including receipts, credit card statements, loyalty/rewards records reflecting the purchase of the APAP products, or medical records referencing Birth Mother’s APAP use during pregnancy. [Document(s) produced/Document(s) requested, and will be produced upon receipt/Document(s) will be requested in the next fourteen (14) days, and will be produced upon receipt/No such document(s) exist(s)/Document(s) is/are no longer Accessible.]
2. Photographs or copies of any APAP product packaging or bottle reflecting the products identified in Section II.B, above.

Note: In the event you have the product packaging or bottle, and do not have a photograph or copy of it, please take a photograph of the bottle or packaging (including all aspects of the bottle or packaging, so that the full label and packaging information are legible), or make a copy of the packaging, and produce that with your PFS. Any such bottle or packaging should separately be preserved.

[Document(s) produced/Plaintiff(s) no longer have the APAP products at issue]

3. Medical records evidencing the Plaintiff Child’s final or tentative diagnosis with ASD and/or ADHD. [Document(s) produced/Document(s) requested, and will be produced upon receipt/Document(s) will be requested in the next fourteen (14) days, and will be produced upon receipt/No such document(s) exist(s)/Document(s) is/are no longer Accessible.]
4. OB/GYN records for the Birth Mother, covering the period of Birth Mother’s pregnancy with the Plaintiff Child(ren) through delivery and post-partum care. [Document(s) produced/Document(s) requested, and will be produced upon receipt/Document(s) will be requested in the next fourteen (14) days, and will be produced upon receipt/No such document(s) exist(s)/Document(s) is/are no longer Accessible.]

5. To the extent any claims are asserted in a representative capacity, other than by a custodial parent, on behalf of any Plaintiff Child(ren) or any “Other” Plaintiff in these proceedings, documentation sufficient to establish the representative’s capacity and/or authority to assert any such claims.

[Document(s) produced/Document(s) requested, and will be produced upon receipt/Document(s) will be requested in the next fourteen (14) days, and will be produced upon receipt/No such document(s) exist(s)/Document(s) is/are no longer Accessible.]

B. Other Records

The documents set forth in this section must be produced if they are in your, or your counsel’s, custody or possession. In responding to the questions below, please indicate whether you possess the documents identified below and, if you check “Yes,” attach a copy of the documents to this Plaintiff Fact Sheet. Nothing in this section precludes Defendants’ from requiring these documents, if they are Accessible, at a later point as described in the Court’s Order: Plaintiff Fact Sheets (DE ____ at ¶ 5).

1. All non attorney-client privileged documents you reviewed in the preparation of answers to this Plaintiff Fact Sheet.
[Document(s) produced/No such document(s) exist(s)]
2. A copy of all medical records, testing records, treatment records, therapy records, and/or documents from any healthcare provider, counselor, therapist, or social worker who has treated or worked with the Plaintiff Child(ren) for ASD, ADHD, or any other neurodevelopmental disorder referred to in your responses above. (Do not provide duplicate records if these have been provided in response to another question.)
[Document(s) produced/No such document(s) exist(s)/No such document(s) in my possession]
3. Copies of any advertisements or promotions for the APAP products identified in Section II.B upon which Birth Mother claims to have relied in selecting and deciding to take the APAP products identified in Section II.B, above.
[Document(s) produced/No such document(s) exist(s)/No such document(s) in my possession]
6. Copies of any cognitive or behavioral testing or assessments performed in relation to any final or tentative diagnosis of ASD and/or ADHD claimed by Plaintiff Child in Section IV.B, above.
[Document(s) produced/No such document(s) exist(s)/No such document(s) in my possession]
7. Genetic testing, results, and diagnostic records for Birth Mother, Birth Father, the Plaintiff Child(ren) and any siblings of the Plaintiff Child(ren) relating to assessments and testing for ASD, ADHD, or any other neurodevelopmental disorder.
[Document(s) produced/No such document(s) exist(s)/No such document(s) in my possession]
4. A copy of all genetic testing records for the Plaintiff Child(ren), Birth Mother, and/or Biological Father.
[Document(s) produced/No such document(s) exist(s)/No such document(s) in my possession]

5. All documents obtained directly or indirectly from any of the Defendants relating to this case, the claims asserted in this case, or the APAP products at issue in this case.
[Document(s) produced/No such document(s) exist(s)]
6. All applications for government assistance, Independent Education Programs, or other services or accommodations applied for by or on behalf of the Plaintiff Child directly related to his/her ASD and/or ADHD, as identified in Section IV.E, above.
[Document(s) produced/No such document(s) exist(s)/No such document(s) in my possession]
7. All documents constituting communications or correspondence between you and any representative of the Defendants.
[Document(s) produced/No such document(s) exist(s)]
8. Copies of all public statements made by or on behalf of you, Birth Mother, Biological Father, the Plaintiff Child(ren) or any Other Plaintiff relating to this litigation.
[Document(s) produced/No such document(s) exist(s)]
9. Copies of any Individualized Education Program, 504 plan, and documentation of any special educational accommodations or modifications, identified by you in Section IV.E, above.
[Document(s) produced/No such document(s) exist(s)/No such document(s) in my possession]

C. Authorizations

1. **Health Care Authorization:** For each health care provider identified in the responses above, please provide a completed and signed (but undated) Health Care Authorization in the form attached as Exhibit A.
2. **Psychiatric/Psychotherapy Notes Authorization:** For each psychologist, psychiatrist or psychotherapist identified in the responses above, please provide a completed and signed (but undated) Psychiatry/Psychotherapy Authorization in the form attached as Exhibit B.
3. **Education Authorization:** For each school identified in Section IV.E.1, above, please provide a completed and signed (but undated) School/Education Authorization in the form attached as Exhibit C.
4. **Medicare:** Please provided a completed and signed (but undated) Medicare Authorization in the form attached as Exhibit D.
5. **Social Security Authorization:** To the extent any Plaintiff has in the past or currently receives Social Security benefits as a result of or relating to the injuries alleged in this case, please provided a completed and signed (but undated) Social Security authorization in the form attached as Exhibit E.

VI. VERIFICATION

Pursuant to 28 U.S.C. § 1746, I declare that all of the information provided in connection with this Plaintiff Fact Sheet is true and correct to the best of my knowledge, information, and belief, that I have supplied or will supply all documents requested in Part V of the Plaintiff Fact Sheet, to the extent that such documents are in my possession or in the possession of my lawyers, and that I have supplied or will supply the Authorizations attached to this declaration.

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

Executed on ____/____/____.

Name _____
(please print)

Signature