

**IN THE CIRCUIT COURT OF THE CITY OF ST. LOUIS
STATE OF MISSOURI**

)	
)	
Plaintiffs,)	
)	
vs.)	Case No.
)	
MONSANTO COMPANY,)	
)	
Defendant.)	

PLAINTIFF’S FACT SHEET

You are required to provide the following information regarding yourself, or for each individual on whose behalf you are asserting legal claims in the above lawsuit. Each question must be answered in full. If you do not know or cannot recall the information needed to answer a question, please indicate in response to the question. Please do not leave any questions unanswered or blank, and use additional sheets as needed to fully respond.

I. - REPRESENTATIVE CAPACITY

A. If you are completing this Fact Sheet **on behalf of someone else** (e.g., a deceased person, incapacitated person, minor), please complete the following:

1. _____
Your Name

2. _____
Home Address

3. What is your relationship to the person upon whose behalf you have completed this Fact Sheet? (e.g., parent, guardian, Estate Administrator)

[If you are completing this questionnaire in a representative capacity, please respond to the remaining questions on behalf of the person who used or was exposed to Roundup® or other glyphosate-based herbicides.]

II. - PERSONAL INFORMATION

A. Name: _____

Other Names by Which You Have Been Known (from prior marriages or otherwise, if any): _____

B. Sex: Male _____ Female _____

C. Social Security Number: _____

D. Driver's License Number: _____

State of Issuance: _____

E. Date and Place of Birth (City, State, Country):

F. Educational History

1. Identify each high school, college, university and other educational institution (including vocational schools or programs) you have attended; the dates of attendance; courses of study pursued and diplomas or degrees awarded; and when awarded:

G. For each home address where you have lived for the past twenty-five (25) years, provide the following information:

Prior Address	Dates You Lived at Address	Persons If Any, Who Lived With You. Please List Each Individual's Full Name and Relationship to You.

H. List each employer for the past twenty-five (25) years, including: (1) name of employer; (2) work address; (3) dates of employment; (4) occupation; and (5) job duties.

I. If you have served in any branch of the military, state

1. Branch and dates of service:

J. Workplace Checklist

Please indicate whether you have ever worked in any of the following occupations or workplaces listed below, and provide the requested information:

Industry	Yes	No	Dates	Location (City/State)	Job Title	Employer
Car Mechanic						
Cleaning/Maid Service						
Electrician						
Farming/agricultural						
Hairdressing						
Handled fission products						
Handled jet propellant						
Handled solvents						
Horticultural						
Hospitals and Clinics						
Landscaping						
Metal Working						
Painting						
Pest Exterminator						
Pesticide use						
Petroleum Refinery						
Rubber Factory						
Schoolteacher						
Textile						
Woodworking						
X-radiation or gamma-radiation (regular exposure)						

III. - FAMILY INFORMATION

A. Have you ever been married?

Yes _____ No _____

B. **If yes**, for each spouse/former spouse state:

1. Spouse’s name: _____

2. Date of marriage: _____

3. Spouse’s date of birth: _____

4. Spouse’s occupation: _____

5. Spouse’s address and phone number: _____

6. If applicable, why did the marriage end (*e.g.*, divorce, death)?

7. If applicable, the date the marriage ended:

C. Please provide the following information for your grandparents, parents, siblings and children (including any adopted or step-children):

Name	Relationship	Birthdate	Date of Death	Cause of Death	Diagnosed with cancer?	Date/Type

IV. - PERSONAL MEDICAL HISTORY

For each healthcare provider (including hospitals, treatment centers, and pharmacies) you have visited in the last 25 years, provide the name and address of each such facility, dates of care, and condition for treatment. Please also execute the medical authorizations included in Exhibit A.

V. - CANCER HISTORY

A. Have you ever been diagnosed with cancer?

Yes _____ No _____

If yes, please answer the following questions for each instance of cancer diagnosis:

1. What type of cancer was diagnosed (including sub-type, if applicable)?

2. On what date did you first experience any symptoms you believe are related to the cancer diagnosed?

B. Has any physician or healthcare provider ever told you that you have a genetic predisposition for developing non-Hodgkin's lymphoma or other types of cancer?

If yes, answer the following:

1. Name, address, and occupation of person who told you this?

2. What were you specifically told about your genetic predisposition?

3. When and where were you told this information?

VI. - PRIOR CLAIMS, LEGAL MATTERS, AND MEDICAL COVERAGE

A. Have you ever filed a workers' compensation claim for accidents or injuries which occurred in the workplace?

Yes _____ No _____

If yes, please state:

1. Date the claim was filed with your employer, or date that you notified employer of accident/injury giving rise to workers' compensation claim:

2. Nature of injury or accident claimed (“what happened”):

B. Have you ever filed a claim for social security disability insurance benefits (“SSDI”)?

Yes _____ No _____

If yes, please state:

1. Date the claim was filed with the Social Security Administration:

2. Nature of disability giving rise to claim:

C. Have you ever filed any other type of disability claim?

Yes _____ No _____

If yes, please state:

1. Date claim was filed: _____

2. Name of insurer/employer/government or other party to whom claim was made and, if applicable, claim number assigned:

3. Nature of disability giving rise to claim:

D. Have you ever been denied life insurance for reasons relating to your medical, physical, psychiatric or emotional condition?

Yes _____ No _____

If yes, please state when, the name of the company, and reason(s) for denial.

E. Have you ever been denied medical insurance?

Yes _____ No _____

If yes, please state when, the name of the company and the reason(s) for denial.

- F. Have you ever **filed** a lawsuit or claim (**including administrative charges, unemployment claims, and bankruptcy petitions**) against anyone aside from the present lawsuit?

Yes _____ No _____

If yes, for each such lawsuit, state (1) the court in which such lawsuit was filed; (2) the case name; (3) the civil action or docket number assigned to the lawsuit; (4) a description of your claims in the lawsuit; and (5) the final result, outcome, or adjudication of claims (*e.g.*, whether lawsuit was dismissed by parties, dismissed by court, judgment granted in favor of a party).

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

Yes _____ No _____

If yes, please identify the felony for which you were convicted, when you were convicted, where you were convicted (including name of court), the terms of your sentence (if applicable), including whether you were incarcerated, and if so, the length of incarceration.

- H. Have you ever missed work for more than a thirty (30) day consecutive period for reasons related to your health?

Yes _____ No _____

If yes, please state the dates, employer, and reason for missed work.

VII. - ROUNDUP® AND OTHER GLYPHOSATE-BASED HERBICIDES

- A. Identify which of the following products you have used:

1. Roundup® (any type):

Yes _____ No _____

2. Other glyphosate containing products besides Roundup® (not limited to Monsanto products):

Yes _____ No _____ Don't Know _____

3. If you responded "**yes**" to either question above, complete the following information for each product:

a. Name of Product: _____

b. Dates of Use (range): _____

c. Reason for Use (personal, work-related, both, other): _____

i. If work-related, list name of employer (and you if self-employed), job title, address of employer, and contact information for employer:

d. Frequency and Intensity of Use:

i. List whether product used daily/weekly/monthly

e. Locations where product was used.

i. List address where product used. If more than one location, please list all addresses.

f. Means of Applying Product

i. Identify whether you directly applied the product, or whether you were a bystander where product was sprayed.

g. Did you use protective clothing when handling/using the product?

Yes ____ No ____

If yes, list whether gloves, respirator masks, or other protective clothing used when spraying/handling product.

4. If you responded “**Don’t Know**” regarding glyphosate products, list all herbicides (*i.e.* weed killers) that you have used in the past 25 years.

- B. For the products identified above, do you have the receipts, proof of purchase, or store of purchase for each product you claim to have used?

Yes _____ No _____

To the extent you have receipts, proof of purchase, or store of purchase for these products, please provide copies of those receipts and other documents.

- C. Have you ever undergone any blood, urine, or feces testing to measure the amount (or presence) of glyphosate in your body?

Yes _____ No _____

If yes, then identify: (1) when test performed; (2) location of test, including name of hospital, clinic, or other location; (3) name of healthcare provider or person who performed test; and (4) summary of results.

To the extent you have any documents relating to this test, please provide copies of those documents.

VIII. - DAMAGES CLAIMS

- A. If you are claiming loss of income due to injuries allegedly caused by Roundup® or other glyphosate-based herbicides, complete the following information with respect to your employment for the ten (10) years prior to your diagnosis of NHL, or other cancer, through the present.

Employer	Addresses	Work Schedule Hours/Week	Dates of Employment	Base Salary Daily/Weekly	Total Overtime Pay Received During Employment	Total Bonuses or Other Compensation Received During Employment

- B. State the total amount of time which you have lost from work as a result of any

medical condition which you claim was caused by use or exposure to Roundup® or other Monsanto glyphosate-based herbicides, and the amount of income which you lost:

1. Medical Condition: _____
2. Total number of days lost from work due to above medical condition or if forced retirement, date of retirement:
_____days
3. Estimated total income lost (to date) from missed work, including explanation as to method used to calculate number:

C. Have you paid or incurred any medical expenses, including amounts billed or paid by insurers and other third party payors, which are related to any condition which you claim or believe was caused by your use/exposure to Roundup® or other Monsanto glyphosate-based products which you seek recovery in this lawsuit?

Yes _____ No _____

If yes, please state the total amount of such expenses at this time: \$_____

D. If you are making any claims for other out-of-pocket expenses, please complete the following:

1. For what? _____
2. Amount of fees or expenses: \$_____

IX. - DOCUMENTS

Please attach the following documents to this Fact Sheet:

- A. Medical records release (Ex. A)—execute one per healthcare provider (including mental health, only if you are claiming mental health damages (including emotional distress) in the lawsuit). Plaintiffs’ counsel will also obtain 10 blank forms covering past 25 years, and if Monsanto identifies additional health care providers not identified in the PFS or on Exhibit A, Plaintiff will fill in that health care provider and provide to Monsanto within seven days of the request.
- B. Employment history release (Ex. B)—execute one for each employer in past 25 years.
- C. Workers’ compensation, social security disability, and insurance claims releases (Ex. C).

- D. Tax records and social security income releases for past 10 years (Ex. D).
- E. If applicable, decedent's death certificate.

DECLARATION

I declare under penalty of perjury that all of the information provided in this Plaintiff's Fact Sheet is true and correct to the best of my knowledge, information and belief, and that I have supplied all the documents requested in Part IX of this Declaration, to the extent that such documents are in my possession, custody, or control, or in the possession of my lawyers.

Signature

Date

Name (Printed)