

Exhibit 1: Plaintiff's Fact Sheet

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS**

This Document Relates to: [member case name and number]	)	
	)	Case No. 3:21-md-03004-NJR
	)	
	)	MDL No. 3004
IN RE: PARAQUAT PRODUCTS	)	
LIABILITY LITIGATION	)	
	)	
	)	

PLAINTIFF'S FACT SHEET

This Plaintiff's Fact Sheet is a legal document. You are required to provide the following information regarding yourself, or for each individual on whose behalf you are asserting potential legal claims. Each question must be answered in full and to the best of your ability, taking into account the Plaintiff's physical and mental condition at the time that the Plaintiff or the representative is completing this form.

You must complete this Fact Sheet for any claim that you wish to assert against the Syngenta or Chevron Defendants.

In completing this Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge. In answering this Fact Sheet, the Plaintiff or the representative must conduct a reasonable investigation of documents and information within the possession, custody, or control of the Plaintiff or the representative. In answering the questions below, you should never guess. [You may supplement your responses if you learn that they are incomplete or incorrect.]

For each question where the space provided does not allow for a complete answer, please attach additional sheets so that all answers are complete. If you attach additional sheets, clearly label the sheets according to the question to which each sheet pertains.

If you do not know the answer, please indicate that in response to the question rather than leaving that response blank. Do not leave any questions unanswered or blank. If a question does not apply, please respond "Not Applicable" or "N/A."

For purposes of this Fact Sheet, "paraquat" refers to any product that contains the chemical paraquat dichloride.

After completing this Fact Sheet, you must sign the Fact Sheet on the last page. Your signature certifies that you have answered this Fact Sheet under oath, that your answers are true and accurate to the best of your knowledge.

If you have any questions about this Fact Sheet, you should speak with your attorneys.

I. REPRESENTATIVE CAPACITY

A. If you are completing this Fact Sheet in a representative capacity of the Plaintiff/Decedent on whose behalf this action was filed, please complete the following:

1. Your Name (First, Middle, Last): _____

2. Home address: _____

3. Your relationship to the person upon whose behalf you have completed this Fact Sheet (*e.g.*, parent, guardian, estate administrator):

4. What is the circumstance that prevents the Plaintiff/Decedent from completing this Fact Sheet:

[If you are completing this Questionnaire in representative capacity, please respond to the following questions on behalf of the person who you represent.]

II. PERSONAL INFORMATION

A. Full Name (First, Middle, Last): _____

B. Identify any maiden name(s), former name(s), alias(es): _____

C. Date of birth: _____

D. Date of death (if applicable): _____

E. Social Security Number: _____

F. Medicare, Medicaid, and/or Tricare Claim numbers: _____

G. Race: _____

H. Ethnicity (Hispanic/Non-Hispanic): _____

I. Have you ever been married?

Yes _____ No _____

J. If yes, identify your current/former spouse(s): _____

- K. Identify the following information for every place you have lived for at least one year, from birth through the present. If you claim that you were exposed to paraquat at any place you lived for less than a year, please include that address as well.

Address (or best approximation)	Time period you lived at address (e.g., 1/1998-6/2002)	All Persons who lived at address and relationship to you	Paraquat exposure? (Y/N)

III. EMPLOYMENT HISTORY

- A. Identify every job you have had from birth through the present.

Employer Name	Time period you worked there	City/State	Supervisor Name(s)	Job Title and Responsibilities	Paraquat exposure? (Y/N)

IV. UNION MEMBERSHIP

- A. Have you ever been a member of any labor union?

Yes _____ No _____

- B. If yes, provide the following information.

Name of Union	City/State where union is located	Job to which it pertained	Date range of membership

V. MILITARY SERVICE

A. Have you served in the military in any capacity?

Yes _____ No _____

B. Please identify the following.

Branch of military	Highest rank attained	Date range of service	Locations stationed

C. Do you receive disability benefits through the Department of Defense or the Department of Veterans Affairs?

Yes _____ No _____

1. If yes, for what conditions?

D. To the best of your knowledge, were you ever exposed to Agent Orange?

Yes _____ No _____

1. If yes, when and where?

2. If yes, have you made a claim related to Agent Orange with the U.S. Department of Veterans Affairs?

Yes _____ No _____

E. To the best of your knowledge, were you exposed to other chemicals during your military service?

Yes _____ No _____

1. If yes, which chemicals?

2. If yes, when and where?

3. If yes, have you made a claim related to such chemical exposure with the U.S. Department of Veterans Affairs?

Yes _____ No _____

- F. Were you ever stationed at Camp Lejeune?

Yes _____ No _____

VI. LITIGATION HISTORY

- A. Have you ever filed a civil lawsuit? (This does not apply to this pending suit or other suits relating to domestic relationships, divorces, or child custody.)

Yes _____ No _____

- B. If yes, then as to each lawsuit, separately identify the following.

Case name	Nature of case/claim	Approximate date case/claim filed	Venue/court where filed

VII. FAMILY HISTORY

- A. To the best of your knowledge, were you adopted?

Yes _____ No _____

- B. If yes, please provide the following information regarding your birth parents.

Name	Date of birth	Deceased? (Y/N)	Date and cause of death	Address

- C. To the best of your recollection and knowledge, identify all of the following diseases that any of your blood relatives (*e.g.*, parents, siblings, grandparents, aunts/uncles, cousins, children) has been diagnosed with. (Check all that apply)

Disease	Blood relative with diagnosis? (Y/N)
1. Parkinson's Disease	
2. Parkinsonism	
3. Essential Tremor	
4. Other Tremors	
5. Alzheimer's Disease	
6. Dementia	
7. Lewy Body Dementia	
8. Huntington's Disease	
9. Wilson's Disease	
10. Tourette Syndrome	
11. Ataxia	
12. Chorea	
13. Dystonia	
14. Multiple System Atrophy	
15. Myoclonus	
16. Progressive Supranuclear Palsy	
17. Tardive Dyskinesia	
18. Crohn's Disease	
19. Glioblastoma	
20. Colorectal Cancer	
21. Lung Cancer	
22. Ovarian Cancer	
23. Gaucher's Disease	
24. Any other neurodegenerative disease	
25. Any other neurological disease or disease of the brain, spine or nerves	

D. For each diagnosis identified above, please state the following.

Relative's relationship to you (e.g., father, grandmother, daughter)	Paternal or maternal relation?	Diagnosis	Age at diagnosis	Occupation	Was relative exposed to paraquat (Y/N)?

VIII. MEDICAL SERVICES

A. What injury or injuries are you claiming in this lawsuit?

- ☐ Parkinson's disease
- ☐ Parkinsonism
- ☐ Other (identify): _____

B. Parkinson's Disease

1. Have you been diagnosed with Parkinson's Disease?

Yes _____ No _____

2. If yes, state who first diagnosed you with Parkinson's Disease and when.

Provider name (first and last)	Provider type/specialty	City/state of practice	Date of diagnosis

3. Please identify the name(s) of all Health Care Providers¹ who have diagnosed or treated you for Parkinson's Disease.

¹ For the purposes of this Fact Sheet, "Health Care Provider" includes any doctor, hospital, physical therapist or physical therapy department, rehabilitation specialist, physician, osteopath, homeopath, chiropractor, or other persons or entities involved directly in the evaluation, diagnosis, care, and/or treatment of your physical health.

Provider name (first and last)	Provider type/specialty	City/state of practice	Dates of medical care, services, consultation

C. Claimed injuries other than Parkinson's Disease

1. For any injury you are claiming in this lawsuit other than Parkinson's Disease, state who first diagnosed you with that injury or condition and when.

Provider name (first and last)	Provider type/specialty	City/state of practice	Date of diagnosis

2. For any injury you are claiming in this lawsuit other than Parkinson's Disease, please identify the name(s) of all Health Care Providers who have diagnosed or treated you for it.

Provider name (first and last)	Provider type/specialty	Dates of medical care, services, consultation	City/state of practice	Condition(s) treated you for

D. All Other Health Care Providers

1. Please identify all Health Care Providers who have ever treated you for any condition or issue, other than the Health Care Providers identified above.

Provider name (first and last)	Provider type/specialty	Dates of medical care, services, consultation	City/state of practice	Condition(s) treated you for

- E. Has any medical provider ever determined that the injury(ies) you are claiming in this lawsuit was caused by and/or associated with your exposure to an agricultural, industrial, or other toxic chemical?

Yes _____ No _____

If yes, please identify the following.

Provider name (first and last)	Provider type/specialty	City/state of practice	Name of chemical	Month/year

IX. GENETIC TESTING

- A. Has any Health Care Provider ever ordered genetic testing related to your claimed injury(ies) in this lawsuit?

Yes _____ No _____

- B. If yes, identify the following.

Provider that ordered genetic testing	Provider that performed genetic testing	Genetic test(s) performed	Month/year	Result(s)

X. INSURANCE AND DISABILITY CLAIM INFORMATION

- A. Have you ever applied for worker's compensation benefits, social security disability benefits, private disability benefits, or state or federal benefits related to any medical condition or disability?

Yes _____ No _____

- B. If yes, then as to each application, please provide the following information, including the dollar amount of benefits (if any) received:

Date claim was filed	Name of agency	Nature of claimed injury or disability	Ultimate disposition of claim	Amount of benefits received, if any

XI. HEAD INJURY

- A. Have you ever received medical treatment for a head injury or been diagnosed with a concussion?

Yes _____ No _____

- B. If yes, please provide the following information as to each such injury.

Date of head injury	Description of injury	Number of times injury occurred	Symptoms	Diagnosis	Name and address of health care provider

XII. FARMING HISTORY

- A. Have you ever engaged in agriculture (*e.g.*, farming, gardening, raising animals) or the use of Agricultural Chemicals²?

Yes _____ No _____

- B. If yes, please provide the following information.

² For the purposes of this Fact Sheet, "Agricultural Chemicals" is defined as any and all herbicides, pesticides, insecticides, and fungicides used at each of the locations identified in your responses.

Farm/ business name	Address	Year(s)	Your role and responsibilities	All known co- workers and supervisors	Crops/ animals raised (and acreage for each)	Agricultural Chemicals used (and application method for each)

C. Have you ever been a member of an agricultural or farming organization?

Yes _____ No _____

D. If yes, state the following.

Name of organization	City/state	Type of membership	Years

XIII. TRAINING, CERTIFICATION, LICENSING

A. Have you ever received any training related to the application of Agricultural Chemicals of any kind?

Yes _____ No _____

B. If yes, please identify the following information.

Type of training	Entity/organization providing training	Date(s)	Licenses or certifications received

C. Have you ever been licensed to apply Restricted Use Pesticides?

Yes _____ No _____

D. If yes, provide the following information for each license received.

Issuing state	Type of license	License number	Years active

XIV. CALIFORNIA PESTICIDE RECORDS

- A. Have you ever used paraquat in California?

Yes _____ No _____

- B. Please provide your California grower identification number and/or operator identification number.

- C. Have you ever submitted a pesticide use report to any California state or county agency?

Yes _____ No _____

- D. If yes, please describe the circumstances of such reporting, including the number of reports you submitted, the time period covered by those reports, how many reports you submitted per year, and the information you reported.

XV. PARAQUAT PURCHASE HISTORY

- A. Did you ever purchase paraquat?

Yes _____ No _____

- B. If yes, provide the following information.

Year(s)	Product and brand name	Seller or distributor	Seller/distributor address	Number of purchases each year	Amount purchased each year

- C. If you purchased paraquat, what are the benefits that you understood paraquat had at the time(s) that you purchased it?

- D. If you purchased paraquat, why did you choose to purchase paraquat?

- E. If you purchased paraquat, were there alternatives available when you purchased paraquat? If so, please list.

XVI. MIXING/LOADING PARAQUAT

The next few sections require you to provide information about your exposure to paraquat during mixing, loading, or application of the product, as well as during field reentry or other potential instances of exposure. Each potential type of exposure (e.g., mixing/loading, application, reentry) is treated separately to allow you to provide information as accurately as possible.

- A. Have you ever personally mixed and/or loaded paraquat?

Yes _____ No _____

IF NO, SKIP THIS SECTION AND CONTINUE WITH SECTION XVII.

- B. For each location where you claim you mixed and/or loaded paraquat, provide the following information. (If you need additional tables to fully complete this section, go to Appendix 1.)

	Mixing/Loading Location #1
Employer/farm/entity	
Employer/farm/entity address	
Address where mixing/loading occurred	
Time period	
Job title	
Role and responsibilities	
Supervisor	
Purpose for using paraquat	
Pests/weeds paraquat used to control	
Crops paraquat used to protect	
Non-crop areas paraquat used in (and why)	
Benefits of paraquat for your use	

	Mixing/Loading Location #1
Name and brand name of paraquat product used	
Manufacturer of paraquat product used	
Paraquat container type, size, and color	
Formulation (e.g., liquid, granules)	
Color of paraquat product used	
Odor of paraquat product used	
Other description of paraquat product used	
Strength or Concentration (e.g., 240 g/L)	
Individual or entity that sold or provided paraquat ³	
Address of individual or entity that sold or provided paraquat	
Did you purchase this paraquat product yourself?	
Do you possess records of purchase of this paraquat product?	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state and license number	
Mixing equipment and method	
Loading equipment and method	
Names of others who witnessed you mixing and/or loading paraquat	
Contact information of others who witnessed you mixing and/or loading paraquat	

C. For each pest/weed, crop, or non-crop area identified above, please provide the following information.

Pest/weed, crop, or non-crop area	Time period (which years)	Time of year paraquat mixed/loaded	Days per year you mixed/loaded paraquat	Dilution rate (units of water per unit of paraquat)	Total gallons of paraquat concentrate mixed/loaded per year	Other products included in tank mix

³ If your employer purchased paraquat and provided it to you, please identify the person or entity from whom your employer obtained paraquat.

- D. Please identify the following information regarding the clothing and personal protective equipment you wore while mixing and/or loading paraquat.

Item	Applicable? (Y/N)	Time Frame	Frequency (e.g., always, usually, never)
Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator			
Rubber or Waterproof Gloves			
Chemical-resistant or Waterproof Footwear and Socks			
Chemical-resistant Headgear for Overhead Exposure or Face Shield			
Disposable Suit/Coveralls			
Long-sleeved Shirt			
Long Pants			
Protective Eyewear			
Rubber or Waterproof Apron			
Any Other Form of Personal Protective Equipment			

1. If you answered Yes for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used.

XVII. APPLICATION OF PARAQUAT

- A. Have you ever personally applied or sprayed paraquat?

Yes _____ No _____

IF NO, SKIP THIS SECTION AND CONTINUE WITH SECTION XVIII.

- B. For each location where you claim you applied or sprayed paraquat, provide the following information. (If you need additional tables to fully complete this section, go to Appendix 2.)

	Application Location #1
Employer/farm/entity	
Employer/farm/entity address	
Address where application occurred	
Time period	
Job title	

	Application Location #1
Role and responsibilities	
Supervisor	
Purpose for using paraquat	
Pests/weeds paraquat used to control	
Crops paraquat used to protect	
Non-crop areas paraquat used in (and why)	
Benefits of paraquat for your use	
Name and brand name of paraquat product used	
Manufacturer of paraquat product used	
Paraquat container type, size, and color	
Formulation (<i>e.g.</i> , liquid, granules)	
Color of paraquat product used	
Odor of paraquat product used	
Other description of paraquat product used	
Strength or Concentration (<i>e.g.</i> , 240 g/L)	
Individual or entity that sold or provided paraquat ⁴	
Address of individual or entity that sold or provided paraquat	
Did you purchase this paraquat product yourself?	
Do you possess records of purchase of this paraquat product?	
Do you possess records of use of this paraquat product?	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state and license number	
Names of others who witnessed you applying paraquat	
Contact information of others who witnessed you applying paraquat	

⁴ If your employer purchased paraquat and provided it to you, please identify the person or entity from whom your employer obtained paraquat.

- C. For each pest/weed, crop, or non-crop area identified above, please provide the following information regarding paraquat use.

Pest/weed, crop, or non-crop area	Acres/area treated per year	Time period (which years)	Time of year paraquat applied	Days per year you applied paraquat	Application rate (units of paraquat per acre)	Total gallons of paraquat concentrate applied per year	Other products included in tank mix

- D. For each pest/weed, crop, or non-crop area identified above, please identify the following information regarding the equipment you used to apply paraquat. If you used multiple types of equipment for the same pest/weed, crop, or non-crop area, please fill out a separate row for each equipment type.

Pest/weed, crop, or non-crop area	Equipment type (e.g., tractor, hand sprayer)	Time period (which years)	Tank size	Boom length	Boom height	Acres/area treated per day

- E. If you used a hand wand or connected to a motorized vehicle (e.g., tractor, ATV, UTV, pickup truck), please describe.

- F. Please identify the following information regarding the clothing and personal protective equipment you wore while applying paraquat.

Item	Applicable? (Y/N)	Time Frame	Frequency (e.g., always, usually, never)
Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator			
Rubber or Waterproof Gloves			
Chemical-resistant or Waterproof Footwear and Socks			
Chemical-resistant Headgear for Overhead Exposure or Face Shield			
Disposable Suit/Coveralls			

Item	Applicable? (Y/N)	Time Frame	Frequency (e.g., always, usually, never)
Long-sleeved Shirt			
Long Pants			
Protective Eyewear			
Rubber or Waterproof Apron			
Any Other Form of Personal Protective Equipment			

1. If you answered Yes for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used.

XVIII. REENTRY

- A. To the best of your recollection and knowledge, did you ever enter or reenter fields within 48 hours of paraquat being sprayed in those fields?

Yes _____ No _____

IF NO, SKIP THIS SECTION AND CONTINUE WITH SECTION XIX.

- B. If yes, approximately how many times has this occurred (*i.e.*, “entry or reentry occurrences”)?

- C. Of those entry or reentry occurrences, approximately how many times did you enter or reenter those fields within 24 hours of paraquat being sprayed in those fields?

- D. Of those entry or reentry occurrences, approximately how many times did you enter or reenter those fields within 12 hours of paraquat being sprayed in those fields?

- E. For each location where you claim you entered or reentered a field within 48 hours of paraquat being sprayed, provide the following information. (If you need additional tables to fully complete this section, go to Appendix 3.)

	Reentry Location #1
Employer/farm/entity	
Employer/farm/entity address	
Address where reentry occurred	
Time period	
Job title	
Role and responsibilities	
Supervisor	
Purpose for paraquat being used	
Pests/weeds paraquat used to control	
Crops paraquat used to protect	
Non-crop areas paraquat used in (and why)	
Name and brand name of paraquat product used	
Manufacturer of paraquat product used	
Formulation (e.g., liquid, granules)	
Color of paraquat product used	
Odor of paraquat product used	
Other description of paraquat product used	
Name of person who applied paraquat	
Issuing state and license number	
Relationship to person or entity that sprayed paraquat	
Names of others who witnessed you reenter	
Contact information of others who witnessed you reenter	

F. For each pest/weed, crop, or non-crop area identified above, please provide the following information regarding reentry.

Pest/weed, crop, or non-crop area	Time period (which years)	Purpose for reentry	How many times per year you reentered	Duration of each reentry	Method used to apply paraquat before you reentered

- G. Please identify the following information regarding the clothing and personal protective equipment you wore while reentering a field that had been sprayed with paraquat.

Item	Applicable? (Y/N)	Time Frame	Frequency (e.g., always, usually, never)
Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator			
Rubber or Waterproof Gloves			
Chemical-resistant or Waterproof Footwear and Socks			
Chemical-resistant Headgear for Overhead Exposure or Face Shield			
Disposable Suit/Coveralls			
Long-sleeved Shirt			
Long Pants			
Protective Eyewear			
Rubber or Waterproof Apron			
Any Other Form of Personal Protective Equipment			

1. If you answered Yes for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used.

XIX. SPRAY MIST OR DRIFT

- A. Do you claim you were exposed to spray mist or drift from paraquat applied by another person?

Yes _____ No _____

IF NO, SKIP THIS SECTION AND CONTINUE WITH SECTION XX.

- B. For each location where you claim you were exposed to spray mist or drift from paraquat applied by another person, provide the following information. (If you need additional tables to fully complete this section, go to Appendix 4.)

	Mist/Drift Location #1
Your location/address at the time of exposure	
Location/address of source of exposure	
Did you work or live at location where paraquat was sprayed?	

	Mist/Drift Location #1
Month and year of exposure	
Describe how you were exposed	
Distance between you and application equipment that was spraying paraquat	
Describe your basis for believing that the product sprayed was paraquat	
Purpose for paraquat being used	
Pests/weeds paraquat being used to control	
Crops paraquat being used to protect	
Non-crop areas paraquat being used in (and why)	
Name and brand name of paraquat product used	
Manufacturer of paraquat product used	
Formulation (<i>e.g.</i> , liquid, granules)	
Color of paraquat product used	
Odor of paraquat product used	
Other description of paraquat product used	
Person or entity that sprayed paraquat	
Issuing state and license number	
Relationship to person or entity that sprayed paraquat	
Names of others who witnessed your exposure	
Contact information of others who witnessed your exposure	

C. Please identify the following information regarding the clothing and personal protective equipment you wore during your exposure.

Item	Applicable? (Y/N)	Time Frame	Frequency (<i>e.g.</i>, always, usually, never)
Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator			
Rubber or Waterproof Gloves			
Chemical-resistant or Waterproof Footwear and Socks			
Chemical-resistant Headgear for Overhead Exposure or Face Shield			
Disposable Suit/Coveralls			
Long-sleeved Shirt			
Long Pants			
Protective Eyewear			

Item	Applicable? (Y/N)	Time Frame	Frequency (e.g., always, usually, never)
Rubber or Waterproof Apron			
Any Other Form of Personal Protective Equipment			

1. If you answered Yes for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used.

XX. OTHER PARAQUAT EXPOSURE

- A. Do you claim that you were exposed to paraquat on any other occasions or through any means not described or accounted for above?

Yes _____ No _____

IF NO, SKIP THIS SECTION AND CONTINUE WITH SECTION XXI.

- B. If yes, please provide the following information for those instances of exposure to the best of your knowledge and recollection.

Date	City/state	Duration of exposure	Type of exposure (e.g., dermal, inhalation)	Describe the manner in which you were exposed	Names and addresses of witnesses to your exposure

- C. Please identify the following information regarding the clothing and personal protective equipment you wore during your exposure.

Item	Applicable? (Y/N)	Time Frame	Frequency (e.g., always, usually, never)
Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator			
Rubber or Waterproof Gloves			
Chemical-resistant or Waterproof Footwear and Socks			
Chemical-resistant Headgear for Overhead Exposure or Face Shield			
Disposable Suit/Coveralls			
Long-sleeved Shirt			

Item	Applicable? (Y/N)	Time Frame	Frequency (e.g., always, usually, never)
Long Pants			
Protective Eyewear			
Rubber or Waterproof Apron			
Any Other Form of Personal Protective Equipment			

1. If you answered Yes for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used.
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XXI. ACUTE PARAQUAT EXPOSURE

- A. Do you claim that you swallowed paraquat or that paraquat got in your mouth?

Yes _____ No _____

- B. If yes, please identify the approximate month(s)/year(s) when this happened, describe the circumstances of your exposure, describe what you did in response to the exposure, and indicate whether you took an adsorbent (e.g., activated charcoal, bentonite, Fuller’s Earth).
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- C. Do you claim that you got paraquat in your eyes?

Yes _____ No _____

- D. If yes, please identify the approximate month(s)/year(s) when this happened, describe the circumstances, describe what you did in response to the exposure, indicate whether you rinsed your eyes with clean water, how much time passed between your exposure and when you rinsed your eyes with clean water, and for how long you rinsed your eyes with clean water.
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- E. Do you claim you got paraquat directly on your skin?

Yes _____ No _____

- F. If yes, please identify the approximate month(s)/year(s) when this happened, describe the circumstances, describe what you did in response to the exposure, indicate whether you immediately washed the affected area with soap and water, and for how long you washed the affected area with soap and water.

G. Do you claim you got paraquat on your clothing?

Yes _____ No _____

H. If yes, please identify the approximate month(s)/year(s) when this happened, describe the circumstances, describe what you did in response to the exposure, and indicate whether you immediately removed the contaminated clothing and washed the affected area with soap and water.

I. Have you ever been treated for paraquat poisoning?

Yes _____ No _____

J. If yes, identify the provider of that treatment, the month(s)/date(s) of such treatment, and a description of such treatment.

XXII. SYMPTOMS WITHIN 24 HOURS OF PARAQUAT EXPOSURE

A. Did you experience any symptoms within 24-hours after mixing, loading, applying, or otherwise being exposed to paraquat?

Yes _____ No _____

B. If yes, identify any symptoms you experienced within 24-hours that you claim were caused by exposure to paraquat.

XXIII. OTHER INFORMATION REGARDING PARAQUAT USE OR EXPOSURE

A. Can you provide any other information regarding your alleged paraquat use or exposure?

Yes _____ No _____

B. If yes, please provide that information.

XXIV. OTHER INDUSTRIAL/AGRICULTURAL ACTIVITIES AND CHEMICALS

- A. To the best of your knowledge and recollection, identify all the following industrial or Agricultural Chemicals you have ever used, handled, applied, disposed of, or were otherwise exposed to at any time in your life. Identify all that apply.

Chemical	Applicable? (Y/N)
1. 2,4-D (<i>i.e.</i> , Crossbow, Curtail, Weedar, Weedone)	
2. 2,4,5,-T (<i>i.e.</i> , Agent Orange, Esteron, Trinoxol)	
3. Acephate (<i>i.e.</i> , Bonide, Martin's Surrender, Orthene)	
4. Acetochlor (<i>i.e.</i> , Harness, Keystone, SureStart, Surpass, Volley, Warrant)	
5. Alachlor (<i>i.e.</i> , Lasso)	
6. Aldrin (<i>i.e.</i> , Octalene)	
7. Arsenic/Arsenate	
8. Atrazine	
9. Bidrin	
10. Boric Acid	
11. Calcium Arsenate	
12. Carbaryl (Sevin)	
13. Chlordane	
14. Chloropicrin (<i>i.e.</i> , Chlor-O-Pic, Metapicrin, Timberfume, Tri-Clor)	
15. Chlorothalonil (<i>i.e.</i> , Bravo, Daconil 2787, Echo, Exotherm Termil, Nopcocide, Repluse, Tuffcide)	
16. Chlorpyrifos (<i>i.e.</i> , Dursban, Lorsban)	
17. Copper Hydroxide (<i>i.e.</i> , Champ, Kocide, NuCop)	
18. Crop Oil	
19. Cyanazine (Bladex)	
20. DDT	
21. DEET	
22. Diazinon	
23. Dicamba (<i>i.e.</i> , Banvel, Clarity, Sterling Blue)	
24. Dichloropropene (<i>i.e.</i> , Telone)	
25. Dieldrin	
26. Dimite	
27. Dinoseb/ Dinitro (<i>i.e.</i> , Preemerge, Sinox PE, Dow General)	
28. Diquat	
29. Diuron (Karmex)	
30. Ethephon (<i>i.e.</i> , Arvest, Bromeflor)	
31. Glufosinate (<i>i.e.</i> , Cheetah, Rely 280)	
32. Glyphosate (<i>i.e.</i> , RoundUp)	
33. Hexachlorocyclohexane and/or beta- hexachlorocyclohexane	

Chemical	Applicable? (Y/N)
34. Imazapyr (<i>i.e.</i> , Arsenal, Contain, Habitat)	
35. Insecticides (<i>i.e.</i> , Orthene, Payload, Malathion, Guthion, Phosdrin, Dursban, Lorsban, Counter, Dylox, Penncap, Phoskil, Imidan, Trithion, Folidol, dibrom/Naled)	
36. Lindane	
37. Linuron (<i>i.e.</i> , Londax, Lorox)	
38. Maneb, Mancozeb (<i>i.e.</i> , Agsco, Cover- up, Dithane, Fortuna, Granol, Koverall, Lesco, Manzate, Penncozeb, Roper)	
39. Methoxychlor	
40. Methyl Bromide (<i>i.e.</i> , Brom-o-Gas, Profume, Zytex)	
41. Metolachlor (<i>i.e.</i> , Acuron, Brawl, Dual II Magnum, Matador, Prefix, Sequence)	
42. Naphthalene	
43. Nicotine	
44. Parathion	
45. Pendimethalin (<i>i.e.</i> , Acumen, Framework, Stealth)	
46. Pentachlorophenol	
47. Permethrin	
48. Phosphorus Paste	
49. Potassium cyanate	
50. Propanil (<i>i.e.</i> , Stampede)	
51. Propazine	
52. Pyrethrin	
53. Randox	
54. Ronnel	
55. Rotenone	
56. Simazine (<i>i.e.</i> , Princep)	
57. Sodium Fluoride	
58. Strychnine	
59. Thallium Sulfate	
60. Triclopyr (<i>i.e.</i> , Crossbow)	
61. Trifluralin (<i>i.e.</i> , Treflan, Trust, Trilin)	
62. Any Other Industrial or Agricultural Chemicals	

1. If you checked box 62 for “Any other industrial or Agricultural Chemicals” above, please identify the industrial or Agricultural Chemical referenced.

- B. Provide the following information with respect to the industrial or Agricultural Chemicals that were identified in Section XXIV.A above (*i.e.*, questions 1-62 in the above chart) which you used, handled, applied, disposed of, or were exposed to.

Product and brand name	Years of use	Days per year	Quantity used per year	Description of use	Purpose/ crops used on	Individual/ entity that sold/provided product ⁵	Names and addresses of witnesses

- C. Please identify the following information regarding the clothing and personal protective equipment you wore during your use of the chemicals identified above.

Item	Applicable? (Y/N)	Time Frame	Frequency (<i>e.g.</i> , always, usually, never)	With which (or all) chemicals identified above
Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator				
Rubber or Waterproof Gloves				
Chemical-resistant or Waterproof Footwear and Socks				
Chemical-resistant Headgear for Overhead Exposure or Face Shield				
Disposable Suit/Coveralls				
Long-sleeved Shirt				
Long Pants				
Protective Eyewear				
Rubber or Waterproof Apron				
Any Other Form of Personal Protective Equipment				

⁵ If your employer purchased the product and provided it to you, please identify the person or entity from whom your employer obtained the product.

1. If you answered Yes for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used.

- D. Have you ever been employed as an occupational welder or welded for more than 50% of your work day?

Yes _____ No _____

- E. If yes, identify the date ranges during which you engaged in welding and for each date range, please provide the following information

Years of use	City/state	Days per year	Type of welding (e.g., SMAW, GMAW)	Purpose of welding	Type of metal involved	Occurred in confined space?

- F. Identify all the following substances that you have been exposed to. Identify all that apply.

Substance	Applicable (Y/N)	Time period (which years)	Days per year	Hours per day	Details of exposure
1. Heavy metals (e.g., iron, mercury, manganese)					
2. Polychlorinated Biphenyls (PCBs)					
3. Solvents (e.g., hydrocarbon solvents like paint thinners, paint removers, cleaning fluids, trichloroethylene (TCE), organic solvents like acetone)					
4. Wood Preservatives					

XXV. ADDITIONAL MEDICAL INFORMATION

- A. Identify all medical conditions that you have been diagnosed with or have been medically treated for. Identify all that apply.

Condition	Applicable (Y/N)	When diagnosed	Treatment received	Time period of treatment	Treatment provider (full name and address)
1. Diabetes					
2. Cancer (identify type)					
3. Hepatitis C					

Condition	Applicable (Y/N)	When diagnosed	Treatment received	Time period of treatment	Treatment provider (full name and address)
4. CNS Infection					
5. Sepsis					
6. Influenza Requiring Hospitalization					
7. Irritable Bowel Syndrome (IBS)					
8. Japanese Encephalitis					
9. Lyme Disease					
10. Measles					
11. Strep Infection Requiring Hospitalization					
12. West Nile virus					

B. Have you ever been diagnosed with pulmonary (lung) fibrosis?

Yes _____ No _____

C. If yes, identify the date of the diagnosis and the Health Care Provider who diagnosed you for pulmonary (lung) diagnosis:

D. If you were diagnosed with pulmonary (lung) fibrosis, did you experience any of the following symptoms: Identify all that apply.

Symptom	Applicable? (Y/N)
Shortness of breath	
Dry, hacking cough	
Fast, shallow breathing	
Gradual unintended weight loss	
Fatigue	
Aching joints and muscles	
Clubbing (widening and rounding) of the tips of the fingers or toes	
Cyanosis (blueish skin in fair-skinned people or gray or white skin around the mouth or eyes in dark-skinned people)	

E. Have you ever used nicotine products?

Yes _____ No _____

1. If yes, please identify which products, approximate months/years of usage, and frequency of usage:

F. Have you ever used methamphetamines?

Yes _____ No _____

1. If yes, please identify the date range: _____

G. Have you ever used well water as a water source, whether in your home or elsewhere?

Yes _____ No _____

1. If yes, for each instance where well water was a water source, identify the approximate year(s) of use in the location of the well.

XXVI. CRIMINAL HISTORY

A. Have you ever been convicted of a felony?

Yes _____ No _____

B. If yes, state nature of the crime, the date of conviction and the sentence imposed.

C. Have you been convicted of a misdemeanor in the past ten years?

Yes _____ No _____

D. If yes, state nature of the crime, the date of conviction and the sentence imposed.

XXVII. KNOWLEDGE AND COMMUNICATIONS REGARDING LAWSUIT

None of the questions below seeks communications between you and your attorneys or experts. Please exclude such communications from your responses.

- A. Identify all individuals, entities, publications, or studies from which you obtained any information (whether oral or written) related to your allegation that Parkinson's disease might be connected in any way to your use of paraquat or any other chemical. Provide a description of the information you obtained, including (1) any information you obtained prior to your retention of an attorney, (2) any solicitation

letters/communications from any attorneys, and (3) any information you obtained independently from your attorneys or their agents.

- B. When did you first contact any lawyer about paraquat or Parkinson's disease? In providing a response, provide an approximate date without divulging the substance of the communication.
-

- C. Have you (or anyone acting on your behalf) had any conversations with any person (other than your counsel) at any time with regard to the conduct of any defendant relating to paraquat, the potential health effects of paraquat, or the usage and practices associated with paraquat?

Yes _____ No _____

- D. Have you, or has anyone acting on your behalf, communicated with, interviewed, or obtained statements from any of the Defendants (*i.e.*, Syngenta, Chevron, or any other Defendant named in your lawsuit) regarding allegations in the lawsuit?

Yes _____ No _____

- E. If the answer to any of the questions above is yes, please provide the following:

1. which (1) Defendant or (2) other person or entity with whom the communication occurred?
 2. the month/year of the communication or statement;
 3. where (city/state) the communication or statement occurred;
 4. who was present during the communication or statement;
 5. the matters and things stated by the person in the communication or statement;
 6. whether the conversation(s) was oral, written and/or recorded; and
 7. who has possession of any writing, recording, notes, or memoranda of the communication or statement.
-

XXVIII. FINANCIAL INFORMATION

- A. Do you have any medical expenses or out-of-pocket expenses due to the injury(ies) you claim in this lawsuit?

Yes _____ No _____

B. If yes, please state the approximate amounts:

C. Have you been unable to work as a result of the injury(ies) you claim this lawsuit?

Yes _____ No _____

D. If yes, please provide the following information:

Time period unable to work	Employer name	Employer address	Your prior job title and responsibilities	Approximate total lost wage amount

E. Have you sought unemployment benefits for any lost wages identified above?

Yes _____ No _____

F. If yes, state the date of your application for unemployment benefits, the agency or entity to whom you submitted your application, and the result (including any amounts awarded and the time period such amounts were disbursed).

G. Since you first were exposed to paraquat, have you filed for bankruptcy?

Yes _____ No _____

H. If yes, please provide the following information:

Date you filed for bankruptcy	Court where bankruptcy was filed	Name of bankruptcy attorney	Case number	Name of trustee	Date bankruptcy was finalized/closed

XXIX. RELEVANT PERSONS / WITNESSES

- A. Identify any person who has firsthand personal knowledge regarding your paraquat exposure and/or injuries suffered because of your paraquat exposure.

Name	Last known address	Relationship to you	Topics of knowledge

XXX. DOCUMENTS⁶

Please produce with this Fact Sheet the Documents described below. For purposes of this Plaintiff's Fact Sheet, Plaintiff is not required to turn over any attorney-client privileged records.

Category	Already provided	Providing with this Fact Sheet	I have no such documents
A. All medical records relating to the Plaintiff from any time, before or after the onset of Parkinson's Disease symptoms alleged in this MDL proceeding			
B. All Documents relating to Parkinson's Disease, including but not limited to messages, emails, or other communications discussing the cause, extent, or impact of your injuries.			
C. All Documents related to any genetic testing you have undergone identified above, including any Documents reflecting the results of such testing.			
D. Documents sufficient to show your complete employment history, including Documents indicating business ownership and Documents indicating the names of and your formal affiliations with any limited liability corporations, partnerships, or other business entities.			
E. All employment (including but not limited to self-employment), personnel, military, or union records from any employer where the Plaintiff claims paraquat exposure, including (i) any records related to the Plaintiff's responsibilities and duties, (ii) any records related to the use or			

⁶ For the purpose of this Fact Sheet, Document is defined as any writing or record of every type, including but not limited to written documents, documents in electronic format, cassettes, videotapes, photographs, charts, computer discs or tapes, and x-rays, drawings, graphs, phone-records, non-identical copies and other data compilations from which information can be obtained and translated, if necessary, by the respondent through electronic devices into reasonably usable form.

Category	Already provided	Providing with this Fact Sheet	I have no such documents
non-use of paraquat, and (iii) any changes in responsibilities or duties as a result of any claimed Parkinson's Disease injury or disability.			
F. All Documents related to any training, certification, or licensing that any person or entity, including you or any of your employers or supervisors, have received related to Agricultural Chemicals.			
G. All Documents (including, without limitation, receipts, invoices, spray logs, application records, labeling, instructions, warnings, precautions, and marketing materials) relating to your purchase, use, handling, and/or disposal of any herbicide, pesticide, insecticide, or other weed- or pest-control chemical, and/or the purchase, use, handling, and/or disposal of such agricultural chemicals at farms or other locations where you worked.			
H. All other Documents related to the farming activities on each farm where you lived or worked, including planting and harvesting records or other land-use records, pesticide application records, pest management records, photographs or videos of the farm, maps of the farm, and any records required to be retained by state or federal law, including records of federally restricted use pesticide applications.			
I. All documents showing the acreage and crops for each farm you worked on or at, including but not limited to FSA-578 and 1026A Forms, USDA FSA Detailed Acreage History Report Forms, and all records from the Risk Management Agency of the USDA.			
J. All documents reflecting, depicting, or describing any piece of farm equipment or implement you used to apply paraquat at any time, including without limitation the tractor, tank, and sprayer (including nozzles). For row crops, this request includes the farm equipment or implement(s) used to prepare or to plant any crop planted on acreage treated with paraquat, including without limitation the planter, drill, any type of cultivator or harrow, and fertilizer application equipment. This request encompasses documents such as, without limitation, photographs, videos, equipment manuals or instructions, proof of purchase, warranties, and/or maintenance or repair records.			
K. All documents relating to any personal protective equipment used when using paraquat or any other agricultural chemicals, including but not limited to, photographs, videos, equipment			

Category	Already provided	Providing with this Fact Sheet	I have no such documents
manuals or instructions, proof of purchase, warranties, maintenance or repair records, and/or inspection reports.			
L. All inspection reports created at the time of usage of any equipment or implement responsive to Request K (directly above) that remains in your possession.			
M. All Documents relating to any industrial hygiene or other air, water, or medical monitoring for any exposure to paraquat or chemicals.			
N. All Documents reflecting any health-related insurance claims, worker's compensation claims, or health-related fundraising efforts made by you or on your behalf since your first use or exposure to paraquat.			
O. All Documents, including all publications or studies, from which you, your family members, or your personal acquaintances have relied upon to learn about the purported relationship between Parkinson's disease and paraquat.			
P. All Documents known to you at this time that relate to your claim for economic damages in this lawsuit.			
Q. All Documents, including public records, identifying, referring, or relating to surveillance, investigation, or other information gathering performed by or on behalf of Plaintiff relating to any of the Defendants in this action.			
R. All investigative reports by you, including but not limited to financial and criminal background checks, concerning Defendants.			
S. All Documents in your possession that refer or relate to Defendants in this action or Defendants' employees (current or former). This Request includes but is not limited to surveys, questionnaires, promotional materials, or other Documents or materials exchanged between you and Defendants.			
T. All nonprivileged communications relating to this litigation, including but not limited to messages, emails, or other communications relating to the existence of the litigation, knowledge of other plaintiffs' involvement in the litigation, activity within the litigation, recommendations or consideration of joining the litigation, and/or obtaining or providing evidence or testimony in connection with any potential claim involving paraquat whether asserted by the Plaintiff or any other plaintiff.			
U. All Documents identified in your answers to any questions in this Fact Sheet and all Documents on which you relied on responding to any questions in this Fact Sheet.			

XXXI. REMINDER FOR AUTHORIZATIONS

If not already provided, please complete, sign, and provide the following Authorizations, as applicable:

- Authorization for Release of Health Information (**Attachment A**). For this authorization, include an authorization for release of records for all Health Care Providers listed in this Fact Sheet, including those listed in Sections IX and XX.
- Authorization to Disclose Employment Information (**Attachment B**). For this authorization, include an authorization for release of records for all employers listed in Section III.
- Request Pertaining to Military Records (**Attachment C**).
- Social Security Administration Consent for Release of Information (**Attachment D**).
- Authorization to Disclose Workers' Compensation Records (**Attachment E**) (or other appropriate form).
- Authorization to Disclose Insurance Information (**Attachment F**).
- Authorization to Disclose Disability Information (**Attachment G**).
- Request Pertaining to Farm Service Agency Records (**Attachment H**).

XXXII. VERIFICATION

Pursuant to 28 U.S.C. § 1746, I declare that all of the information provided in this Plaintiff Fact Sheet is true and correct to the best of my knowledge, information, and belief.

I further declare that I have engaged in the best efforts to identify, locate, and supply all of the information and Documents requested in this Plaintiff Fact Sheet. I acknowledge that I have an obligation to promptly supplement the above responses if I learn that they are in some material respect incomplete or incorrect.

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

Dated: _____.

Signature: _____

Name: _____
(please print)