IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NORTH CAROLINA
SOUTHERN DIVISION
No. 7:23-CV-897

IN RE:	)	
	)	**ORDER**
CAMP LEJEUNE WATER LITIGATION	)	**REGARDING DISCOVERY**
	)	**POOL PROFILE FORM**
THIS DOCUMENT RELATES TO:	)	
ALL CASES	)	

1. The Court approves the Corrected Discovery Pool Profile Form ("DPPF") attached as Exhibit A and the medical records authorizations (SF-180 and VA Form 10-5345) attached as Exhibit B.

2. Each Plaintiff who was selected as a Track 1 Discovery Plaintiff shall complete a DPPF within 45 days of this Order, or their selection as a Track 1 Discovery Plaintiff, whichever is later.

See CMO 2, § XI.A.iv.c. [D.E. 23].

3. The DPPF and authorizations shall be served electronically to Defendant by Justice Enterprise File Sharing ("JEFS").

4. Nothing in the DPPF shall be deemed to limit the scope of inquiry at depositions or admissibility of evidence at trial. The Federal Rules of Civil Procedure and Federal Rules of Evidence govern the scope of inquiry at depositions. The Federal Rules of Civil Procedure and Federal Rules of Evidence also govern the admissibility of information in the DPPF. No objections are waived by virtue of any DPPF response.

5. Should any Track 1 Discovery Plaintiff fail to submit substantially complete responses to the DPPF within the deadline set forth above in accordance with Case Management Order 2 [D.E. 23], the United States may request enforcement of this Order through the following means:

a. **Warning Letter**: If a Track 1 Discovery Plaintiff fails to submit substantially

complete responses to the DPPF within the deadlines set forth above, the United States may send a letter to the Government Liaison Counsel regarding any asserted failure to submit substantially complete responses in a timely manner. The Warning Letter also should advise the Track 1 Discovery Plaintiff that failure to submit substantially complete responses may lead to dismissal of his or her case.

b. **Motion**: If a Track 1 Discovery Plaintiff fails to submit substantially complete responses to the DPPF within 14 days of the date a Warning Letter is sent to Government Liaison Counsel, then the United States may file a motion to dismiss without prejudice. Any such motion shall be filed in that case's individual docket. A Track 1 Discovery Plaintiff shall have 14 days to respond to a motion to dismiss for failure to provide a DPPF.

c. **Dismissal**: If a Track 1 Discovery Plaintiff fails to respond to a motion to dismiss for failure to submit substantially complete responses to the DPPF, the Court may dismiss that case without prejudice.

d. **Reinstatement, sanctions, and other relief**: The Court retains discretion to reinstate a Track 1 Discovery Plaintiff's case following dismissal for failure to submit substantially complete responses to the DPPF, or impose additional sanctions including dismissal with prejudice, in the interests of justice. Failure to provide the United States with a substantially complete response to the DPPF within the deadline set forth above in accordance with Case Management Order 2 may constitute good cause for an extension of deadlines in that case or all cases.

6. "Substantially complete" shall mean that:

a. Each question in the DPPF is responded to (including, where applicable and

asserted in good faith, by indicating "N/A" or "I don't know/recall");

b. The DPPF is signed by the Plaintiff under penalty of perjury;

c. All releases and authorizations are properly executed;

7. Track 1 Discovery Plaintiffs shall take reasonable efforts to preserve and maintain, without deletions or alterations, any content of any personal webpage(s) or social media accounts currently held by them, including but not limited to photographs, texts, links, messages and other postings or profile information that is relevant to the subject matter of this litigation. "Social media" includes, but is not limited to, Facebook, Myspace, LinkedIn, X (Twitter), Instagram, TikTok, Snapchat, Reddit and blogs. This provision does not mean that such social media information is relevant or discoverable.

8. Track 1 Discovery Plaintiffs are obligated to supplement or amend the DPPF in a timely manner if he or she learns that in some material respect the DPPF response is incomplete or incorrect. See Fed. R. Civ. P. 26(e).

9. All information disclosed on a DPPF, the DPPF itself, and all related documents (including health care records and information) produced therewith or pursuant to an executed authorization shall be treated as marked Confidential and treated as "Confidential Information" pursuant to the terms of the Stipulated Protective Order [D.E. 36] entered on October 30, 2023.

SO ORDERED. This 29 day of November, 2023.

ROBERT B. JONES, JR.
United States Magistrate Judge

Exhibit A

(Corrected) Discovery Pool
Profile Form

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NORTH CAROLINA
SOUTHERN DIVISION
No. [ ]:[ ][ ]-cv-[ ][ ][ ][ ][ ]-[ ][ ]

IN RE: CAMP LEJEUNE WATER LITIGATION

_____/

THIS DOCUMENT RELATES TO:

DISCOVERY POOL PROFILE FORM

XXXXXX	X	XXXXXX	XX
Plaintiff First	Middle	Last	Suffix

In completing this Discovery Pool Profile Form ("DPPF"), you must provide information that is true and accurate to the best of your knowledge. In completing this DPPF, you are under oath and subject to the penalties of perjury. The DPPF shall be completed pursuant to the September 26, 2023 *Case Management Order No. 2*. [D.E. 23]. Plaintiff reserves the right to supplement all responses. For each question where the space provided does not allow for a complete answer, please attach additional sheets so that all answers are complete. Please answer each question and do not leave any blanks. If appropriate, you may respond in good faith that you do not know or do not recall. If you do not know or do not recall the information requested, please provide as much information as you can. All aspects of this DPPF are designated as "Confidential Information" and covered by the Protective Order, [D.E. 36].

I. CLAIMANT INFORMATION

1. What is the DON Claim Number for the administrative claim (Short Form Complaint, Box 30)? *E.g., CLS23-123456*	[ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ] ☐ DON has not yet assigned a claim number
2. Who is completing this Discovery Pool Profile Form?	☐ Plaintiff or Plaintiff's Agent ☐ Attorney for Plaintiff or Attorney for Plaintiff's Agent
If this Discovery Pool Profile Form is being completed by an attorney, please identify the attorney:	
3. Attorney first name	
4. Attorney last name	
5. Law firm name	
6. Attorney address line 1	
7. Attorney address line 2	
8. Attorney city	
9. Attorney state (abbrev.)	[ ][ ]
10. Attorney zip code	[ ][ ][ ][ ][ ]
11. Attorney phone	([ ][ ][ ]) [ ][ ][ ] – [ ][ ][ ][ ]
12. Attorney email	
Resume universal questions	
13. What is the case number? *E.g.,* 7:23-cv-12345	[ ]:[ ][ ]-cv-[ ][ ][ ][ ][ ]
14. Which District Judge is assigned to the case?	☐ Hon. Richard E. Myers II ☐ Hon. Terrence W. Boyle ☐ Hon. Louise W. Flanagan ☐ Hon. James C. Dever III
15. Please identify any other names the Plaintiff has used, if different from that in the case caption (e.g., maiden name).	
16. Please identify the Plaintiff's Social Security Number.	[ ][ ][ ]-[ ][ ]-[ ][ ][ ][ ]
17. Please identify the Plaintiff's date of birth.	_____ MM/DD/YYYY
18. Please identify the Plaintiff's last known address:	

18a. Street Address	18b. Town	18c. State (abbrev.)	18d. Year residence began (YYYY)

19. If the Plaintiff began residing at the above address *after* 2020, please identify the next most recent address:			
19a. Street Address	19b. Town	19c. State (abbrev.)	19d. Year residence began (YYYY)

20. **On your Short Form Complaint**, did you assert a claim for injuries to YOU or to SOMEONE ELSE you legally represent? (Box 1)	☐ To Me ☐ Someone Else

If you assert a claim for injuries to SOMEONE ELSE, please describe your representation of that person:	
21. What is the nature of the representative's representation?	☐ Estate Administrator/trix ☐ Guardianship ☐ Conservatorship ☐ Power of attorney ☐ Other: _____
22. Has a court appointed you as the claimant's representative?	☐ Yes ☐ No
23. If yes, please describe your appointment:	

23a. Court Name	23b. Court State (abbrev.)	23c. Date of appointment

Resume universal questions	
24. **On your Short Form Complaint**, did you assert that the Plaintiff is deceased? (Box 7)	☐ Yes ☐ No
If the Plaintiff is deceased:	
25. How many dependents, if any, did Plaintiff have at the time of Plaintiff's death?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+ ☐ I do not know/do not recall
26. Please identify Plaintiff's spouse and children at the time of death. If none, check here: ☐ No Spouse or Children at time of death	

26a. First name	26b. Middle Name	26c. Last name	26d. Suffix	26e. Relationship to Plaintiff	26f. Year of birth
☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ Child ☐ Spouse ☐ Other: _____	_____ YYYY ☐ I do not know/do not recall
☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ Child ☐ Spouse ☐ Other: _____	_____ YYYY ☐ I do not know/do not recall

☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ Child ☐ Spouse ☐ Other: ________	________ YYYY ☐ I do not know/do not recall
☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ Child ☐ Spouse ☐ Other: ________	________ YYYY ☐ I do not know/do not recall
☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ Child ☐ Spouse ☐ Other: ________	________ YYYY ☐ I do not know/do not recall

II. MILITARY SERVICE & DEPENDENT MEDICAL

a) Military service

Resume universal questions	
27. Has Plaintiff *ever* served in a branch of the U.S. military?	☐ Yes ☐ No ☐ I do not know/do not recall
If the Plaintiff has previously served in the U.S. military:	
28. Did the Plaintiff's service **overlap** with any of the following conflict periods?	☐ WWI ☐ WWII ☐ Korea ☐ Vietnam ☐ Persian Gulf ☐ Other: ______________ ☐ I do not know/do not recall ☐ N/A (e.g., only served during peacetime)

29. What was the Plaintiff's service number?	__________________ ☐ N/A (e.g., service after 1970) ☐ I do not know/do not recall
30. For each period of service, please identify:	

30a. Service Branch	30b. Year service began	30c. Year service ended	30d. Officer or Enlisted
☐ Marine Corps ☐ Army ☐ Navy ☐ Air Force ☐ Coast Guard	________ YYYY ☐ I do not know/do not recall	________ YYYY ☐ I do not know/do not recall	☐ Officer ☐ Enlisted ☐ Both ☐ I do not know/do not recall
☐ Marine Corps ☐ Army ☐ Navy ☐ Air Force ☐ Coast Guard	________ YYYY ☐ I do not know/do not recall	________ YYYY ☐ I do not know/do not recall	☐ Officer ☐ Enlisted ☐ Both ☐ I do not know/do not recall
☐ Marine Corps ☐ Army ☐ Navy ☐ Air Force ☐ Coast Guard	________ YYYY ☐ I do not know/do not recall	________ YYYY ☐ I do not know/do not recall	☐ Officer ☐ Enlisted ☐ Both ☐ I do not know/do not recall
☐ Marine Corps ☐ Army ☐ Navy ☐ Air Force ☐ Coast Guard	________ YYYY ☐ I do not know/do not recall	________ YYYY ☐ I do not know/do not recall	☐ Officer ☐ Enlisted ☐ Both ☐ I do not know/do not recall

b) Veteran and dependent medical

Resume universal questions	
31. Is/was Plaintiff a TRICARE beneficiary?	☐ Yes ☐ No ☐ I do not know/do not recall
If the Plaintiff is or was a TRICARE beneficiary:	
32. Did someone else sponsor the Plaintiff's TRICARE benefits?	☐ Yes ☐ No ☐ I do not know/do not recall
If someone else sponsored the Plaintiff's TRICARE Benefits	
33. Sponsor/Veteran First Name	
34. Sponsor/Veteran Middle Name	
35. Sponsor/Veteran Last Name	
36. Sponsor/Veteran SSN	[ ][ ][ ]-[ ][ ]-[ ][ ][ ][ ] ☐ I do not know/do not recall

37. Sponsor/Veteran Branch of Service	☐ Marine Corps ☐ Army ☐ Navy ☐ Air Force ☐ Coast Guard ☐ I do not know/do not recall
38. Claimant relationship with Sponsor/Veteran	☐ Child ☐ Spouse ☐ Mother ☐ Father ☐ Mother-in-law ☐ Mother-in-law ☐ Stepmother ☐ Stepfather ☐ Other: _____ ☐ I do not know/do not recall

Other Service/Employment

Resume universal questions		
39. On your Short Form Complaint, did you assert that the Plaintiff was a **Civilian Employee of a Private Company** at Camp Lejeune? (Box 17)	☐ Yes ☐ No	
40. [If yes] Please identify:		
40a. Plaintiff's Employer (Private Company)	40b. Date employment began	40c. Date employment ended
_____ ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall
_____ ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall
_____ ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall
41. On your Short Form Complaint, did you assert that the Plaintiff was a **Civil Service Employee** at Camp Lejeune? (Box 17)	☐ Yes ☐ No	
42. [If yes] Please identify:		
42a. Plaintiff's Employer (Agency)	42b. Date employment began	42c. Date employment ended
_____ ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall

_____ ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall
_____ ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall

III. DISEASES AND ILLNESSES

Resume universal questions	
43. What diseases or injuries does the claimant assert are related to exposure to water at Camp Lejeune? (choose all that apply)	☐ Bladder cancer ☐ Kidney cancer ☐ Leukemia ☐ Non-Hodgkin's lymphoma ☐ Parkinson's disease ☐ Adverse Birth Outcomes ☐ ALS ☐ Aplastic anemia or myelodysplastic syndromes ☐ Bile duct cancer ☐ Brain/CNS cancer ☐ Breast cancer ☐ Cardiac birth defects ☐ Cervical cancer ☐ Colorectal cancer ☐ Gallbladder cancer ☐ Hepatic steatosis ☐ Hypersensitivity skin disorder ☐ Infertility ☐ Intestinal cancer ☐ Non-cancer kidney disease ☐ Leukemia ☐ Liver cancer ☐ Lung cancer ☐ Multiple myeloma ☐ Neurobehavioral effects ☐ Non-cardiac birth defects ☐ Ovarian cancer ☐ Pancreatic cancer ☐ Prostate cancer ☐ Sinus cancer ☐ Soft tissue cancer ☐ Systemic sclerosis/scleroderma ☐ Thyroid cancer ☐ Other: _____

a) Injury 1 – repeat questions for each injury asserted

44. I am completing this section as it relates to:	☐ Bladder cancer ☐ Kidney cancer ☐ Leukemia ☐ Non-Hodgkin's lymphoma ☐ Parkinson's disease ☐ Adverse Birth Outcomes ☐ ALS ☐ Aplastic anemia or myelodysplastic syndromes ☐ Bile duct cancer ☐ Brain/CNS cancer ☐ Breast cancer ☐ Cardiac birth defects ☐ Cervical cancer ☐ Colorectal cancer ☐ Gallbladder cancer ☐ Hepatic steatosis ☐ Hypersensitivity skin disorder ☐ Infertility ☐ Intestinal cancer ☐ Non-cancer kidney disease ☐ Leukemia ☐ Liver cancer ☐ Lung cancer ☐ Multiple myeloma ☐ Neurobehavioral effects ☐ Non-cardiac birth defects ☐ Ovarian cancer ☐ Pancreatic cancer ☐ Prostate cancer ☐ Sinus cancer ☐ Soft tissue cancer ☐ Systemic sclerosis/scleroderma ☐ Thyroid cancer ☐ Other: _____
45. Has a physician diagnosed the Plaintiff with this injury?	☐ Yes ☐ No ☐ I do not know/do not recall ☐ N/A
46. If yes, when was Plaintiff first diagnosed this injury?	_____ MM/DD/YYYY ☐ I do not know/do not recall ☐ N/A

47. Name of physician that first diagnosed the Plaintiff?	_____ Name ☐ I do not know/do not recall ☐ N/A
48. Name of hospital or medical group of physician:	_____ Name ☐ I do not know/do not recall ☐ N/A
49. Do you allege that this Injury caused or contributed to the Plaintiff's death?	☐ Yes ☐ No ☐ I do not know/do not recall ☐ N/A
50. List all treating physicians, name of medical group, and city, state where treatment was received. If none, check here: ☐ No treatment.	

50a. First name, if known	50b. Middle Initial, if known	50c. Last name, if known	50d. Suffix, if known	50e. Medical Group	50f. City, State	50g. Year(s) of Treatment	50h. Was this covered by TRICARE
						_____ Years ☐ I do not know/do not recall ☐ N/A	☐ Yes ☐ No ☐ I do not know/do not recall ☐ N/A

IV. EXPOSURES

Resume universal questions	
51. Please select all of the types of exposure you allege:	☐ Residential (living on-base) ☐ Occupational (working on-base) ☐ In utero ☐ Other (e.g., visiting/recreation)

52. Please select all of the areas on base in which Plaintiff lived.	☐ Tarawa Terrace (includes Tarawa Terrace I, Tarawa Terrace II, Camp Knox Trailer Park) ☐ Hadnot Point (includes Mainside barracks, French Creek, and Hospital Point) ☐ Montford Point (includes Camp Johnson) ☐ Holcomb Boulevard (includes Berkeley Manor, Midway Park, Paradise Point, Watkins Village) ☐ Courthouse Bay ☐ New River Air Station (includes MCAS New River and Camp Geiger); ☐ Onslow Beach ☐ Rifle Range ☐ Other: _____ ☐ I do not know/do not recall ☐ N/A
53. Was the Plaintiff **residing with a servicemember** during the period of exposure (e.g., parent or spouse), including in utero exposures?	☐ Yes, residing with a servicemember parent ☐ Yes, residing with a servicemember spouse ☐ Yes, residing with someone else who was a servicemember ☐ No ☐ I do not know/do not recall
54. If the Plaintiff was residing with a servicemember during the period of exposure, please identify the servicemember:	
55. Servicemember First Name	
56. Servicemember Middle Name	
57. Servicemember Last Name	
58. Servicemember SSN	[ ][ ][ ]-[ ][ ]-[ ][ ][ ][ ] ☐ I do not know/do not recall
59. Servicemember Date of Birth	_____ MM/DD/YYYY ☐ I do not know/do not recall
60. Servicemember Branch of Service	☐ Marine Corps ☐ Army ☐ Navy ☐ Air Force ☐ Coast Guard ☐ I do not know/do not recall

61. Servicemember Service Number	_____ ☐ N/A (e.g., service after 1970) ☐ I do not know/do not recall
62. Claimant relationship with Servicemember at the time of exposure.	☐ Child ☐ Spouse ☐ Mother ☐ Father ☐ Mother-in-law ☐ Mother-in-law ☐ Stepmother ☐ Stepfather ☐ Other: _____ ☐ I do not know/do not recall
Complete this section only if alleging **in utero** exposures:	
63. Please select all of the areas on base in which **Plaintiff's mother** lived when the Claimant was in utero:	☐ Tarawa Terrace (includes Tarawa Terrace I, Tarawa Terrace II, Camp Knox Trailer Park) ☐ Hadnot Point (includes Mainside barracks, French Creek, and Hospital Point) ☐ Montford Point (includes Camp Johnson) ☐ Holcomb Boulevard (includes Berkeley Manor, Midway Park, Paradise Point, Watkins Village) ☐ Courthouse Bay ☐ New River Air Station (includes MCAS New River and Camp Geiger) ☐ Onslow Beach ☐ Rifle Range ☐ Other: _____ ☐ I do not know/do not recall ☐ N/A
64. Did Plaintiff's mother work at Camp Lejeune as a **federal civilian employee** when the claimant was in utero?	☐ Yes ☐ No ☐ I do not know/do not recall
65. If yes, what was the name of the government employer?	_____ ☐ I do not know/do not recall

V. PERSONAL HISTORY

Resume universal questions	
66. Was the Plaintiff ever exposed to Agent Orange?	☐ Yes ☐ No ☐ I do not know/do not recall

67. Was the Plaintiff ever exposed to open air burn pits?	☐ Yes ☐ No ☐ I do not know/do not recall
68. Other than time spent residing at Camp Lejeune, was the Plaintiff ever employed in any of the following occupations? Check all that apply.	☐ Dry cleaning ☐ Firefighter ☐ Hairdresser/barber ☐ Metal degreasing ☐ Oil & gas ☐ Painter ☐ Road Construction ☐ Textile Manufacturing ☐ Welder ☐ None of the Above ☐ I do not know/do not recall

Add'l Personal History

Resume universal questions

69. Please identify the highest academic degree claimant attained or ☐ I do not know/do not recall.

69a. Name of institution	69b. City, State	69c. Year attendance began	69d. Year attendance ended	69e. Degree attained (e.g., B.A., M.D., Ph.D.)	69. Field of study	69g. Degree awarded?
☐ I do not know/do not recall	☐ I do not know/do not recall	_____ YYYY ☐ I do not know/do not recall	_____ YYYY ☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ Yes ☐ No ☐ I do not know/do not recall

70. Did the Plaintiff ever possess an occupational certification or license?	☐ Yes ☐ No ☐ I do not know/do not recall
71. [If yes] What occupational certifications or licenses did the Plaintiff possess?	

72. Please identify all family grandparents, parents, siblings, or children of the Plaintiff who have ever been diagnosed with any of the diseases identified on the Claimant's Short Form Complaint.

72a. Name	72b. Relationship	72c. Year of birth	72d. Cancer or disease	72e. Year of diagnosis
_____ ☐ I do not know/do not recall	☐ Grandparent ☐ Parent ☐ Sibling ☐ Children ☐ Other: _____ ☐ I do not know/do not recall	_____ YYYY ☐ I do not know/do not recall	☐ Bladder cancer ☐ Kidney cancer ☐ Leukemia ☐ Non-Hodgkin's lymphoma ☐ Parkinson's disease ☐ Other: _____	_____ YYYY ☐ I do not know/do not recall

VI. ECONOMIC LOSS

Resume universal questions	
73. Are you seeking recovery for economic loss, such as out-of-pocket medical costs or lost earnings?	☐ Yes ☐ No
Following questions available only if answer to Question 73 = "Yes"	
74. Has the Plaintiff ever paid or incurred any out-of-pocket **medical expenses** (i.e. expenses not paid by your insurance company or by a government health program) related to any condition caused by exposure to water at Camp Lejeune?	☐ Yes ☐ No
75. Has the Plaintiff ever paid or incurred any out-of-pocket **non-medical expenses** (i.e. expenses not paid by your insurance company or by a government health program) related to any condition caused by exposure to water at Camp Lejeune?	☐ Yes ☐ No
76. Has an injury related to Camp Lejeune water caused the Plaintiff to be unable to work?	☐ Yes ☐ No

VII. PRIOR CLAIMS

Resume universal questions	
77. Did the Plaintiff (or someone else on the Claimant's behalf) ever file a civil litigation complaint against the United States related to contaminated water at Camp Lejeune before August 11, 2022?	☐ Yes ☐ No ☐ I do not know/do not recall
Following questions available only if answer to question 77 = "Yes"	
78. What was the caption (the title or name) of the prior litigation?	
79. In what court was the prior litigation filed?	United States District Court for the _____ District of _____
80. What was the case number?	
81. Was the case consolidated in a multi-district litigation?	☐ Yes ☐ No ☐ I do not know/do not recall
Back to universal questions	
82. Has the Plaintiff filed a bankruptcy petition since August 10, 2022?	☐ Yes ☐ No ☐ I do not know/do not recall
Following questions available only if answer to question 82 = "Yes"	
83. On what date did the Plaintiff petition for bankruptcy?	_____ MM/DD/YYYY ☐ I do not know/do not recall ☐ N/A
84. In what court did the Plaintiff file the bankruptcy petition?	United States Bankruptcy Court for the _____ District of _____
85. What is the case number for the Plaintiff's bankruptcy petition?	

Add'l Prior claims

Back to universal questions				
86. Has the Plaintiff ever filed a **disability** claim with a **state agency** for the injuries identified in the Short Form Complaint?			☐ Yes ☐ No ☐ I do not know/do not recall	
87. [If yes] Please describe the nature of the disability claim and any award:				
87a. Name of agency where claim was filed	87b. Description of claim and disability	87c. Date claim was filed	87d. Whether Plaintiff was awarded disability	87e. Amount received in disability (or $0 if none awarded)
		_____ MM/DD/YYYY ☐ I do not know/do not recall	☐ Yes ☐ No ☐ I do not know/do not recall	$_____
		_____ MM/DD/YYYY ☐ I do not know/do not recall	☐ Yes ☐ No ☐ I do not know/do not recall	$_____
		_____ MM/DD/YYYY ☐ I do not know/do not recall	☐ Yes ☐ No ☐ I do not know/do not recall	$_____
88. Did the Plaintiff (or someone else on the claimant's behalf) ever file a civil litigation complaint related to exposures to Agent Orange?			☐ Yes ☐ No ☐ I do not know/do not recall	
89. [If yes] Please identify:				
89a. Case caption	89b. Court where the litigation was filed	89c. Case number		89d. Amount of compensation received from the lawsuit (or $0 if none awarded)
				$_____
90. Did the Plaintiff (or someone else on the claimant's behalf) ever file a civil litigation complaint related to exposures to glyphosate (Round-Up)?			☐ Yes ☐ No ☐ I do not know/do not recall	
91. [If yes] Please identify:				

91a. Case caption	91b. Court where the litigation was filed	91c. Case number	91d. Amount of compensation received from the lawsuit (or $0 if none awarded)

VIII. ADDITIONAL NOTES AND COMMENTS

Question No.	**Comment**

PLAINTIFF CERTIFICATION OF DPPF

I, _____, certify that the information herein and/or supporting the attached Discovery Pool Profile Form is true and accurate to the best of my knowledge, information, and belief. I declare under penalty of perjury that the foregoing is true and correct.

_____

[Plaintiff Name]

INSERTS FOR ADDITIONAL INJURIES

a) Injury [ ] – repeat questions for each injury asserted (if needed)

92. I am completing this section as it relates to:	☐ Bladder cancer ☐ Kidney cancer ☐ Leukemia ☐ Non-Hodgkin's lymphoma ☐ Parkinson's disease ☐ Adverse Birth Outcomes ☐ ALS ☐ Aplastic anemia or myelodysplastic syndromes ☐ Bile duct cancer ☐ Brain/CNS cancer ☐ Breast cancer ☐ Cardiac birth defects ☐ Cervical cancer ☐ Colorectal cancer ☐ Gallbladder cancer ☐ Hepatic steatosis ☐ Hypersensitivity skin disorder ☐ Infertility ☐ Intestinal cancer ☐ Non-cancer kidney disease ☐ Leukemia ☐ Liver cancer ☐ Lung cancer ☐ Multiple myeloma ☐ Neurobehavioral effects ☐ Non-cardiac birth defects ☐ Ovarian cancer ☐ Pancreatic cancer ☐ Prostate cancer ☐ Sinus cancer ☐ Soft tissue cancer ☐ Systemic sclerosis/scleroderma ☐ Thyroid cancer ☐ Other: _____
93. Has a physician diagnosed the Plaintiff with this injury?	☐ Yes ☐ No ☐ I do not know/do not recall ☐ N/A
94. If yes, when was Plaintiff first diagnosed this injury?	_____ MM/DD/YYYY ☐ I do not know/do not recall ☐ N/A

95. Name of physician that first diagnosed the Plaintiff?	_____ Name ☐ I do not know/do not recall ☐ N/A
96. Name of hospital or medical group of physician:	_____ Name ☐ I do not know/do not recall ☐ N/A
97. Do you allege that this Injury caused or contributed to the Plaintiff's death?	☐ Yes ☐ No ☐ I do not know/do not recall ☐ N/A
98. List all treating physicians, name of medical group, and city, state where treatment was received. If none, check here: ☐ No treatment.	[redacted]

50a. First name, if known	50b. Middle Initial, if known	50c. Last name, if known	50d. Suffix, if known	50e. Medical Group	50f. City, State	50g. Year(s) of Treatment	50h. Was this covered by TRICARE
						_____ Years ☐ I do not know/do not recall ☐ N/A	☐ Yes ☐ No ☐ I do not know/do not recall ☐ N/A

Exhibit B

Medical Records Authorizations

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF 180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF 180 for record locations and facility addresses. Medical information may be withheld from a patient if determined that the information would be detrimental to the patient's physical or mental health or would likely cause the patient to harm himself or someone else. Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at https://www.archives.gov/veterans/military-service-records/.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180 (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago).

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's authorized legal recipient has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's authorized legal recipient is needed in Section III of the SF 180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or authorized legal recipient. If the appropriate signature cannot be obtained, only limited types of information can be provided (DoD 6025.18-R C8). If the former member is deceased, the surviving next-of-kin (NOK) may be entitled to greater access to a deceased veteran's records than a member of the general public (DoD 6025.18-R C6.2.1.2). The NOK may be any of the following: unmarried/surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death such as the DD Form 1300, Casualty Report, a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.**

b. Fees for records: There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b)(6)) may still apply and may preclude the release of some information.

b. Fees for Archival Records: Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the copies of documents in the requested record, you will receive an invoice. Copies will be sent after payment is made. For more information see https://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number. NOTE: If requester desires to send his/her record to a third party, he/she must fill out a DD Form 2870 authorizing the releasing agency to release the record and the timeframe of the authorization. The form may be downloaded using most commercial web search tools by entering "DD Form 2870" as a search term.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL – Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from *inquire@nara.gov* or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (MP), 8601 Adelphi Road, College Park, MD 20740-6001. *DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.* SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.

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OMB No. 3095-0029 Expires 04/30/2024

REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online using eVetRecs at https://www.archives.gov/veterans/military-service-records/

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS *(Furnish as much information as possible.)*

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH

5. SERVICE, PAST AND PRESENT *(For an effective records search, it is important that ALL service be shown below.)*

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE				☐	☐	
b. RESERVE				☐	☐	
c. NATIONAL GUARD				☐	☐	

6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. _____ 2. _____ 3. _____ 4. _____

7. IS THIS PERSON DECEASED? ☒ **NO** ☐ **YES** - ***MUST*** *provide Date of Death if veteran is deceased:* _____

8. DID THIS PERSON RETIRE FROM MILITARY SERVICE? ☐ **NO** ☐ **YES**

SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

☒ **DD Form 214 or equivalent:** Year(s) in which form(s) issued to veteran (Date of Separation): _____
This form contains information used to verify military service. **An UNDELETED DD Form 214 is ordinarily required to determine eligibility for benefits**. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost. Please note – recent veterans may be able to request a DD Form 214 through milConnect by visiting: https://www.va.gov/records/get-military-service-records/
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: ☐ I want a **DELETED** copy.

☒ **Official Military Personnel File (OMPF):** The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.

☒ **Medical Records:** Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.
☒ I request inpatient/hospitalization records from (see attached DPPF) (facility), last treated in _____ (year). **(NOTE: Fields are required)**
If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.

☒ **Dental Records:** Please check this box if **ONLY** dental records are needed from the medical record.

☒ **Other (Please Specify):** All Medical Records, including Radiological/Imaging and Mental Health

2. PURPOSE: (Providing information about the purpose of the request is **voluntary;** however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☒ Other (explain)

Explain here: Camp Lejeune Justice Act Individual Service and Medical Records Request

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: _____

2. RELATIONSHIP TO VETERAN: _____

3. ☐ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above.

☐ I am the DECEASED VETERAN'S NEXT-OF-KIN **(MUST submit Proof of Death.** See item 2a on instruction sheet.)

☐ I am the VETERAN'S LEGAL GUARDIAN **(MUST submit copy of Court Appointment)** or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)

☐ OTHER (Specify): _____

4. SEND INFORMATION/DOCUMENTS TO:
(Please print or type. See item 4 on accompanying instructions.)

Name _____

Street Address _____ Apt. # _____

City _____ State _____ ZIP Code _____

Daytime Phone _____ Fax Number _____

Email Address _____

5. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section 3 is true and correct and that I authorize the release of the requested information. *(See items 2a or 3a on the accompanying instructions sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)*

Signature Required – Do not print _____ **Date** _____

* This form is available at https://www.archives.gov/veterans-military-service-records/standard-forms/180.pdf from the National Archives and Records Administration (NARA) web site. *

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharged, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 - 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
	Active, Reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	**Air Force Personnel Center** **AFPC/DP2SSM** **550 C Street West** **JBSA-Randolph TX 78150-4721** **Fax Number: 210-565-3124** **Email: DP2SSM.MILRECS.INCOMING@US.AF.MIL**	**6**	**National Archives & Records Administration** **Research Services (RDT1R)** **700 Pennsylvania Avenue NW** **Washington, DC 20408-0001**	**11**	**Department of Veterans Affairs** **ATTN: Release of Information** **Claims Intake Center** **P.O. Box 4444** **Janesville, WI 53547-4444** **Fax Number: 844-531-7818** *https://www.va.gov*
2	**Air Reserve Personnel Center** **Total Force Service Center: 1-800-525-0102** *https://mypers.af.mil/*	**7**	**US Army Human Resources Command's web page:** *https://www.hrc.army.mil/content/1113* **or 1-888-ARMYHRC (1-888-276-9472)**	**12**	**Division of Commissioned Corps Officer Support** **ATTN: Records Officer** **1101 Wooton Parkway, Plaza Level, Suite 100** **Rockville, MD 20852**
3	**Commander, Personnel Service Center** **(BOPS-C-MR) MS7200** **US Coast Guard** **2703 Martin Luther King Jr Ave SE** **Washington, DC 20593-7200** *https://www.dcms.uscg.mil/ompf*	**8**	**Navy Medicine Records Activity (NMRA)** **BUMED Detachment St. Louis** **4300 Goodfellow Boulevard, Building 103** **St. Louis, MO 63120** **Fax number: 314-260-8128**	**13**	**AF STR Processing Center** **ATTN: Release of Information** **3370 Nacogdoches Road, Suite 116** **San Antonio, TX 78217**
4	**Headquarters U.S. Marine Corps** **Manpower Management Records & Performance (MMRP-10)** **2008 Elliot Road** **Quantico, VA 22134-5030** **SMB.MANPOWER.MMRP-10@usmc.mil**	**9**	**AMEDD Army Record Processing Center** **3370 Nacogdoches Road, Suite 116** **San Antonio, TX 78217** **Fax Number: 210-201-8310**	**14**	**National Personnel Records Center** **(Military Personnel Records)** **1 Archives Drive** **St. Louis, MO 63138-1002** *https://www.archives.gov/veterans/military-service-records/*
5	**Marine Corps Forces Reserve** **2000 Opelousas Avenue** **New Orleans, LA 70114**	**10**	**Navy Personnel Command (PERS-313)** **5720 Integrity Drive** **Millington, TN 38055-3130**		

Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION

PRIVACY ACT AND PAPERWORK REDUCTION ACT INFORMATION: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless is displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out this form. The execution of this form does not authorize the release of information other than that specifically described below.

The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if information needed to locate records for release is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition the provision of treatment, payment, enrollment in the VA Health Care Program, or eligibility for benefits on the signing of an authorization, except for research-related treatment where an authorization for the use or disclosure of individually-identifiable health information for such research is required. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10A7 "Patient Medical Record - VA", 08VA05 "Employee Medical File System Records (Title 38)-VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify Veterans and person claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS *(Name and Location of the VA Health Care Facility)*
All VHA and VBA Facilities

LAST NAME- FIRST NAME- MIDDLE NAME	DATE OF BIRTH *(mm/dd/yyyy)*
<Veteran Last, First, Middle>	<Veteran DOB>

PATIENT'S MAILING ADDRESS (*including City, State and Zip Code*)
<Veteran Address>
<Veteran City/State/Zip>

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED
Department of Justice/Civil Division/Env. Torts Branch
Civil Division
Env. Tort Branch
175 N Street, N.E.
Washington, DC 20002

<Requesting Law Firm Name>
<Law Firm Address>
<Law Firm City/State/Zip>

PURPOSE(S) OR NEED: Information is to be used by the requestor for:

☐ TREATMENT ☐ BENEFITS ☒ LEGAL ☐ EMPLOYMENT ☐ OTHER *(Please specify below):*

INFORMATION REQUESTED: Check applicable box(es) and state the extent or nature of information to be provided:

☐ HEALTH SUMMARY *(Prior 2 Years)*
☒ PATIENT MEDICAL RECORDS *(Dates)*: All past and future records, including those created after signature
☐ INPATIENT DISCHARGE SUMMARY *(Dates)*: _____
☐ PROGRESS NOTES:
  ☐ SPECIFIC CLINICS *(Name & Date Range)*: _____
  ☐ SPECIFIC PROVIDERS *(Name & Date Range)*: _____
  ☐ DATE RANGE: _____
☐ OPERATIVE/CLINICAL PROCEDURES *(Name & Date)*: _____
☐ LAB RESULTS:
  ☐ SPECIFIC TESTS *(Name & Date)*: _____
  ☐ DATE RANGE: _____
☐ RADIOLOGY REPORTS *(Name & Date)*: _____
☐ LIST OF ACTIVE MEDICATIONS: _____
☐ VACCINATION *(Dose, Lot Number, Date & Location)*: _____
☐ ADMINISTRATIVE RECORDS: _____
☒ OTHER *(Describe)*: All past and future records, including but not limited to entire health file, and entire compensation & pension claims files

LAST NAME- FIRST NAME- MIDDLE NAME	DATE OF BIRTH *(mm/dd/yyyy)*
<Veteran Last, First, Middle>	<Veteran DOB>

SENSITIVE DIAGNOSES: REVIEW AND, IF APPROPRIATE, COMPLETE WHEN RELEASE IS FOR ANY PURPOSE OTHER THAN TREATMENT.

I request and authorize Department of Veterans Affairs to release the information pertaining to the condition(s) below for the non-treatment purpose(s) listed in this authorization.

☒ DRUG ABUSE ☒ ALCOHOLISM OR ALCOHOL ABUSE ☒ SICKLE CELL ANEMIA

☒ HUMAN IMMUNODEFICIENCY VIRUS *(HIV)*

I understand that information on these sensitive diagnoses may be released for treatment purposes without me checking the above boxes, and will be released even if the boxes are unchecked unless I indicate by checking the box below that I do not want this information released for this specific disclosure.

☐ **I do not want sensitive diagnoses released for treatment purposes under this specific authorization. I realize this does not impact other future requests unrelated to this authorization.**

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules.

I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.

EXPIRATION: Without my express revocation, the authorization will automatically expire *(select one of the following)*:

☐ AFTER ONE-TIME DISCLOSURE, IF ALL NEEDS ARE SATISFIED

☐ ON *(mm/dd/yyyy)* _____ *(enter a future date other than date signed by patient)*

☒ UNDER THE FOLLOWING CONDITION(S): 7 years from the Veteran date of signature.

PATIENT SIGNATURE *(Sign in ink)*	DATE *(mm/dd/yyyy)*
LEGAL REPRESENTATIVE SIGNATURE *(if applicable) (Sign in ink)*	DATE *(mm/dd/yyyy)*
PRINT NAME OF LEGAL REPRESENTATIVE	RELATIONSHIP TO PATIENT

FOR VA USE ONLY

TYPE AND EXTENT OF MATERIAL RELEASED	
DATE RELEASED *(mm/dd/yyyy)*	RELEASED BY:

I certify that the information and signature in the authorization to release health information made on behalf of the patient is true and accurate to the best of my knowledge, and I declare under penalty of perjury that the information and signature made on behalf of the patient is permitted, true and correct.

_____ _____

Print Name Signature

_____

Date