

# Appendix D

Declaration of Counsel

# DECLARATION OF COUNSEL

## INSTRUCTIONS

**THIS FORM APPLIES TO ATTORNEYS REPRESENTING INDIVIDUALS WHO DO NOT HAVE A LEGAL CASE RELATING TO NUVARING PENDING IN STATE OR FEDERAL COURT, BUT WHO ELECT TO PARTICIPATE IN THE NUVARING RESOLUTION PROGRAM (the “Program”) BY SUBMITTING A NOTICE OF INTENT TO OPT IN FORM FOR UNFILED CLAIMS PURSUANT TO THE PROGRAM. THIS DECLARATION FORM MUST BE COMPLETED AND SIGNED BY THE ATTORNEY REPRESENTING SUCH INDIVIDUAL IN CONNECTION WITH HER NUVARING INJURY CLAIM.**

**THIS DECLARATION MUST BE SUBMITTED, ALONG WITH THE NOTICE OF INTENT TO OPT IN FORM FOR UNFILED CLAIMS SIGNED BY THE CLAIMANT, ON OR BEFORE 11:59 p.m. CT ON MARCH 10, 2014 AS FOLLOWS:**

**Online:** Go to [www.nuvaringofficialsettlement.com](http://www.nuvaringofficialsettlement.com), which is the official website of the Claims Administrator, and follow the instructions provided there. The date of submission will be the date the form is provided online.

## DECLARATION OF COUNSEL

I, \_\_\_\_\_, hereby certify as follows:

I am an attorney in good standing who is admitted to practice law in the State of \_\_\_\_\_.

I hereby certify that the Claimant identified below had executed a retainer agreement prior to February 7, 2014 (the Execution Date) with me or with my law firm for legal representation of said Claimant relating to an injury allegedly resulting from the use of NuvaRing.

### CLAIMANT INFORMATION (NuvaRing Product User)

<b>Claimant Name</b>	Last	First	Middle
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### ATTORNEY INFORMATION

<b>Attorney Name</b>	Last	First	Middle
<b>Firm Name</b>			
<b>Address</b>	Street		
	City	State	Zip Country
<b>Telephone Number</b>	( ) -	<b>Facsimile</b>	( ) -
<b>Email</b>			

### ATTORNEY CERTIFICATION AND SIGNATURE

**I certify under penalty of perjury under the laws the United States that the foregoing is true and correct.**

<b>Signature</b>		<b>Date</b>	/ / (month) (day) (year)
<b>Printed Name</b>	First	MI	Last