

IN RE CONAGRA PEANUT BUTTER  
PRODUCTS LIABILITY LITIGATION  
MDL (1845)

**PLAINTIFF'S FACT SHEET**

If you are completing this questionnaire in a representative capacity, please respond to all questions except Part VIII with respect to the person whom you represent. If the individual is deceased, please respond as of the time immediately prior to his or her death unless a different time period is specified.

**I. PERSONAL INFORMATION**

A. Name \_\_\_\_\_ ( ) Male ( ) Female  
                    First                      Middle                      Last

Maiden or other names used or by which you have been known: \_\_\_\_\_

B. Present Street Address: \_\_\_\_\_

C. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**II. CASE INFORMATION**

A. Identify the civil action that you filed: \_\_\_\_\_

Identify the attorney representing you: \_\_\_\_\_

**III. PREVIOUS LAWSUITS AND CLAIMS**

A. Have you ever been convicted of a felony?  Yes  No

B. Are you currently disabled?  Yes  No

C. Have you ever filed a lawsuit or made a claim other than this suit alleging gastrointestinal illness?  Yes  No

If so, identify the Court and action number of the claim, if filed: \_\_\_\_\_

If so, describe the nature of the claim: \_\_\_\_\_

**IV. PEANUT BUTTER INJURY CLAIMS**

A. When did you first become ill/injured? Date: \_\_\_\_\_ Time: \_\_\_\_\_

B. If you recall, how long was it after you consumed peanut butter that you first experienced symptoms? \_\_\_\_\_  Do Not Recall

C. If you recall, how much peanut butter did you consume? \_\_\_\_\_  Do Not Recall

D. If you are unable to identify the exact time that you ate peanut butter that you believe made you ill, describe how often you ate peanut butter and how much prior to your symptoms. \_\_\_\_\_

E. Describe in detail the symptoms you experienced: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. If you traveled outside of U.S. within 30 days preceding the onset of symptoms, identify the country and region visited and the dates of travel: \_\_\_\_\_

G. List what you ate and drank in as much detail as possible during the 72 hours before you became ill. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  Do Not Recall

H. To what animals were you exposed at the time you developed symptoms? \_\_\_\_\_

I. List any health care facility or dental office you visited or resided in during the two weeks before your symptoms began. \_\_\_\_\_

J. When you had symptoms, who lived with you (if anyone)? \_\_\_\_\_  
Was anyone else sick at home? If yes, who had symptoms? \_\_\_\_\_

K. Did you visit a doctor, emergency room, clinic, or other facility?  Yes  No

If Yes, identify each doctor / emergency room / clinic / other facility / hospital and dates of treatment below (if you require additional space, please continue on an additional sheet of paper):

1. Name and Specialty: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Dates of treatment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Did you follow any recommended treatments?  Yes  No

2. Name and Specialty: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Dates of treatment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Did you follow any recommended treatments?  Yes  No

3. Name and Specialty: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Dates of treatment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Did you follow any recommended treatments?  Yes  No

L. If you have any continuing medical condition that you attribute to your consumption of Peanut Butter, what is that condition? \_\_\_\_\_

M. Did you provide a stool, blood, or urine sample to any health care provider identified above and/or health department?  Yes  No  Do Not Know

If Yes, please state the names of the health care providers and/or health departments:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Were any of the tests positive for salmonella?  Yes  No  Do Not Know

**V. MEDICAL CONDITION AND BACKGROUND**

A. Within the five (5) years preceding the onset of your symptoms have you suffered from any gastrointestinal condition that required medical treatment?  Yes  No

If the answer is yes, identify the following for each:

1. Diagnosis: \_\_\_\_\_ Medical care provider: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Dates of treatment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

2. Diagnosis: \_\_\_\_\_ Medical care provider: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Dates of treatment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

B. If you claim psychological or emotional injury as a consequence of the consumption of Peanut Butter, have you been treated for any psychological, psychiatric or emotional problem prior to that consumption.  Yes  No  
If yes, state for each:

1. Condition: \_\_\_\_\_ Medical care provider: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Dates of treatment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

2. Condition: \_\_\_\_\_ Medical care provider: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Dates of treatment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**VI. PRODUCT**

A. Please complete the following with respect to each peanut butter product you consumed:

1. Product description (brand, size, variety): \_\_\_\_\_  
 Where purchased: \_\_\_\_\_  
 Purchase date: \_\_\_\_\_  
 Method of payment: \_\_\_\_\_  
 Code on lid: \_\_\_\_\_  
 Date first opened: \_\_\_\_\_  
 Date first consumed: \_\_\_\_\_  
 Date last consumed: \_\_\_\_\_  
 Storage conditions from the date of purchase through disposal: \_\_\_\_\_  
 \_\_\_\_\_

Identify each person who consumed the product or served the product to others:  
\_\_\_\_\_  
\_\_\_\_\_

Identify anyone (name and address) who ate from the subject jar who remained symptom free:  
\_\_\_\_\_  
\_\_\_\_\_

Identify anyone (name and address) who ate from the subject jar who became ill:

\_\_\_\_\_  
\_\_\_\_\_

Do you still have the jar or lid (or both) from or receipt for the product at issue?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you do have the jar, the lid, or the receipt, what do you have (e.g., jar, lid, multiple jars, etc.) and where is it or where are they being stored?

\_\_\_\_\_  
\_\_\_\_\_

Was any peanut butter product you have tested for the presence of *Salmonella*?

Yes \_\_\_\_\_ No \_\_\_\_\_

If any peanut butter product you have was tested for the presence of *Salmonella*, please provide:

- a. The date of testing: \_\_\_\_\_
- b. The method of testing: \_\_\_\_\_
- c. The name and address of the testing entity: \_\_\_\_\_
- d. The results of each test: \_\_\_\_\_
- e. Was any further testing performed to follow up, verify or expand upon the results of the test described above: \_\_\_\_\_ (If it was, please provide the information for each such further test as requested by questions a-d, above).

2. Product description (brand, size, variety): \_\_\_\_\_
- Where purchased: \_\_\_\_\_
- Purchase date: \_\_\_\_\_
- Method of payment: \_\_\_\_\_
- Code on lid: \_\_\_\_\_
- Date first opened: \_\_\_\_\_
- Date first consumed: \_\_\_\_\_
- Date last consumed: \_\_\_\_\_
- Storage conditions from the date of purchase through disposal: \_\_\_\_\_

Identify each person who consumed the product or served the product to others: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Identify anyone (name and address) who ate from the subject jar who remained symptom free:

\_\_\_\_\_  
\_\_\_\_\_

Identify anyone (name and address) who ate from the subject jar who became ill:

\_\_\_\_\_  
 \_\_\_\_\_  
 Do you still have the jar or lid (or both) from the product at issue?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you do have the jar, the lid, or the receipt, what do you have (e.g., jar, lid, multiple jars, etc.) and where is it or where are they being stored? \_\_\_\_\_  
 \_\_\_\_\_

Was any peanut butter product you have tested for the presence of *Salmonella*?

Yes \_\_\_\_\_ No \_\_\_\_\_

If a peanut butter product you have was tested for the presence of *Salmonella*, provide:

- a. The date of testing: \_\_\_\_\_
- b. The method of testing: \_\_\_\_\_
- c. The name and address of the testing entity: \_\_\_\_\_
- d. The results of each test: \_\_\_\_\_
- e. Was any further testing performed to follow up, verify or expand upon the results of the test described above: \_\_\_\_\_  
 (If yes, please provide the information for each such further test as requested by questions a-d, above).

[Attach additional product sheets as necessary]

B. Are you aware that ConAgra recalled the product you used? \_\_\_\_\_

How did you hear about the recall? \_\_\_\_\_

Date you first heard of the recall? \_\_\_\_\_

**VII. LOST WAGES/EARNINGS**

If you claim or expect to claim that you lost earnings or impairment or earning capacity as a result of any condition that you believe was caused by your consumption of Peanut Butter:

A. Complete the following information with respect to your employment for the past five years.

Employers for Past Five Years	Address	Type of Business/Position	Dates of Employment

Total Number of Days missed: \_\_\_\_\_ Amount of income lost: \_\_\_\_\_

**VIII. REPRESENTATIVES**

If you are completing this questionnaire in a representative capacity (e.g., on behalf of a minor or on behalf of the estate of a deceased person), please complete the following:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

In what capacity are you representing the individual? \_\_\_\_\_

If you were appointed by a court, state the: \_\_\_\_\_  
Court Date of Appointment

If you represent a decedent's estate, state the date of death of the decedent. \_\_\_\_\_

**IX. DOCUMENTS**

Attach the following documents to this declaration, to the extent that such documents are currently in your possession or in the possession of your lawyers or other agents or representatives.

- A. A copy of any receipt, proof of purchase, label, cap or other evidence documenting your purchase or ownership of the Peanut Butter product.
- B. A copy of all medical records from any physician, pharmacy, hospital or health care provider that relate to or document any injury that you allege is related to your consumption of peanut butter.
- C. If you claim any loss from medical expenses, copies of all bills from any physician, hospital, pharmacy or other health care provider.
- D. ORIGINAL SIGNED authorizations for the release of relevant medical records, and to the extent a claim for lost wages is made, release of relevant employment records.

**DECLARATION**

I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that all of the information provided in this Fact Sheet and any other information appended hereto is true and correct to the best of my knowledge, and that I have supplied the authorizations attached to this declaration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## General Information

<b>Court</b>	United States District Court for the Northern District of Georgia; United States District Court for the Northern District of Georgia
<b>Federal Nature of Suit</b>	Personal Injury - Product Liability[365]
<b>Docket Number</b>	1:07-md-01845
<b>Status</b>	CLOSED