

**ROUNDUP QUESTIONNAIRE**

**BERMAN, SOBIN, GROSS, LLP**

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**THE OSHMAN FIRM. LLC.**

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**I. Personal Information:**

A. Name: (First) (Middle) (Last) (Suffix)

*Note: if you are answering for another person, for example a parent, or a person who has died, please indicate both for whom you are answering-that is the person who is injured, and for yourself too, explaining your relationship.*

B. Are you known by any other name for the purpose of obtaining your medical records?  
(Maiden, previous married name):

**II. Address:**

A. Current Street address:

City: County:

State: Zip Code:

**III. Date of Birth:** Month: Day: Year:

**IV. Social Security Number:** - -

**V. Telephone Numbers:**

A. Home: ( )

B. Work: ( )

C. Cellular: ( )

**VI. Spouse's Information:**

A. Spouse's full name:

B. Spouse's date of birth: Month:                      Day:                      Year:

C. Spouse's Social Security Number:                      -                      -

D. Date of marriage:

**VII. Family Information (To Trace):**

Full name of nearest living relative, other than spouse:

Relation:

Street Address:

City:    State:    Zip Code:

Phone #: (                      )    -

**VIII. Bankruptcy Information: (required to provide the maximum legal protect of your recovery from a prior bankruptcy filing)**

1. Have you ever filed for bankruptcy?    Yes    No

    If YES

2. When did you file for bankruptcy (month/year)?

3. Has your claim been closed? If yes, what was the result and when was it closed(month/year)

4. In what court did you file for bankruptcy?

5. Who is your appointed trustee?

## **IX. ROUNDUP INFORMATION**

1. Please describe in detail your history of using Roundup, including the periods of time when it was applied, where it was applied and the method in which it was applied.

2. Please describe in detail all locations where you recall purchasing your Roundup. In addition, please indicate whether you paid by cash, check or credit card, whether you were a club member at any location where such a purchase was made and whether you have any receipts, cancelled checks or credit card statements indicating such a purchase.

3. Do you remain in possession of any Roundup product?    Yes                      No

If YES, please retain everything in your possession and email us photographs containing any bar code numbers or serial numbers.

4. Were you ever diagnosed with Non Hodgkin's Lymphoma ("NHL")?    Yes                      No

If YES, indicate the type of NHL, if any, you were diagnosed with:

Please indicate the name and address of the doctor or doctors who diagnosed your NHL?

**X. Medical History:**

1. Describe any significant health problems you had prior to being diagnosed with NHL:

2. Please list all the doctors and hospitals who treated you for the problems relating to your NHL, including their addresses, if not previously provided.

a.

b.

c.

d.

e.

3. Have you lost time from work and if yes, approximately how much time and how much in lost wages have you incurred?

4. Please list all insurance companies and their addresses, including Medicare or Medicaid, who provided you with coverage for the treatment you received as a result of being diagnosed with NHL.

a.

b.

c.

5. Have you had to pay any out-of-pocket expenses and if yes, please state how much you have paid.

6. Please describe your current medical condition and level of medical care, as well as any other comments you desire.

**Please attach copies of any medical records, letters from doctors, letters from the manufacturer or a photo of any remaining Roundup product in your possession**

**Dated:**

**Client Signature:**