

**Questionnaire Concerning Potential Claims Against International Paper Company**

**I. INSTRUCTIONS**

It is very important for you to complete this questionnaire in its entirety. If enough space has not been provided to fully answer the question, please attach additional sheets as necessary. Once you have completed, dated and signed this form, please immediately mail it in the envelope provided to:

Shawn C. Reed  
516 N. Columbia Street  
Covington, LA 70433

**The completed and signed form must be received by \_\_\_\_\_, 2017, or you may forfeit your right to recover compensation or damages in this litigation.**

Please provide the following information for each person making a claim related to the discharge of “black liquor” from the International Paper Company Paper Mill in Bogalusa on or about June 10, 2015. **A separate questionnaire must be completed for each individual making a claim in this matter.** For example, a parent or guardian must complete a separate form for each minor child.

Completing this questionnaire does not entitle you to compensation. You may be asked to provide additional information through subsequent questionnaires or discovery, including written discovery and depositions, in order to further evaluate your claims for damages in this matter.

**II. CLAIMANT’S PERSONAL INFORMATION**

A. Name (Claimant): \_\_\_\_\_

B. Date of Birth: \_\_\_\_\_

C. Social Security Number: \_\_\_\_\_

D. Current Street Address: \_\_\_\_\_

\_\_\_\_\_

How long at this address? \_\_\_\_\_

E. Street Address on June 10, 2015: \_\_\_\_\_

\_\_\_\_\_

How long at this address? \_\_\_\_\_

F. Home Telephone No.: \_\_\_\_\_

G. Cell Telephone No.: \_\_\_\_\_

H. Work Telephone No.: \_\_\_\_\_

I. Email Address: \_\_\_\_\_

**III. INFORMATION ON PERSON FILLING OUT THIS QUESTIONNAIRE, IF NOT THE CLAIMANT**

If you are completing this questionnaire in a representative capacity for a minor child or someone else, please complete the following information.

A. Your Name: \_\_\_\_\_

B. Date of Birth: \_\_\_\_\_

C. Social Security Number: \_\_\_\_\_

D. Current Street Address: \_\_\_\_\_

\_\_\_\_\_

How long at this address? \_\_\_\_\_

E. Street Address on June 10, 2015: \_\_\_\_\_

\_\_\_\_\_

How long at this address? \_\_\_\_\_

F. Home Telephone No.: \_\_\_\_\_

G. Cell Telephone No.: \_\_\_\_\_

H. Work Telephone No.: \_\_\_\_\_

I. Email Address: \_\_\_\_\_

J. What is your relationship to the person for whom you are completing this questionnaire? \_\_\_\_\_

**IV. GENERAL CLAIM AND CASE INFORMATION**

A. Do you/claimant allege personal injury resulting from exposure to “black liquor”?

YES                       NO

If “Yes” please answer all questions in this Section and in Section V.

B. Do you/claimant allege emotional distress resulting from exposure to “black liquor”?

YES                       NO

If “Yes” please answer all questions in this Section and questions D through P in Section V.

C. Do you/claimant allege that you have suffered damage to real immovable property resulting from exposure to “black liquor”?

YES                       NO

If “Yes” please answer all questions in this Section and in Section VI.

D. Do you/claimant allege that you have suffered damage to a motor vehicle resulting from exposure to “black liquor”?

YES                       NO

If “Yes” please answer all questions in this Section and in Section VII.

E. Do you/claimant allege that you have suffered damage to movable personal property (non-vehicular) resulting from exposure to “black liquor”?

YES                       NO

If “Yes” please answer all questions in this Section and in Section VIII.

F. Do you/claimant allege that you have suffered any other damage resulting from exposure to “black liquor”?

YES                       NO

If “Yes” please answer all questions in this Section and in Section IX.

G. Please state the date and time you/claimant contend your/claimant's person or property was exposed to "black liquor".

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H. Please state where you were/claimant was located at the time of the alleged exposure. (Indoors? Outdoors? Outdoors under a covering or shelter? Approximate address? In a vehicle with the windows open? In a vehicle with the windows closed? Where was the vehicle? Etc.) If you are completing this questionnaire in a representative capacity for a minor child or someone else, please state whether you were with the claimant at the time of the alleged exposure?

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I. Please describe exactly what you were/claimant was doing when the alleged exposure occurred.

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J. Please explain what actions you/claimant took immediately following the alleged exposure. If you are completing this questionnaire in a representative capacity for a minor child or someone else and if you were present at the time of the alleged exposure, please also explain the actions you took immediately following the alleged exposure.

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K. Please identify the evidence of the alleged exposure claim by you/claimant? (Ex. Did you/claimant see a mist on your/claimant's clothes, body, property or vehicle? Did you hear someone else say they were exposed and assume you/claimant too were exposed? If so, who?) If you are completing this questionnaire in a representative capacity for a minor child or someone else, what evidence does claimant have of the alleged exposure? (Ex. Did claimant tell you he/she or his/her property was exposed? If so, what did he/she say?)

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L. Please identify all witnesses to your/claimant's alleged exposure.

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**V. PHYSICAL AND/OR EMOTIONAL INJURIES CLAIM INFORMATION**

A. Please explain the manner in which your/claimant's person was allegedly exposed to the discharge from the "black liquor" release.

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B. What parts of your/claimant's body were allegedly exposed? (Just hands? Hands and feet? Face and/or neck? Arms and/or legs? Whole body? Etc.)

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C. For how long did the alleged physical exposure last?

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D. As a result of your/claimant's alleged physical exposure, please describe how you were/claimant was affected, including any symptoms that you/claimant experienced.

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E. How long did the symptoms listed in response to questions C above last?

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F. Are you/claimant still experiencing any symptoms at present?

Yes  No

1. If yes, please describe which symptoms you contend you are/claimant is still currently experiencing.

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G. Did you/claimant see a physician or other healthcare provider for any of these symptoms?

Yes  No

1. If yes, please provide the name, address and telephone number of each physician and/or healthcare provider:

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H. Did the physician or other healthcare provider that you/claimant saw for any of these symptoms diagnose any injury as a result of your exposure?

Yes  No

I. Please attach all medical records of diagnosis and treatment.

J. Please list all over the counter medications purchased to treat your/claimant's symptoms or injury.

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K. Please list all medications prescribed to you/claimant by a physician or healthcare provider to treat your/claimant's symptoms or injury.

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L. Please list all pre-existing injuries, illnesses, or symptoms for which you have/claimant has consulted or sought treatment by a physician or healthcare provider within the last ten (10) years.

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M. Please provide the name of any physician or healthcare provider that you have/claimant seen within the last ten (10) years.

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N. Please provide list all pharmacies at which prescriptions have been filled by you/claimant or on your/claimant's behalf within the last ten (10) years:

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O. Have you/claimant been hospitalized within the last ten (10) years?

Yes  No

1. If yes, please provide the reason, name, address and telephone number of the location for each hospitalization:

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P. Are you/claimant a Medicare beneficiary or Medicare eligible?

Yes  No

1. If yes,

a) Provide your Medicare number \_\_\_\_\_

b) Has Medicare paid any expenses related to any exposures you claim/claimant claims in this matter?

Yes  No

**VI. REAL PROPERTY DAMAGE CLAIM INFORMATION**

A. Please list the physical address for and provide a description of the property allegedly affected by the “black liquor” release.

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B. Do you (or claimant if you are completing this questionnaire in a representative capacity) own or lease the real or immovable property that you contend was affected by the “black liquor” release?

Yes, Own  Yes, Lease  No

1. If yes (own or lease), please state the date on which you purchased or leased the property, the date you first occupied the property, and the purchase price (if own) or the monthly lease payment and amount of any deposits (if lease) for the property.

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C. Please describe how you contend your/claimant’s property was damaged as a result of the “black liquor” release. Please include a description of all damage to the affected property for which you are/claimant is making a claim.

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D. Please attach a document reflecting you/claimant occupied the affected property at the time of the release, such as a deed, lease, water bill, school records, etc.

E. Please attach any photographs evidencing the alleged damages to the property.

F. Have you/claimant received any estimates for the cost to remediate or repair the property?

Yes  No



1. If yes, what was (were) the cost estimate(s)? \_\_\_\_\_  
(Please attach all estimates and receipts.)

G. Have you/claimant remediated or repaired the property?

Yes  No

1. If yes, what was the cost of the remediation or repairs?  
\_\_\_\_\_ (Please attach all receipts.)

2. If yes, please state whether the remediation or repair work is complete and describe the scope of work undertaken to remediate or repair the property.

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

H. For each piece of property for which you/claimant allege damage, please state whether you/claimant still own or lease the property? If you/claimant no longer own the property, please provide the mode of disposition (i.e. sale, donation, recycled, etc.); the date of disposition; and the amount of proceeds from any such disposition.

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

**VII. VEHICLE DAMAGE CLAIM INFORMATION**

A. Please provide a description of the vehicle, including year, make, model and its condition prior to the “black liquor” release.

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

B. Do you (or claimant if you are completing this questionnaire in a representative capacity) own or lease the vehicle you contend was affected by the “black liquor” release?

Yes, Own  Yes, Lease  No

1. If yes (own or lease), please state the date on which your purchased or leased the vehicle and the purchase price (if own) or the monthly lease payment and amount of any deposits (if lease) for the vehicle.

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C. Please list the physical address of where **the vehicle** was located at the time of the “black liquor” release.

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D. Please describe how your/claimant’s vehicle was allegedly damaged as a result of the “black liquor” release.

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E. Please attach a document showing your/claimant’s ownership of the vehicle (such as a title, registration or loan document).

F. Please attach any photographs evidencing the alleged vehicle damage.

G. Have you/claimant received any estimates for the cost to remediate or repair the vehicle?

Yes    No

1. If yes, what was (were) the cost estimate(s)? \_\_\_\_\_  
(Please attach all estimates and receipts.)

H. Have you/claimant remediated or repaired the vehicle?

Yes    No

1. If yes, when and by whom was the vehicle remediated or repaired?

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2. If yes, please state whether the remediation or repair work is complete and describe the scope of work undertaken to remediate or repair the vehicle.

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3. If yes, what was the cost of the remediation or repairs?  
\_\_\_\_\_ (Please attach all receipts.)

- I. Please state whether you/claimant still own or lease the vehicle? If you/claimant no longer own or lease the vehicle, please provide the mode of disposition (i.e. sale, donation, returned to dealer, etc.); the date of disposition; and the amount of proceeds from any such disposition.

**VIII. MOVABLE PROPERTY (NON-VEHICULAR) DAMAGE CLAIM INFORMATION**

- A. Please provide a description of the personal property allegedly affected by the “black liquor” release and condition prior to the “black liquor” release.

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- B. Do you (or claimant if you are completing this questionnaire in a representative capacity) own the movable personal property you/claimant contend(s) was affected by the “black liquor” release?

Yes    No

1. If yes, please state the date on which you purchased the property and the amount paid to purchase the property.

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- C. Please list a physical address of where the property was located at the time of the “black liquor” release.

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- D. Please describe how your/claimant’s property was allegedly damaged as a result of the “black liquor” release.

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- E. Please attach a document showing your/claimant’s ownership of the property (such as a receipt).

- F. Please attach any photographs evidencing the alleged damage to your/claimant’s property.

G. Have you/claimant received any estimates for the cost to remediate or repair the property?

Yes  No

1. If yes, what was (were) the cost estimate(s)? \_\_\_\_\_  
(Please attach all estimates and receipts.)

H. Have you/claimant remediated or repaired the property?

Yes  No

1. If yes, when and by whom was the property remediated or repaired?

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

2. If yes, please state whether the remediation or repair work is complete and describe the scope of work undertaken to remediate or repair the property.

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

3. If yes, what was the cost of the remediation or repairs? \_\_\_\_\_  
(Please attach all receipts.)

I. Please state whether you/claimant still own the property? If you/claimant no longer own the property, please provide the mode of disposition (i.e. sale, donation, discarded, etc.); the date of disposition; and the amount of proceeds from any such disposition.

**IX. OTHER DAMAGES**

A. Have you/claimant sustained any injuries or damages not discussed above?

Yes  No

1. If yes, please describe the damages?

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

B. If you contend that claimant was affected by any other incident(s) at the International Paper Bogalusa Paper Mill prior to the black liquor release at issue, please describe each incident in detail. In responding, please identify the date of the incident, how claimant was affected by the incident, whether claimant made a claim and, if so, against whom you made the claim and the outcome of that claim.

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**X. DOCUMENTS**

Please provide **ALL** the following documents, which are necessary to pursue claimant's claim:

**Personal Information for Claimant/Parent or Guardian of Claimant**

- Driver's License
- Social Security Card
- Birth Certificate (if claimant is a minor)
- Proof of Adoption or Guardianship of Minor (if applicable)

Please provide the following documents, **if applicable to claimant's claim**:

**Claims for Personal Injury and/or Emotional Distress**

- Medical Records and Bills (related to injuries suffered)
- Pharmaceutical Records and Bills (if related to injuries suffered)
- Medicare Card (if eligible for Medicare and suffered injuries)
- Signed HIPAA compliant medical records release

**Claims for Real Property Damage**

- Deed/Lease/Water Bill (proof of address)
- Records evidencing proof of ownership and/or occupancy of property allegedly damaged at the time of the release
- Estimates for and/or receipts from any remediation or repair (i.e., cleanup, etc.) of property allegedly damaged
- Any photographs evidencing the alleged property damage
- Records related to the value of the property allegedly damaged at the time of the release and today

**Vehicle Damage Claim**

- Title, Registration, Lease or Loan Document (proof of ownership)
- Estimates for and/or receipts from any remediation or repair (i.e., cleanup, etc.) of the property
- Any photographs evidencing the alleged property damage
- Records related to the value of the vehicle allegedly damaged at the time of the release and today
- Documents related to the disposition (i.e. sale, donation, etc.) of the vehicle allegedly damaged

**Claims for Movable Property (Non-Vehicular) Damage**

- Records evidencing proof of ownership of property allegedly damaged
- Estimates for and/or receipts from any remediation or repair (i.e., cleanup, etc.) of property allegedly damaged
- Any photographs evidencing the alleged property damage
- Records related to the value of the property allegedly damaged at the time of the release and today
- Documents related to the disposition (i.e. sale, donation, etc.) of the property allegedly damaged

**Any documents that relate or otherwise support claimant’s claim for nuisance, if such claim is being made.**

**Any documents relating to any other damages to claimant’s person or property.**

**XI. VERIFICATION**

I verify that all of the information provided in this questionnaire is true and correct to the best of my knowledge, upon information and belief. These answers are being provided in lieu of answers to interrogatories, but these answers are being given pursuant to the Federal Rules of Civil Procedure.

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Claimant Printed Name: \_\_\_\_\_

Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Attorney Printed Name: \_\_\_\_\_