

MDL 2740 Counsel Contact Information (Form PTO-7)
Please type below in the fillable form.

ATTORNEY INFORMATION			
Check One:	<input type="checkbox"/> Plaintiff Counsel	<input type="checkbox"/> Defense Counsel	<input type="checkbox"/> Third Party Defense Counsel
Last Name:	First Name:	Middle Initial /Maiden:	Suffix:
Firm Name:			
Address:			
City:	State:	Zip:	
Phone:		Fax:	
Direct Dial No.:		Cell Phone:	
State/ Bar No.:		Email Address:	
Party Representing:			
Assistant/Paralegal Name:		Assistant/Paralegal Email:	
Choose One Option Below:			
<input type="checkbox"/>	I elect to have Liaison Counsel transmit documents to me via email and consent on an ongoing basis to notify Liaison Counsel of any changes in the above information.		
<input type="checkbox"/>	I do not want to receive orders or other documents from Liaison Counsel.		

Signed _____
Print Name: _____

_____ Date