

In Re Vioxx Products Liability Litigation

MDL 1657

SECTION: L

JUDGE ELDON FALLON

MDL 1657 Counsel Contact Information Form

Please print or type below.

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 Name/Maiden	Suffix
Bar Number	E-mail Address		
Party Representing			
Direct Dial No.	Cell Phone	Pager	
Secretary Name	Paralegal Name		

LAW FIRM INFORMATION

Firm Name		
Address		
City	State	Zip
Phone	Fax	
Other members of firm involved in this litigation:		

Choose One Option Below:

<input type="checkbox"/> I elect to have Liaison Counsel transmit documents to me via e-mail and consent to notify Liaison Counsel of any changes in the above information.
<input type="checkbox"/> I do not want to received orders or other documents from Liaison Counsel.

Signed _____

Date _____