

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

In Re Flint Water Cases

No. 5:16-cv-10444-JEL-MKM

HON. JUDITH E. LEVY

MAG. MONA K. MAJZOUB

EXHIBIT 11.3

EXHIBIT A TO CASE MANAGEMENT ORDER

PLAINTIFF'S FACT SHEET

I. INSTRUCTIONS AND DEFINITIONS

Please fill out a separate Fact Sheet for each person on whose behalf a claim is being made. The purpose of this Fact Sheet is to obtain accurate information about basic facts that are relevant to claims arising out of the distribution of water from the City of Flint Water Supply during and after April of 2014. In completing this Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge. Information in the Fact Sheet may be used as evidence at the trial in this case. If you cannot provide all of the details requested, please provide as much information as you can. Please do not leave any blank answers. Where appropriate, please indicated “none,” “do not know,” or “not applicable.” In addition, you must supplement your responses if you learn later that they are incomplete or incorrect in any material respect.

If you are making a claim for injuries or losses you claim that you yourself have suffered as a result of exposure to water during or after April of 2014, you must complete a Fact Sheet for yourself. If you are making a claim on behalf of one or more children for injuries or losses you claim the children suffered as a result of exposure to water during or after April of 2014, then you must complete a separate Fact Sheet for each child on whose behalf you are making a claim. If you are making a claim as the guardian or other representative of a person who is too disabled to make a claim on his or her own behalf, or if you are making a claim as the executor, administrator, or other representative of the estate of a person who has died, then you must complete a separate Fact Sheet for each such person. If you are completing the Fact Sheet for someone other than yourself, please answer as completely as you can for that person. If you are completing a Fact Sheet on behalf of a business, please fill out Section II. 3, and complete the remainder of the form as to the business.

It may be that you do not have all the information you would need to give complete answers to some of the questions in this Fact Sheet. If that is the case, you are still required to provide all of the information you do have, even though it is not complete. It is also important to understand that, in completing the Fact Sheet, you may not rely just on your memory if you have in your possession, or easily available to you, documents, reports, e-mails, text messages, voicemails, or other written or electronic information that you can consult in order to obtain the requested information. Your answers to the questions in the Fact Sheet must be as complete and accurate as you can make them, even if answering requires you to devote time and effort to finding and reviewing written and electronic information available to you. Also, please remember that you cannot object to the questions,

but must provide the information requested to the best of your ability.

Please note that information deemed to be confidential by a protective order agreed or to be agreed upon between Plaintiff and Defendant counsel and entered in this case (including your social security number) will be treated confidentially by the parties pursuant to the terms of the protective order.

Completed Fact Sheets should be forwarded to your attorney. Please consult with your attorney as to the deadline for completion of the Fact Sheet.

In completing the Fact Sheet, please use the following definitions:

“Health care provider” means any doctor, physician’s assistant, nurse practitioner, or other individual health care professional regardless of title; hospital, clinic, urgent care, ready care, community health or medical center, physician’s office, infirmary, medical or diagnostic laboratory, or other facility that provides medical care or advice; and any pharmacy, x-ray department, radiology department, laboratory, physical therapist, occupational therapist, dentist, audiologist, ophthalmologist, psychiatrist, psychologist, or any other persons or entities involved in the care or treatment of you, or of the person for whom you are completing the Fact Sheet.

“Plumbing” means any service lines, piping, or other fixtures or appliances through which water from the City of Flint Water Supply is or was conveyed from the municipal water main to the water faucets, showers, toilets, etc. within a residence or other building.

II. QUESTIONNAIRE

1. CASE INFORMATION [to be completed by your attorney]

a. CLAIMANT/PLAINTIFF NAME:

b. CASE NAME:

d. CASE NUMBER:

e. LAW FIRM:

f. TYPE OF ALLEGED INJURY/INJURIES OR DAMAGE (fill in all that apply to the plaintiff to whom this Fact Sheet applies):

- _____ CHILD PERSONAL INJURY
- _____ ADULT PERSONAL INJURY
- _____ PROPERTY DAMAGE/LOSS
- _____ REIMBURSEMENT FOR WATER BILLS PAID
- _____ DIMINUTION IN VALUE OF REAL ESTATE
- _____ OTHER: _____

2. INFORMATION ABOUT PERSON COMPLETING THIS FACT SHEET

- a. Full Name:
- b. Previous Names:
- c. Date of Birth:
- d. Place of Birth:
- e. Social Security Number:
- f. Male or Female: ___Male ___Female
- g. Present Residential Address:

Street Address (including any apartment or unit number)

City/ Town
State
Zip Code
- h. Dates at this Address:
- i. Other residential addresses since April 1, 2014 and dates at each (add sheets if necessary):

- j. Other residential addresses between January 1, 2004 and April 1, 2014, and dates as each (add sheets if necessary):

3. **INFORMATION ABOUT BUSINESS COMPLETING THIS FACT SHEET**

a. Name of Business:

b. Taxpayer ID No.:

c. Business Address:

d. Dates at this Address:

From To

e. Prior Addresses since April 2014:

Street Address (including any apartment or unit number)

City/ Town State Zip Code

f. Dates at each Address:

From To

4. **REPRESENTATION OF ANOTHER PERSON**

If you are completing this Fact Sheet for yourself or for your business, please skip to Section 5.

If you are completing this Fact Sheet as a representative of someone else (i.e., on behalf of the estate of a deceased person, an incapacitated person, or a minor), please complete the following for them:

- a. Describe the capacity in which you are representing the individual or estate (e.g., parent, guardian, next friend, personal representative of estate):

- b. If you were appointed as a representative by a court, state the following or attach a copy of the order appointing you:

The court which appointed you:

The date of your appointment:

- c. What is your relationship to the individual you represent?

- d. If you represent a deceased person's estate, please state:

The date of the decedent's death:

The address(es) at which the decedent lived from April 2014 to the date of death:

- e. If you are making a claim regarding the death of a family member, please identify any and all family members, beneficiaries, heirs or next of kin, including their relationship to the decedent:

- f. If you are completing this Fact Sheet as a representative, please provide the following information regarding the person for whom you are filling out the Fact Sheet:

i. Full Name:

ii. Previous Names:

- iii. Date of Birth:
- iv. Place of Birth:
- v. Social Security Number:
- vi. Male or Female: ___Male ___Female
- vii. Present Residential Address:

Street Address (including any
apartment or unit number)

City/ Town Code	State	Zip
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- viii. Dates at this Address:

From	To
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- ix. Separately List Prior Addresses since April 2014:

Street Address (including any apartment or
unit number)

City/ Town	State	Zip Code
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- x. Dates at each Address:

From	To
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5. INFORMATION REGARDING WATER TESTING

All plaintiffs should complete this section.

- a. For all addresses listed above where your residence (or, if you are filling this out on behalf of another person, that other person) or your business was located during or after April of 2014, please provide the following information:

Address:

Was this property serviced before January 1, 2021, by water service lines that were made entirely or partially from lead?

YES _____ NO _____ I DO NOT KNOW _____

Did this property have any lead plumbing within the residence or property (that is, plumbing through which water from the outside traveled to faucets, showers, bathtubs, dishwashers, water heaters, washing machines, etc.) before January 1, 2021?

YES _____ NO _____ I DO NOT KNOW _____

Were water samples collected from this address tested for lead, other metals, chemicals, or other contaminants since April 25, 2014?

YES _____ NO _____ I DO NOT KNOW _____

If you answered yes to the preceding question, state to the best of your knowledge the date(s) when water lead testing was done, the person requesting the sampling/testing, the person taking the sample, the facility or laboratory which performed the testing and the test results:

Dates water sample was collected and tested:

Name of person requesting sampling/testing:

Name of person or company who collected sample:

Facility/Lab or agency which performed test:

Results:

- b. Please attach copies of any water lead test results in your possession or control.

6. CHILD PERSONAL INJURY CLAIMS

Complete this section only if you allege personal injuries on behalf of a minor child. In this section, "you" refers to the minor child.

- a. Do you claim that you have been injured as a result of exposure to lead in water distributed by the City of Flint Water Supply at any time since April 25, 2014?

YES _____ NO _____

- b. If you answered yes, state to the best of your knowledge each date on which you have undergone testing for lead levels, identify who took the sample to be tested, type of testing (e.g. blood lead, bone mineral study, hair analysis, urinalysis, tooth analysis) and provide the reported results of the testing.

Date tested:

Type of Test (select one): ___Intravenous ___Finger Prick _____Other

Results:

Facility/Lab:

If additional testing was done, please attach additional information.

- c. Please attach copies of any lead test results in your possession or control.

- d. In addition, if you have been told at any time by any health care provider that you have been injured as a result of lead in water distributed by the City of Flint Water Supply, please identify the health care provider, state what you were told to the best of your ability and provide the date you were told this. (Attach additional sheets as necessary, and attach copies of any statements by a health care provider made in writing). If no health care provider has told you or the child that the child has been injured by lead in water distributed by the City of Flint, state "None."

- e. Do you claim that you have suffered from Legionnaire's Disease (Legionella) as a result of exposure to water distributed by the City of Flint Water Supply at any time since April 25, 2014?

YES _____ NO _____

- f. If you have been told by any health care provider at any time that you have suffered from Legionnaire's Disease (Legionella) at any time, please identify the health care provider(s), state exactly what you were told to the best of your ability, and provide the date(s) you were told this. (Attach additional sheets as necessary). If no health care provider has told you or the child that the child has suffered from Legionnaire's Disease or legionella infection as a result of exposure to water distributed by the City of Flint, state "None."

- g. Do you claim you have suffered from any other illness as a result of exposure to water distributed by the City of Flint Water Supply at any time since April 25, 2014?

YES: _____ NO: _____

- h. If you answered yes to the preceding question, please state what illness(es) you allege you have suffered as a result of exposure to water distributed by the City of Flint Water Supply.

- i. If you answered yes to section 6. g., please state whether you have been told by any health care provider that you have suffered from an illness which you believe was caused by exposure to water distributed by the City of Flint Water Supply at any time since April 25, 2014. If so, please identify the health care provider(s), state what you were told to the best of your ability and provide the date(s) you were told this. (Attach additional sheets as necessary). If no health care provider has told you or the child that the child has suffered from any one or more of the diseases you identified in answer to the subpart g as a result of exposure to water distributed by the City of Flint, state with respect to that illness "None."

j. **Please identify each of your health care providers (including doctors, nurse practitioners, dentists, and other health care professionals, institutions, hospitals, clinics, and urgent care facilities) from January 1, 2004 to the present and attach signed and dated authorizations for release of medical records directed to each of these health care providers.**

k. Are you currently enrolled in school? ___Yes ___No

l. What is the highest level of education that you have completed:

m. Please list any schools you have attended (elementary, middle, junior high or high schools, junior colleges, vocational schools, universities, institutes or seminaries):

i. _____
Name of school

Address

Years of Attendance

Degree or Certificate (if any) Received

ii. _____
Name of school

Address

Years of Attendance

Degree or Certificate (if any) Received

iii.

Name of school

Address

Years of Attendance

Degree or Certificate (if any) Received

Please attach any additional information, including copies of any degrees or certificates.

n. **Attach signed and dated authorizations for release of education and academic records directed to each school attended using the attached form.**

o. Have you applied for or received social security disability benefits at any time since April 25, 2014?

YES: _____ NO: _____

p. If so, state the date when you submitted an application for social security disability benefits and the dates, if any, for which such benefits were received:

Date Application Was Submitted

Dates For Which Benefits Received

q. **If applicable, please attach a signed and dated authorization for release of social security disability records using the attached form.**

- r. Are you claiming lost wages as a result of exposure to water distributed by the City of Flint Water Supply at any time since April 25, 2014?

YES _____ NO _____

- s. If yes, please describe the lost wages suffered by you, and identify each employer, state the relevant time period and estimate of the amount of your lost wages?

- t. **If applicable, please attach signed and dated authorizations for the release of employment records directed to each employer as to whom you claim lost wages.**

- u. Please provide for each of your health insurers since January 1, 2004 (attach additional sheets if necessary):

- i. Name of Insurer

- ii. Dates You Had Coverage with this Insurer

- iii. Name of Insurer

- iv. Dates You Had Coverage with this Insurer

- v. **Please attach signed and dated authorizations for the release of records from all health insurers identified in your response to question 6. u. using the attached form.**

7. ADULT PERSONAL INJURY CLAIMS

Complete this section only if you have filed (or are representing an adult who has filed) a claim for personal injuries. In this section, "you" means either you or an adult claimant whom you represent.

- a. Do you claim that you have been injured as a result of exposure to lead in water distributed by the City of Flint Water Supply at any time since April 25, 2014?

YES _____ NO _____

- b. If you answered yes, state to the best of your knowledge each date on which you have undergone lead level testing (e.g. blood lead testing, bone mineral study, hair analysis, urinalysis, tooth analysis), identify who took the sample to be tested and provide the reported results of the testing.

Date tested:

Type of Test (select one): ___Intravenous ___Finger Prick
_____Other

Results:

Facility/Lab:

If additional testing was done, please attach additional information.

- c. **Please attach copies of any lead test results in your possession or control.**

- d. In addition, if you have been told at any time by any health care provider that you have been injured as a result of lead in water distributed by the City of Flint Water Supply, please identify the health care provider, state exactly what you were told to the best of your ability and provide the date you were told this. (Attach additional sheets as necessary, and attach copies of any statements by a health care provider made in writing). If no health care provider has told you that you have been injured by lead in water distributed by the City of Flint, state "None."

- e. Do you claim that you have suffered from Legionnaire's Disease (Legionella) as a result of exposure to water distributed by the City of Flint Water Supply at any time since April 25, 2014?

YES _____ NO _____

- f. If you have been told by any health care provider at any time that you have suffered from Legionnaire's Disease (Legionella) at any time, please identify the health care provider(s), state exactly what

you were told to the best of your ability, and provide the date(s) you were told this. (Attach additional sheets as necessary). If no health care provider has told you or the adult on whose behalf you are completing this form that you or they suffered from Legionnaire's Disease or legionella infection as a result of exposure to water distributed by the City of Flint, state "None."

- g. Do you claim you have suffered from any other illness as a result of exposure to water distributed by the City of Flint Water Supply at any time since April 25, 2014?

YES: _____ NO: _____

- h. If you answered yes to the preceding question, please state what illness you allege you have suffered as a result of exposure to water distributed by the City of Flint Water Supply.

- i. If you answered yes to section 7. g., please state whether you have been told by any health care provider that you have suffered from an illness which you believe was caused by exposure to water distributed by the City of Flint Water Supply at any time since April 25, 2014. If so, please identify the health care provider(s), state exactly what you were told to the best of your ability and provide the date(s) you were told this. (Attach additional sheets as necessary). If no health care provider has told you or the adult on whose behalf you are completing this form that you or they suffered from any one or more of the illnesses you identified in answer to section 7.g. as a result of exposure to water distributed by the City of Flint, state "None."

- j. **Please identify each of your health care providers from January 1, 2004 to the present and attach signed and dated authorizations for release of medical records directed to each of these health care providers.**

- k. Are you currently enrolled in school? ___Yes ___No

- l. What is the highest level of education that you have completed?

m. Please list any schools you have attended (elementary, middle, junior high or high schools, junior colleges, vocational schools, universities, institutes or seminaries):

i. _____
Name of school

Address

Years of Attendance

Degree or Certificate (if any) Received

ii. _____

Name of school

Address

Years of Attendance

Degree or Certificate (if any) Received

iii. _____

Name of school

Address

Years of Attendance

Degree or Certificate (if any) Received

Please attach any additional information, including copies of any degrees or certificates.

n. **Attach signed and dated authorizations for release of education records directed to each school attended using the attached form.**

- o. Have you applied for or received social security disability benefits at any time since April 25, 2014?

YES: _____ NO: _____

- p. If so, state the date when you submitted an application for social security disability benefits and the dates, if any, for which such benefits were received:

Date Application Was Submitted

Dates for Which Benefits Received

- q. **If applicable, please attach a signed and dated authorization for release of social security disability records using the attached form.**
- r. Are you claiming lost wages as a result of exposure to water distributed by the City of Flint Water Supply at any time since April 25, 2014?

YES _____ NO _____

- s. If yes, please describe the lost wages suffered by you, and identify each employer, state the relevant time period and estimate of the amount of your lost wages?

Names and Addresses of Employers:

Dates of Employment at each Employer:

- t. **If applicable, please attach signed and dated authorizations for the release of employment records directed to each employer as to whom you claim lost wages.**

- u. Please provide for each of your health insurers since January 1, 2004 (attach additional sheets if necessary):
 - i. Name of Insurer
 - ii. Dates You Had Coverage with this Insurer
 - iii. Name of Insurer
 - iv. Dates You Had Coverage with this Insurer
- v. **Please attach signed and dated authorizations for the release of records from all health insurers identified in your response to question 7. u. using the attached form.**

8. **PROPERTY DAMAGE/LOSS CLAIMS**

Complete this section only if: (1) you own or lease or have owned or leased a property or residence since April 25, 2014, or (2) the person on whose behalf you are executing this fact sheet owns or leases or has owned or leased a property or residence since April 25, 2014; and (3) you allege on behalf of yourself or another person damage to real estate, personal property, or associated plumbing as a result of the distribution of water from the City of Flint Water Supply to that property or residence since April 25, 2014, and/or a related loss of income or value.

- a. Please provide the address of each piece of real estate or a description of the personal property where you claim you have suffered such damage, state the dates of ownership of the property by you, and describe the nature of the damage:
- b. State, with respect to each piece of real or personal property you have described in answer to subpart a., the date on which you or the person on whose behalf you are completing this Fact Sheet purchased or otherwise acquired an ownership interest in the property:
- c. State, with respect to each piece of real or personal property you have described in answer to subpart a., the names and addresses of all other persons who had an ownership interest in the property at the time it was damaged:

- d. Do you or the person on whose behalf you are completing this Fact Sheet claim to have incurred expense to repair or replace damage caused by contaminated City of Flint water to real estate or personal property described in answer to subsection a?

YES _____ NO _____

- e. If you answered Yes to subpart d., state with respect to each piece of real estate or personal property that was damaged by contaminated City of Flint water the amount you or an insurer on your behalf paid to repair or replace the property:

- f. Do you claim to have suffered a loss of rental or other income as a result of the distribution of water from the City of Flint Water Supply since April 25, 2014?

YES _____ NO _____

- g. If you answered yes to the preceding question, state the address of each piece of real estate for which you claim to have lost rental or other income since April 25, 2014, and the net rental income produced by the property for each year between January 1, 2012 and January 1, 2021:

9. CLAIMS FOR DIMINUTION IN VALUE OF REAL ESTATE

- a. Do you claim to have suffered a reduction or diminution of property value as a result of the distribution of water from the City of Flint Water Supply since April 25, 2014?

YES _____ NO _____

- b. If you answered yes to the preceding question, state the address of each piece of real estate for which you claim to have suffered a reduction or loss of property value since April 25, 2014, the amount of such reduction, and the ownership interests since April 25, 2014 (include the names and addresses of any other co-owners):

- c. Do you claim to have incurred out of pocket costs (such as costs to repair or replace damaged property) as a result of the distribution of water from the City of Flint Water Supply since April 25, 2014?

YES _____ NO _____

- d. If you answered yes to the preceding question, state the address of each piece of real estate for which you claim to have incurred out of pocket costs since April 25, 2014, and state with particularity what those costs are:

10. WATER BILL CLAIMS

Please complete this section only if you allege on behalf of yourself or another person on whose behalf you are completing this Fact Sheet that you or they are entitled to reimbursement and/or other damages relating to the payment of water bills for water from the City of Flint Water Supply since April 25, 2014.

- a. Please state the address of each property for which you seek reimbursement of water bills, and the total amount paid to the City of Flint from April 25, 2014 to January 1, 2021.
- b. Is the account referred to in 10a in your name? Yes _____ No _____
- c. If not, please identify the person(s) in whose name the account was in with the corresponding dates, since April 25, 2014:
- d. Did you notify the City of Flint of concerns regarding the quality of the water provided to you? If so, please state when the notice occurred, who provided the notice, whether the notice was oral or written and provide any documents in your possession or control documenting such notice.

e. Have you attempted to challenge or negotiate in any way your water bills with the City of Flint’s Water Department? If so, please describe what you have done to contest your water bills with the City.

f. Have you, or the person on whose behalf you are completing this Fact Sheet, received any water credits or discounts from the City of Flint or the State of Michigan on water bills since April 25, 2014?

YES _____ NO _____ I DON’T KNOW AND CAN’T FIND OUT _____

g. If you answered yes to subsection f., state the total dollar amount of the credits or discounts:

I understand that the information I have provided in this Plaintiff Fact Sheet will be used in relation to the lawsuit that has been filed on my behalf, or on behalf of the person for whom I have completed this Fact Sheet.

I declare under penalty of perjury under the laws of the State of Michigan and the United States of America that the foregoing information is true and correct to the best of my knowledge and belief.

Date: _____

Name of Plaintiff

Signature of Plaintiff

Or

Date: _____

Name of Representative

Signature of Representative