

APPENDIX "E"

SUPREME COURT OF THE STATE OF NEW YORK

SEVENTH JUDICIAL DISTRICT

.....
In RE: SEVENTH JUDICIAL DISTRICT ASBESTOS LITIGATION

.....
This Document Relates To:
(Title of Case)

Index No. _____
County _____

SEVENTH JUDICIAL DISTRICT ASBESTOS LITIGATION

(7JDAL)

DEFENDANTS' ALTERNATIVE STANDARD INTERROGATORIES

PART A

INTERROGATORY NO. 1

Please provide the following information pertaining to the Plaintiff:

- a. Full name and all other names by which you have been known;
- b. Address;
- c. Social Security No.;
- d. Branch of military service, Military Service No., and dates of military service;
- e. Age;
- f. Height;
- g. Weight;
- h. Date of birth;
- i. Place of birth;
- j. Marital status and, if married, date of marriage;
- k. Name of spouse; and
- l. Spouse's age and date of birth.

ANSWER

INTERROGATORY NO. 2

If the plaintiff is an estate representative, please provide the following information:

- a. Decedent's date of death;
- b. Decedent's age at death;
- c. Cause of decedent's death;
- d. Date of birth of decedent's surviving spouse; and
- e. If there is no surviving spouse, names and dates of birth of next-of-kin; and
- f. Name and address of estate representative and relationship to decedent.

ANSWER

|2

INTERROGATORY NO. 3

Please provide the following information pertaining to the plaintiff's children, parents and siblings:

- a. Names and dates of birth;
- b. Current condition of each one's health. If any individual is deceased, please state the age, date and cause of death for that individual.

ANSWER

|3

INTERROGATORY NO. 4

Set forth the name and address of the doctor or physician who first diagnosed your illness and/or physical abnormality as being asbestos related and set forth the date when this diagnosis was made.

ANSWER

|4

INTERROGATORY NO. 5

When was the last time you saw a doctor for evaluation or treatment of the injuries which you allege in the complaint? Please state the name and address of the doctor seen and any treatment provided.

ANSWER

|5

INTERROGATORY NO. 6

If you are still treating with or consulting with any doctor(s), for whatever reason, please state as to each doctor:

- a. The name and address of the doctor;
- b. The date of your last visit/consult;
- c. The nature of your last visit;
- d. The date of your next scheduled visit/consult; and
- e. Any treatment or medication provided.

ANSWER

|6

INTERROGATORY NO. 7

As to each doctor or other health care professional who you have consulted with during your life for any reason, please set forth the following:

ANSWER

Physicians Name and Address	Approximate date(s) of Treatment or Examination	Reason for Consultation	Chest X-ray PFT or Biopsy Performed? (Yes/No; please specify)

INTERROGATORY NO. 8

As to each hospital in which you have been a patient during your life, please set forth the following:

ANSWER

Name and Address of Hospital	Date of Admission	Reason for Hospitalization	Chest X-ray PFT or Biopsy Performed? (Yes/No; please specify)

INTERROGATORY NO. 9

As to each address at which you have resided during your life, please set forth the following:

ANSWER

Address	Dates of Residence	Type of Heating System	Asbestos Use or Exposure? (Yes/No; please describe and identify products)

PART B

INTERROGATORY NO. 1

Are you currently employed?

ANSWER

|1

INTERROGATORY NO. 2

If you are currently employed, please state what your job is and who you are employed by, how many hours per week you work, the amount of your current wage/salary, and any union affiliation.

ANSWER

|2

INTERROGATORY NO. 3

If you are retired, please state:

- a. The date of your retirement;
- b. The reason for your retirement;
- c. The name and address of your last employer;
- d. Your last place of employment;
- e. The job/position you held at the time of your retirement;
- f. Your wage/salary at the time of your retirement; and
- g. Your union affiliation at the time of your retirement.

ANSWER

|3

INTERROGATORY NO. 4

Do you claim that you have lost wages as a result of the injuries alleged in your complaint?

ANSWER

|4

INTERROGATORY NO. 5

If the answer to Interrogatory No. 4 is yes, please set forth the following:

- a. The dollar amount of wages which you claim have been lost to date;

- b. How you calculated the above number;
- c. State in inclusive dates during which you claim that you were unable to work as a result of the injuries alleged in your complaint;
- d. State the name and address of your employer and your wage/salary at the time you became unable to work as a result of the injuries alleged in the complaint; and
- e. State the amount of gross income reported by you on your Federal income tax returns for the three years preceding the date on which you claim that you were unable to work as a result of the injuries alleged in the complaint.

ANSWER

|5

INTERROGATORY NO. 6

If plaintiff's spouse is claiming damages for loss of consortium, society, affection, services, or sexual enjoyment as a result of injuries alleged in your complaint, please set forth in complete detail all facts on which this claim is based, including a complete description of the loss suffered.

ANSWER

|6

INTERROGATORY NO. 7

If you have been a member of any union(s), please state as to each union:

- a. The name, address and local number of the union;
- b. The inclusive dates of your membership;
- c. Any union offices held by you and the dates you held such offices.

ANSWER

|7

INTERROGATORY NO. 8

Are there any persons who have been partially or totally dependent upon you for financial support and/or assistance during the last ten years?

ANSWER

|8

INTERROGATORY NO. 9

If the answer to Interrogatory No. 8 is yes, please state the names, addresses, sex, age, current condition of health and relationship of each such person and state the amounts that you contributed during the last ten years to the support of each.

ANSWER

|9

INTERROGATORY NO. 10

State, in the form of an itemized list, the amount of monetary damages, if any, other than lost wages, which you contend that you have incurred as a result of the injuries which are alleged in the complaint, including (but not limited to) hospital charges, medical charges, medicines, funeral expenses, etc. and set forth as to each charge, the person or entity to whom payment was made, and the date that such payments were made.

ANSWER

|10

INTERROGATORY NO. 11

State whether or not you smoke or smoked cigarettes, cigars, a pipe, or any other tobacco substance from birth to the present time, and if yes, state the following:

- a. The inclusive dates during which you smoked;
- b. The number of cigarettes, cigars, or pipes full of tobacco, smoked per day during that period of time (if it varies, state the quantity for each given period of time); and
- c. The brand of cigarettes smoked and whether they were filtered or non-filtered.

ANSWER

|11

INTERROGATORY NO. 12

Were you ever advised by any physician to stop smoking or using tobacco products? If your answer is yes, identify each physician who gave any such advice, the dates on which the advice was given, and also state what you did in response to that advice.

ANSWER

|12

INTERROGATORY NO. 13

Does your spouse or any member of your household smoke now or have they ever in the past? If so, answer the above Interrogatory No. 11(a)-(c) as they apply to your spouse or other household member.

ANSWER

|13

INTERROGATORY NO. 14

State whether or not you have consumed alcoholic beverages? If yes, state the following:

- a. The type of alcoholic beverages consumed;
- b. The period of time during which you consumed alcoholic beverages;
- c. On a daily basis, how many drinks do you have;
- d. How does your present pattern of drinking differ, if at all, from your past pattern; and
- e. Whether you have been treated for any illness or disease related to your consumption

of alcoholic beverages.

ANSWER

|14

INTERROGATORY NO. 15

Have you ever made a claim for health or accident insurance benefits, social security disability benefits, state of federal benefits for disabilities, workers' compensation claims, Longshoremen and Harbor Workers Act claims, unemployment compensation insurance benefits, or early payment from any public or private pensions due to disability or your medical condition?

ANSWER

|15

INTERROGATORY NO. 16

If the answer to Interrogatory No. 15 is yes, set forth the following:

- a. Date of the claim(s);
- b. The name and nature of the entity with which the claim was made;
- c. The injury for which each claim was filed;
- d. Any identifying number, such as a docket number, for each claim;

- e. The employer at the time of injury; and
- f. The outcome of the claim.

ANSWER

|16

INTERROGATORY NO. 17

Have you ever testified at any Workers' Compensation hearing or courtroom proceeding?

ANSWER

|17

INTERROGATORY NO. 18

If your answer to Interrogatory No. 17 is yes, please indicate the following:

- a. The name of the case in which you testified;
- b. The nature of your testimony;
- c. The date of your testimony; and
- d. Place where you testified.

ANSWER

|18

INTERROGATORY NO. 19

State all injuries and physical abnormalities for which you are claiming compensation in this lawsuit.

ANSWER

|19

INTERROGATORY NO. 20

Describe any pain, incapacity, inability to act or work, or disability alleged to have resulted from the injuries and physical abnormalities you sustained.

ANSWER

|20

INTERROGATORY NO. 21

Set forth, to the best of your ability, the date when you first complained of any symptoms which you now believe to be related to the disease or injury alleged in this lawsuit and describe the

nature of your complaints.

ANSWER

|21

INTERROGATORY NO. 22

As to each and every employer you have had from the time you were first employed to the present, set forth the following:

- a. Please provide the product identification on Chart A from your personal knowledge only.
- b. Please provide the product identification on Chart B from sources other than your own personal knowledge.

ANSWER

Please refer to Charts A and B at the end of these interrogatory responses.

INTERROGATORY NO. 23

Have you ever seen any warning labels on packages or containers of asbestos products? If your answer is yes, please state:

- a. The type of product;
- b. The name of the manufacturer;
- c. Where you saw the warning labels;
- d. On what occasion did you see the warning label; and
- e. The wording of the warning label.

ANSWER

|23

INTERROGATORY NO. 24

State whether you had available for use during any period of your employment, respirators, masks or other dust inhalation inhibitors or protective gear. If so, please state:

- a. Which items were available;
- b. The period of time during which said items were available;
- c. What instructions were given with regard to the use of each of said items;
- d. Did plaintiff use any respirators, masks or other dust inhibitors or protective gear

and, if so:

1. Describe and identify the equipment by manufacturer, trade or brand name;
and
2. State the period of time plaintiff used such equipment.

ANSWER

|24

INTERROGATORY NO. 25

Did you at any time receive or learn about any publication, warning, order, directive, requirement, or recommendation, whether written or oral, which advised or warned of the possible harmful effects to, or inhalation of, asbestos materials and/or asbestos-containing products? If so, please state:

- a. The nature and exact wording of such warning, recommendation, etc.;
- b. The complete identity of each source of such warning, recommendation, etc.;
- c. The date, time, place, manner and circumstances when such warning, recommendation, etc., was given; and
- d. The identity of each witness to your reception of such advice, warning, recommendation, etc.

ANSWER

|25

INTERROGATORY NO. 26

State whether you have ever seen or received any information, instruction, direction, warning, or directive from any source whatsoever, concerning alleged dangers of exposure to asbestos materials and/or asbestos-containing products, and if so, identify:

- a. Each such warning, directive, notification, direction, instruction or information;
- b. The means by which such was given to you;
- c. The source and the date on which it was received by you; and
- d. Your response or reaction, including any complaints made or changes in work habits.

ANSWER

|26

INTERROGATORY NO. 27

If you have ever been exposed to, used, inhaled or ingested any of the following substances on a regular basis or at work, indicate which substance and, if so, state the date(s), place(s), and circumstances thereof:

- (a) Acids;
- (b) Aluminum;
- (c) Arsenic;
- (d) Barium;
- (e) Beryllium;
- (f) Butanol;
- (g) Cadmium;
- (h) Carborundum;
- (i) Chlorethylene;
- (j) Chlorine;
- (k) Chromate;
- (l) Chromite;
- (m) Chromium;
- (n) Coal dust [coal];
- (o) Coal tar;
- (p) Cotton dust;
- (q) Epoxy;
- (r) Ethanol;
- (s) Grinding dust;
- (t) Iron;
- (u) Isocyanates;
- (v) Isopropanol;
- (w) Lead;
- (x) Live chickens;
- (y) Manganese;

- (z) Nickel;
- (aa) Nitrogen dioxide;
- (bb) Nuclear radiation;
- (cc) Ozone;
- (dd) Petroleum distillates;
- (ee) Phosgene;
- (ff) Radiation;
- (gg) Silica;
- (hh) Titanium;
- (ii) Toluene;
- (jj) Welding smoke or fumes;
- (kk) Xylene;
- (ll) Zinc

ANSWER

|27

INTERROGATORY NO. 28

If you contend you were exposed to asbestos or asbestos-containing products at any time other than in the scope of your employment or as set forth in response to Interrogatory No. 9 in Part A and/or Interrogatory No. 22 in Part B, state for each such exposure(i.e. alleged exposure during military service, self-employment, or non-residential/no-employment premises exposure and/or bystander exposure, etc):

- a. The date, location and circumstances; and
- b. The type of product and the name of the manufacturer, distributor, and/or miner.

ANSWER

|28

INTERROGATORY NO. 29

If you allege that any defendant violated or was negligent in following any trade standard, safety standard, statute, rule, regulation, or ordinance, identify each defendant against whom this claim is made and with respect to each such defendant provide the name and a citation for each trade standard, safety standard, statute, rule, regulation, or ordinance at issue and state how and in what manner the defendant committed the violation or was otherwise negligent.

ANSWER

|29

INTERROGATORY NO.30

If you contend that you are entitled to punitive damages against any defendant, identify each defendant against whom you are seeking punitive damages and with respect to each such defendant, state the basis for your contention.

ANSWER

|30

II. REQUESTS TO PRODUCE

1. Copies of all documents identified in your answers to the standard interrogatories by defendants to plaintiffs, Part A and Part B.
2. Copies of all notes or records kept by you and prepared by you during the course of your employment, which relate to the dates on which you worked for particular employers or at particular job locations, the products you or others used at such job sites or while employed by such employers.
3. All documents of which you have ever become aware relating in any way to

warnings, potential health hazards, instructions or precautions regarding the use or handling of, or exposure to, asbestos, asbestos-containing products and/or asbestos-containing materials.

4. All photographs of the Plaintiff at work or in work clothes and all photographs of all photographs of products or conditions complained of in the Plaintiff's place of employment.

5. If you are claiming that you have lost wages as a result of the injuries alleged in your complaint, your income tax returns for the past three years.

6. If you are claiming that you have incurred medical expenses as a result of the injuries alleged in your complaint, copies of all itemized bills covering all such expenses.

7. Copies of all reports, correspondence and records from each doctor or hospital where or by whom you have been seen or treated at any time.

8. If your answer to Interrogatory No. 19 is yes, produce all documents in your possession or in the possession of your attorney which relate to this claim or its outcome, including, but not limited to, the application, supporting physicians reports, supporting medical records, transcripts of hearings, or copies of depositions taken regarding said claim.

9. Copies of all applications for disability claims or disability pensions made by you during the course of your lifetime.

10. All boxes, containers or wrappers that allegedly contained the asbestos or asbestos-containing products which are the subject of Plaintiff's complaint and which are in the Plaintiff's possession.

Dated:

|ATTNAME

State of New York)

) ss.

County of Monroe)

_____, being duly sworn, deposes and says that |he is the plaintiff in this action; that |he has read the foregoing Answers to Defendants' Interrogatories and knows the contents thereof; that the same is true to the knowledge of deponent, except as to the matters therein stated to be alleged on information and belief, and that as to those matters |he believes it to be true.

Sworn to before me this _____

day of _____, 2002

NOTARY PUBLIC

State of New York)

) ss.

County of Monroe)

_____, being duly sworn, deposes and says that |he is the |EXAD of the estate of _____, plaintiff in this action; that |he has read the foregoing Answers to Defendants' Interrogatories and knows the contents thereof; that the same is true to the knowledge of

deponent, except as to the matters therein stated to be alleged on information and belief, and that as to those matters |he believes it to be true.

Sworn to before me this _____

day of _____, 2002

NOTARY PUBLIC

22(a) - Based on Personal Knowledge

CHART A

Name and Address of Employers	Dates of Employment	Jobsite	Asbestos Products used by Plaintiff personally (Include name of Manufacturer if known)	Other Asbestos Products which Plaintiff contended he was exposed to (Include name of Manufacturer if known)

22(b) - Based on Other Than Personal Knowledge

CHART B

Jobsite	Dates of Employment	Asbestos Products used by Plaintiff personally (Include name of Manufacturer if known)	Other Asbestos Products which Plaintiff contended he was exposed to (Include name of Manufacturer if known)	Source of Identification