

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

Index No.

Plaintiffs' name(s),

Plaintiffs,

PLAINTIFF'S STATEMENT

-against-

Defendants' name(s),

Defendants.

PLEASE STATE:

Nature of Action: Personal Injury _____

Wrongful Death _____

AS TO PLAINTIFF:

1. Full Name:
2. Date of Birth:
3. Present Address:
4. Social Security Number:

AS TO PLAINTIFF'S SPOUSE:

5. Full Name:
6. Date of Birth:
7. Present Address:
8. Social Security Number:

AS TO PLAINTIFF'S DECEDENT, if applicable:

9. Full Name:
10. Date of Birth:
11. Last Address:

12. Social Security Number:

13. Date and Place of Death:

14. Cause of Death:

AS TO ALLEGED ASBESTOS EXPOSURE:

15. Indicate which of the following types of activity resulted in plaintiff's/decendent's alleged exposure to asbestos:

- (a) Insulating trade _____
- (b) Boiler trade (indicate trade) _____
- (c) Construction trade (indicate trade) _____
- (d) Plant worker (indicate plants) _____
- (e) Brake lining or friction worker _____
- (f) Non-occupational (describe) _____
- (g) Railroad _____
- (h) Other (describe) _____

16. List the worksites at which plaintiff/decendent was allegedly exposed, and dates (mo/yr) of plaintiff's/decendent's work at each:

17. Date of First Exposure:

18. Date of Last Exposure:

19. Asbestos Containing Products To Which Plaintiff/Decendent Was Allegedly Exposed:

_____.

20. Nature of alleged asbestos related illness:

Illness _____ Date of Diagnosis

Asbestosis _____

Lung Cancer _____

Mesothelioma _____

Pleural Changes _____

Other _____
(identify) _____

21. Has plaintiff or did decedent ever smoke cigarettes?

Yes____ No_____

If so, state the number of years and the number of packs per day of plaintiff's/decedent's smoking: _____

22. Has plaintiff been or was decedent exposed to non-asbestos containing products or substances which have demonstrated to cause or contribute to lung disease, injury or dysfunction?

Yes____ No_____

If so, state all such products or substances: _____.

23. State all other prior or pending asbestos actions:

Title:

Venue:

Index or Docket Number:

Status of Action:

Title:

Venue:

Index or Docket Number:

Status of Action:

Dated:

By: (signature of Plaintiff or Attorney)
Type Name of Signer

Name of Attorney for Plaintiff
Address and Telephone Number