

SUPREME COURT: ALL COUNTIES  
WITHIN THE CITY OF NEW YORK

EXHIBIT L  
AMENDED CMO

-----X

Index No. 40,000

IN RE NEW YORK CITY  
ASBESTOS LITIGATION

-----X **PLAINTIFF'S INITIAL FACT SHEET**

This Document Relates To:  
All Cases

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This Form is to be filed with each action brought within the counties of New York claiming an asbestos-related disease as provided by Paragraph 26 of the Amended Case Management Order dated May \_\_, 1995.

For each claimant or deceased claimant, please answer each of the following questions:

1. Full Name: \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_
5. Union/Local/Years of Membership: \_\_\_\_\_
6. Date of claimant's first claimed asbestos exposure \_\_\_\_\_
7. Smoking History: Never smoked

For all cigarettes, pipes, cigars, please state the inclusive dates of claimant's smoking history, the products smoked and the amount of product consumed per day:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. At this preliminary stage of the proceedings, please provide as much of the following information as is presently available: worksites, inclusive dates, and trade or occupation for each site. (Each worksite should be identified as specifically as possible (i.e., ships worked on in a given shipyard):

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9. Claimed asbestos-related disease, including date of diagnosis and name of diagnosing physician or institution if known (an attached medical report would be helpful but is optional):

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