

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF FLORIDA
PENSACOLA DIVISION**

IN RE: ABILIFY (ARIPIPRAZOLE)
PRODUCTS LIABILITY LITIGATION

Case No. 3:16md2734

Chief Judge M. Casey Rodgers
Magistrate Judge Gary Jones

This Document Relates to All Cases

ORDER

The Court has determined that additional information is needed from all individual plaintiffs, beyond that provided on the initial Plaintiff Profile Forms, for use in evaluating the inventory of cases in this MDL. To that end, a Supplemental Plaintiff Profile Form (“Supplemental PPF”) must be completed in each case currently pending in the MDL and in all cases that become part of the MDL by virtue of being filed in, removed to, or transferred to this Court. A copy of the Supplemental PPF is attached to this Order.

Each plaintiff whose case was a part of this MDL as of the date of the entry of this Order must submit a completed Supplemental PPF, along with supporting documentation, to BrownGreer PLC by **October 31, 2018**. In cases filed, removed, or transferred after the entry of this Order, each plaintiff must submit a completed Supplemental PPF and supporting documentation to BrownGreer PLC within **60 days** after the date their case is first docketed in this district.

A Supplemental PPF is complete where accurate and responsive answers are provided to every question on the form. The Supplemental PPF must be signed by each plaintiff under penalty of perjury. Failure to timely submit a completed Supplemental PPF will result in sanctions, up to and including dismissal of a case.

SO ORDERED, on this 31st day of August, 2018.

M. Casey Rodgers

M. CASEY RODGERS
UNITED STATES DISTRICT JUDGE

SUPPLEMENTAL PLAINTIFF PROFILE FORM

In re Abilify (Aripiprazole) Products Liab. Litig., MDL 2734 (N.D. Fla.)

PLAINTIFF NAME: _____

ATTORNEY: _____

LAW FIRM: _____

INDIVIDUAL CASE NO. _____

IV. PROOF OF USE

A. Do you have records documenting your use of Abilify (aripiprazole)? YES NO

If YES, please indicate what type of records:

Pharmacy Records Physician Records Physician Certification

Other (_____)

Please attach the above indicated records documenting your use of Abilify from the Abilify® Start Date through the Abilify® End Date that you provided in response to Question II.A of the Initial Plaintiff Profile Form.

If NO, please explain why: _____

B. Did you ever take generic Abilify (aripiprazole)? YES NO DON'T KNOW

If YES, please indicate: Start Date: _____ End Date: _____

V. ADDITIONAL MEDICAL INFORMATION

A. Have you ever taken Mirapex® (pramipexole), Requip® (ropinerole) or any medications to treat Parkinson's Disease or Restless Leg Syndrome? YES NO DON'T KNOW

If YES, please provide the following:

Name of medication: _____ Start Date: _____ End Date: _____

VI. INJURIES

A. If you are claiming any gambling losses in this litigation, please provide the following:

Has a healthcare provider diagnosed you with pathological gambling or gambling disorder?

YES NO

If YES, please attach medical records documenting a diagnosis from a healthcare provider of pathological gambling or gambling disorder while you were taking Abilify. If you do not have such records, please provide a physician certification attesting that you have been diagnosed with pathological gambling or gambling disorder and that your symptoms began while on Abilify, and identifying all information and records on which the physician relied.

If NO, please attach any other records that you contend show that you experienced pathological gambling or gambling disorder.

- B.** If you are claiming any injury or losses in this litigation other than or in addition to gambling losses, please provide the following:

Has a healthcare provider diagnosed you with an impulse control disorder or a compulsive behavior other than pathological gambling or gambling disorder? YES NO

If YES, please attach medical records documenting a diagnosis from a healthcare provider of an impulse control disorder or a compulsive behavior other than pathological gambling or gambling disorder. If you do not have such records, please provide a physician certification attesting that you have been diagnosed with an impulse control disorder or a compulsive behavior (other than pathological gambling or gambling disorder) and that your symptoms began while on Abilify, and identifying all information and records on which the physician relied.

If NO, please attach any other records that you contend show that you experienced an impulse control disorder or a compulsive behavior other than pathological gambling or gambling disorder.

- C.** Before you took Abilify, had you ever gambled? Yes No

1) If YES, please identify all types of gambling you engaged in before taking Abilify:

- Casino Slots Casino Table Games Online gambling
 Sports betting Lottery/scratch-off tickets Other (specify: _____)

2) If YES, in the year before you started Abilify, how often did you gamble?

- Daily Weekly Monthly A few times

3) If YES, in the year before starting Abilify, approximately how much did you lose gambling? \$_____

4) If YES, provide all records of gambling for the year before you took Abilify that are in Plaintiff's or Plaintiff's counsel's possession.

5) If YES, upon request of Defendants, provide authorization(s) for the facilities, locations, or websites at which you gambled in the year before taking Abilify.

- D.** While taking Abilify, did you ever gamble? Yes No

1) If YES, please identify all types of gambling you engaged in while taking Abilify:

- Casino Slots Casino Table Games Online gambling
 Sports betting Lottery/scratch-off tickets Other (specify: _____)

2) If YES, while on Abilify, on average, how often did you gamble per year?

- Daily Weekly Monthly A few times

3) If YES, while on Abilify, approximately how much money on average did you lose gambling per year? \$ _____

E. Since you stopped taking Abilify, have you ever gambled? Yes No

1) If YES, please identify all types of gambling you have engaged in since stopping Abilify:

- Casino Slots Casino Table Games Online gambling
 Sports betting Lottery/scratch-off tickets Other (specify: _____)

2) If YES, in the first full year after stopping Abilify, how often did you gamble?

- Daily Weekly Monthly A few times

3) If YES, in the first full year after stopping Abilify, approximately how much did you lose gambling? \$ _____

4) If YES, provide all records of gambling in the first full year after stopping Abilify that are in Plaintiff's or Plaintiff's counsel's possession.

5) If YES, upon request of Defendants, provide authorization(s) for the facilities, locations, or websites at which you gambled in the first full year after stopping Abilify.

F. On what date did you last engage in any type of gambling? _____

G. Have you ever reported gambling winnings, losses or expenses on IRS Form 1040 or Form 1040 Schedule A? Yes No

If YES, please identify all tax years in which you have reported gambling winnings, losses or expenses to the IRS: _____

VII. DAMAGES

A. If you checked the box for "Gambling Losses" in Section III.D of the Initial Plaintiff Profile Form, please provide the following:

What is the amount of gambling losses for which you have verifiable documentation?
\$ _____

Please provide all supporting records, such as records from casinos or other gambling establishments, including records of player's card(s), loyalty card(s), or other account(s) with any gambling establishments or websites, online gambling statements, wagering

tickets, canceled checks, scratch off tickets, lottery tickets, keno tickets, payment slips, Form 5754 (Statement by Person(s) Receiving Gambling Winnings), tax returns, W2Gs, and any other records that show your verifiable gambling losses. Provide any other gambling records from the period in which you were on Abilify that are in Plaintiff's or Plaintiff's counsel's possession. To the extent any losses are not readily apparent on the face of the document (e.g., as with bank and credit card statements), please identify any claimed gambling losses by highlighting, underlining, or circling them.

When did you first lose money gambling as a result of Abilify?
 Month/Year: _____

B. If you checked the box for "Shopping or Spending Expenses" in Section III.D of the Initial Plaintiff Profile Form, please provide the following:

What is the amount of shopping or spending losses for which you have verifiable documentation? \$_____

Please provide all supporting records, such as financial records that show your verifiable shopping or spending losses. To the extent any losses are not readily apparent on the face of the document, please identify any claimed shopping or spending losses by highlighting, underlining, or circling them.

When did you first lose money shopping or spending as a result of Abilify?
 Month/Year: _____

C. If you checked any box in Section III.D of the Initial Plaintiff Profile Form (other than "Gambling Losses" and/or "Shopping or Spending Expenses"), do you have documentation of the damages? Yes No

Please provide all supporting records, such as medical records or financial records that show your verifiable losses or other records you claim support your damages other than shopping, spending, or gambling. To the extent you are claiming monetary losses and those losses are not readily apparent on the face of the document, please identify any claimed losses by highlighting, underlining, or circling them.

For each of your injuries other than shopping, spending, or gambling, please list below the month and year when you first experienced that injury:

Injury	Date of Onset

D. Have you ever filed for bankruptcy? Yes No

If YES, please provide the following:

Date of filing/petition: _____ Court where petition filed: _____

VIII. SUPPORTING DOCUMENTATION

Please identify all the types of records that you have produced in support of this Supplemental Plaintiff Profile Form:

- Pharmacy Medical Casino Gambling Receipts
 Lottery Tickets Tax Banking Physician Certification
 Other (specify: _____) None

Are the documents which are being produced in support of this Supplemental Plaintiff Profile Form a substantially complete collection of the documents supporting the Claimant's damages, or is Claimant's Counsel awaiting additional supporting documents?

- Substantially Complete
 Awaiting Additional Supporting Documents
 Unable to Obtain Records from an Uncooperative Entity

PLAINTIFF CERTIFICATION

BY CHECKING THIS BOX, CLAIMANT ADOPTS PLAINTIFF'S SIGNATURE FROM PLAINTIFF'S FIRST PROFILE FORM AND DECLARES UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF PLAINTIFF'S KNOWLEDGE.

BY SUBMITTING THIS FORM, CLAIMANT'S COUNSEL WARRANTS THAT THEY HAVE CONSULTED WITH CLAIMANT PRIOR TO THE SUBMISSION OF THIS SUPPLEMENTAL PPF AND REPRESENTS THAT THE INFORMATION PROVIDED IN THIS FORM IS BASED UPON THE CLAIMANT'S REPRESENTATIONS TO COUNSEL AND MAY ALSO INCLUDE NON-PRIVILEGED INFORMATION DERIVED FROM THE RECORDS UPLOADED IN SUPPORT OF THIS SUBMISSION.