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3 **UNITED STATES DISTRICT COURT**
4 **FOR THE NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION**

5 IN RE: BABY FOOD PRODUCTS
6 LIABILITY LITIGATION

Case No. 24-MD-3101-JSC

MDL 3101

7 **INITIAL PLAINTIFF FACT SHEET**

8 This document relates to:

9 ALL ACTIONS

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12 “You” refers to the person completing this Plaintiff Fact Sheet.

13 “Plaintiff” refers to the minor plaintiff bringing suit.

14 “Plaintiffs’ Parents” refers to the biological parent(s) or adoptive parent(s)/guardian(s)
15 of Plaintiff.

16 “Guardian ad litem” refers to the court-designated representative of Plaintiff.

17 “ASD” refers to Autism Spectrum Disorder.

18 “ADHD” refers to Attention-Deficit Hyperactivity Disorder.

19 Please provide an answer for each question and do not leave any answer space blank. If
20 you do not know or cannot recall information required to answer a question, please
21 specifically state either “Do not know” or “Cannot recall” in the response. If a question
22 is not applicable to you, please specifically state that it “Does not apply.”
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Case Information

1. Provide the following information for the case Plaintiff, Plaintiff's Parent(s), or Plaintiff's guardian(s) filed:

Case Name: _____

Docket No.: _____

Attorney: _____

2. Provide the following information relating to Plaintiff:

Name: _____

First: _____ Middle: _____ Last: _____ Suffix: _____

Date of birth: _____

Parents or Guardians: _____

First: _____ Middle: _____ Last: _____ Suffix: _____

First: _____ Middle: _____ Last: _____ Suffix: _____

Current Address: _____

Street: _____ City: _____ State: _____ Zip: _____

Previous Addresses (since birth):

Address			
Street:			
City:	State:	Zip:	
Street:			
City:	State:	Zip:	
Street:			
City:	State:	Zip:	
Street:			
City:	State:	Zip:	
Street:			
City:	State:	Zip:	

3. What is the injury/condition you are claiming

Injury/Condition	Yes/No	Date of Diagnosis	Name of Diagnosing Healthcare Provider
Autism Spectrum Disorder			
ADHD			
Other _____			

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4. Identify by brand and type all commercial baby food Plaintiff consumed and contends caused or contributed to his/her injury.

[illegible]

Food Purchasing Records

- 5. For commercial baby food that Plaintiff contends caused or contributed to his/her injury, please provide the below-requested information. Please include on-line and in-store locations, and grocery stores as well as stores where any food was purchased that are not traditional grocery stores (such as drugstores, farmers' markets, multi-purpose stores like Target or Costco, as well as delivery services, such as Instacart, Shipt, DoorDash, Grubhub, Uber Eats).**

Store/Website Name	Store/Website loyalty account number and associated phone number	Payment method(s) used (credit/debit, cash, check, WIC, etc.)

- 1 **6. List the names of all credit card, debit card, or WIC/EBT accounts and their**
2 **associated numbers used at the stores listed in Response to Question 5 to purchase**
3 **commercial baby food that Plaintiff contends caused or contributed to his/her injury.**

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Card Type	Card Number

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- 22 **7. Does Plaintiff, or Plaintiff's Parents have any receipts or other records of purchases**
23 **from any sellers identified in response to Question 5?**

24 YES NO

- 25 **8. Does Plaintiff, or Plaintiff's Parents have credit, debit, WIC account, and/or banking**
26 **statements that show purchases from any sellers identified in response to Question 5**
27 **from Plaintiffs' birth to injury diagnosis?**

28 YES NO

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Photos and Video Records

9. Does Plaintiff, or Plaintiff’s Parents have paper photos of Plaintiff from birth to present?

YES NO

10. Do You, Plaintiff, or Plaintiff’s Parents have videos of Plaintiff from birth to present stored on any physical storage device (such as a smartphone, camera, DVD or external drive)?

YES NO

11. Please identify all digital, electronic, web-based, or cloud-based accounts used to store photos and videos of Plaintiff from birth to present:

Medical Records Information

12. Please provide the below requested information for all of Plaintiff's healthcare providers from Plaintiff's gestation through present. These providers include Plaintiff's parent's OB/GYN and/or midwife, any pediatricians, dentists, or other medical providers for Plaintiff, any hospitals and/or clinics, and any individuals or groups who have evaluated or provided treatment related to Plaintiff's physical, developmental, psychological, behavioral and/or emotional well-being.

Provider/Institution	Business Address	Approximate Dates of Treatment
	Street: City: State: Zip:	
	Street: City: State: Zip:	
	Street: City: State: Zip:	
	Street: City: State: Zip:	
	Street: City: State: Zip:	
	Street: City: State: Zip:	
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1 **13. Does Plaintiff, or Plaintiff's Parents have any medical records or other documents**
2 **that document the care provided to Plaintiff by any person or entity identified in**
3 **response to Question 12?**

4 YES NO

5 **14. Has Plaintiff undergone testing for presence of or exposure to any heavy metal?**

6 YES NO

7 **If yes, please identify:**

8 a. The name, location, and date of the testing:

Name	Location	Date of Testing

15 **15. Has Plaintiff participated in an investigative or other research trial relating to ASD**
16 **or ADHD?**

17 YES NO

18 **If yes, please identify:**

19 a. The name, location, and date of the research trial:

Name	Location	Date of Research Trial

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16. Has Plaintiff, Plaintiff’s Parent, or biological sibling of Plaintiff undergone genetic testing?

YES NO

If yes, please identify:

a. The name, location, and date of the testing:

Name	Location	Date of Testing

Educational Records

17. Please provide the below requested information for all daycare facilities, preschools, schools, or other educational service providers for Plaintiff from birth to present. This includes any educational services provided as part of the assessment and/or treatment of Plaintiff's ASD and/or ADHD, including speech, occupational and/or behavioral therapy.

Name and Address of Institution/Service Provider	Approximate Dates of Participation/Attendance
Name: Street: City: State: Zip:	
Name: Street: City: State: Zip:	
Name: Street: City: State: Zip:	
Name: Street: City: State: Zip:	
Name: Street: City: State: Zip:	
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Name: Street: City: State: Zip:	
Name: Street: City: State: Zip:	
Name: Street: City: State: Zip:	
Name: Street: City: State: Zip:	

Signature of Plaintiff : _____

Date: _____