

1 Attorney Name(s) or Party without Attorney
2 Firm Name
3 Firm Address
4 City, State, Zip Code
5 Phone Number(s)
6 Fax Number
7 Email Address

8 Attorney for (Name) or Self-Represented

9 **SUPERIOR COURT OF CALIFORNIA**

10 **COUNTY OF SAN FRANCISCO**

11 PLAINTIFF'S NAME,

12 Plaintiff,

13 vs.

14 DEFENDANT'S NAME,

15 Defendant

Case Number:

**ASBESTOS – EXHIBIT B
PRELIMINARY FACT SHEET**

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EXHIBIT B

1 **PRELIMINARY FACT SHEET**

2 1. State the complete name and address of each person whose claimed exposure
3 to asbestos is the basis of this lawsuit ("exposed person"):

4
5 2. Does the plaintiff anticipate filing a motion for preferential trial date within the next
6 four months? Yes No

7 3. Date of birth each exposed person in item one and, if applicable, date of death:
8 _____
9 _____

10
11 4. Specify the nature or type of asbestos-related disease alleged by each exposed
12 person.

13 Asbestos Mesothelioma Lung Cancer

14 Other Cancer (specify): _____

15 Pleural Thickening/Plaques Other (specify): _____

16 5. For purposes of identifying the nature of exposure allegations involved in this
17 action, please check one or more:

18 Shipyard Construction Friction/Automotive

19 Premises Aerospace Military

20 Other (specify): _____

21 6. If applicable, indicate which exposure allegations apply to which exposed person.
22 _____
23 _____

24 7. Identify each location alleged to be source of an asbestos exposure, and to the
25 extent known, provide the beginning and ending year(s) of each such exposure. Also
26 specify each exposed person's employer and job title or job description during each
27 period of exposure. (For example: "San Francisco Naval Shipyard, Pipefitter, 1939-
28 1948"). Examples of locations of exposure might be a specific shipyard, a specific
railroad maintenance yard, or perhaps more generalized description such as "merchant
marine" or "construction". If an exposed person claims exposure during only a portion of
a year, the answer should indicate that year as the beginning and ending (e.g., 1947-
1947).

Location of Exposure	Employer	Job Title at Time of Exposure	Year(s) of Exposure	
			Beginning	Ending

Attach additional pages, if necessary

8. For each exposed person who:

- a. Worked in the United States or for a U.S. agency outside the territorial United States, attach to the copy of this fact sheet provided to Designated Defense Counsel a fully executed Social Security Earnings authorization (Exhibit I);
- b. May have had a Social Security disability award or is no longer employed and whose last employment was not with a United State government agency, attach to the copy of this fact sheet provided to Designated Counsel a fully executed Social Security Disability authorization (Exhibit I);
- c. Served at any time in the United State military, attach to the copy of this fact sheet provided to Designated Defense Counsel two fully executed originals of the stipulation (Exhibit I);
- d. Was employed by the United State government in a civilian capacity, attach to the copy of this fact sheet provided to designated Defense Counsel two fully executed originals of the stipulation (Exhibit I).

9. If there is a wrongful death claim, attach to the copy of this fact sheet provided to Designated Defense Counsel a copy of the death certificate, if available. If an autopsy report was done, also attach of it to the copy of this fact sheet provided to Designated Defense Counsel.

By: _____
Attorney for Plaintiff