

PRIVILEGED AND CONFIDENTIAL, ATTORNEY
REPRESENTATION/CONSULTATION/INVESTIGATION PRIVILEGE;
LIEFF CABRASER HEIMANN & BERNSTEIN, LLP,
3M COMBAT ARMS EARPLUGS (CAE) LITIGATION

1. Name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

DOB: _____

Spouse's Name (if applicable): _____

Name and age of children (if applicable): _____

2. Where was your state of residence while you were on active duty? _____

3. In what branch of the armed forces did you serve and when?

4. Dates of Active Duty service?

5. Date of discharge?

6. How/ why were you discharged?

Rank at discharge? _____ Type of Discharge? _____

7. Did you have a hearing test at the time of your discharge?

8. If not how long after your discharge did you have a hearing test?

9. Jobs held during active duty military service? _____

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10. Base assignments and dates?

11. Did you serve in a combat zone and if yes, where did you serve?

Dates served?

Job in combat zone? _____

12. Did you use the Combat Arms Earplugs while in the military (3M)?

13. Do you recognize this as an accurate photo of the earplugs you received and used? _____



14. Where they issued to you by the military? _____

15. If so when and where were they issued to you?

16. Was training or instructions provided regarding the 3M Earplugs? If so, when and where?

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17. Did you use the Combat Arms Earplugs while in the military (3M) while in the US? If so, in what capacity (e.g., training, firing weapons or otherwise)? Where in the US did this all happen (what base or fort or other location)?

18. Did you use the Combat Arms Earplugs while in the military (3M) while in a combat zone/ foreign country? If so, in what capacity (e.g., training, firing weapons or otherwise)? Where did this all happen (what base or fort or other location)?

19. Did you use any other brand of ear plugs while in the military? _____

20. Did you suffer tinnitus or hearing loss after using the 3M CAE? Please explain.

21. When and where was your injury diagnosed ?

Tinnitus: _____

Hearing lost: _____

22. Is the injury to your right ear, left ear or both? Tinnitus: _____

Hearing loss: _____

23. What is the percentage of hearing you lost? _____

24. Did you have tinnitus or hearing loss prior to using the 3M Combat Earplugs? _____

25. Did you recover from the injury or injuries or do you have ongoing problems? If you have ongoing problems, please explain. _____

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26. Name and address of where you are receiving medical care to treat your injury? _____

27. Are you receiving disability from the VA for your injury? What percentage disability for hearing loss/tinnitus are you receiving? Tinnitus: _____
Hearing lost: _____
28. Have you been diagnosed with any other medical conditions? If so, please explain and provide date of diagnosis. _____

29. Do you have any history of head or neck trauma (if yes please explain)? _____

30. Were you taking any medications prior to and during your military service? If so, please provide name and dates. _____

31. Do you smoke cigarettes? _____ If yes, how much ? _____ Age started _____
32. How has your injury affected your life post-military (job loss, emotional, psychological issues etc.)

33. Do you have any photos of yourself (a) in gear (b) with your face showing (if obstructed by gear in first photo), (c) with earplugs that you would be willing to share with us? _____
34. Do you mind if we use them in press releases or otherwise? _____
35. What happened to these earplugs after you left the military? Did you have to turn them in? Did you keep them? Did you throw them away? Do you still have them? (If you still have them keep them in a safe place). _____

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36. Any other information you want us to have: _____

37. Have you ever filed for bankruptcy? If so, when, and are you still in bankruptcy? ____

Please KEEP your earplugs if they are still in your possession.

Please do NOT discuss this case or your injuries on the internet in any capacity, i.e.,
Facebook or email with anyone other than your attorneys and/or your spouse or
partner.

Dated: _____ Signature: _____