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| A Guide to Opioid Litigation |

Provided By:

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**DEADLINES APPLY:**

**NOTE - THIS FIRM IS NOT REPRESENTING YOU IF WE DO NOT HAVE AN EMPLOYMENT (FEE) AGREEMENT SIGNED BY YOU AND THIS FIRM**

You may have multiple claims. Please consider filling out one form for each separate claim. The most important thing to remember is that the failure to act immediately can compromise your rights. Our focus is to put you with the right attorney, the right class, define the key issues relevant to your case as soon as possible, and work with you to determine your rights and avoid the statute of limitations, a time limit beyond which you lose your right to recovery.

**We have provided more detailed information regarding Opioid claims on our firm’s website:** [**www.elizabethcitrin.com**](http://www.elizabethcitrin.com)**. If you have any questions, please call our office IMMEDIATELY as time is running out. We look forward to hearing from you.**

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| **Type of Damage** | **Loss** | **Dates of Loss** | **Comments** |
| **Personal injury is covered also** | **If a specific amount can be shown, it should be done here** | **Comment: Multiple dates may be relevant, as well as ranges.** | **Include comments that may be relevant to a better understanding** |
| **Lost income** | **Past income may be significant to proving future losses** | **Ranges, as well as multiple specific dates** | **Notes on how the specific loss occurred should be included** |
| **Lost Value** | **Indirect damages, as well as direct lost value** | **Real property or personal property** | **May be temporary or permanent** |
| **Lost opportunity** | **This could be the lost opportunity to sell or rent property** | **Lost business opportunities, including lost income** | **All damages must be subject to non-speculative proof** |
| **Cost of Treatment: Self** | **If you personally needed treatment, then have a record of the treatment** | **Be specific. If you have not started treatment, it is not too late** | **The value of damages is often based on the cost of treatment** |
| **Cost of Treatment: Others** | **A group of providers can get funded as part of this type of settlement** | **Be specific** | **The value of damages of often based on the cost of treatment** |
| **Evidence** | **For each type of loss, list evidence that you have** | **Need dates for all evidence** | **Scan evidence or bring to us for scanning** |

**CLIENT INFORMATION**

CLIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

NAMES OF INJURED PERSON/BUSINESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** WEBSITES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT PROPERTY/BUSINESS IS AFFECTED?**

The nature/value of property affected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Nature of the business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a legal description/tax notice of property, if possible.**

**INCOME LOST:** Lost income is a primary remedy. To make this determination under the settlement we need to know: Can you supply proof of income for each month before and after the Opioid crisis impacted your situation, and can you supply a copy of tax returns for the same period?

Income in (give years) by Month: \_\_\_\_\_\_\_\_\_

What income do you expect to lose in the future?

Lost Business and Income Opportunities (Business/Property lost:

Have you supplied monthly Profit and Loss Statements and Tax Returns: **□ Yes □ No**

**WHY WAS INCOME LOST?** (Examples include due to: Personally injured; Disability; Terminated; Customers Disappeared; Work was cancelled; Work did not materialize; Lost different income streams; Lost financing; Any other reason connected to Opiods:

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

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**DOCUMENTATION:**

Do you have any proof of monthly profit before the Opioids? **□ Yes □ No**

Can you show what the difference in income was? **□ Yes □ No**

Please send whatever documentation you can. A complete list of what we need will be sent later.

**Have you filed a claim with anybody else or another firm? □ Yes □ No**

If yes, please list your claimant ID number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you received any payments associated with Opioid Litigation? □ Yes □ No**

If yes, please provide amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of claim submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and Date of Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you filed a short form joinder? □ Yes □No**

Please provide the name of your employer, your job title, and length of employment/business for periods before and after the Opioid crisis affected you:

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Start-up business which failed if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Were you laid off or had your income/hours reduced because of Opioids? □ Yes □ No**

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently employed? □ Yes □ No**

If yes, please list the name of your employer, your job title, and length of current employment:

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

**If you are in business, please give the name and nature of your business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional comments that you feel would be helpful to your potential claim:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Bankruptcy: If you have filed bankruptcy in the last ten (10) years or if you are currently in bankruptcy you will need to fill out a questionnaire. Have you filed or are you currently in bankruptcy?**

**LIST OF ITEMS NEEDED**

|  |  |  |
| --- | --- | --- |
| List of Items Needed  Business Claims  A test of causation must be performed involving income and expenses.   1. ***Monthly*** profit and loss for relevant periods both before and after the effects of Opioids. 2. Annual tax returns for the   same periods.   1. Articles of Incorporation ***or*** Articles or Organization. |  | List of Items Needed  Individual Claims   1. ***Monthly*** gross payroll or wage information for periods before and after the Opioids. 2. Income tax returns for the periods listed above. 3. W-2s for the periods listed above. 4. Personal information is needed if a claim is calculated. At that time, please provide:   a) Information about your  employer;  b) Where you performed your job, if this is not at the return address on your W-2’s;  c) Job descriptions;  d) Start and end dates of each job;  e) If you are making a claim for lost benefits such as insurance and retirement;  fi) If you are making a claim for job-searching costs. |