

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF KENTUCKY
LOUISVILLE DIVISION**

**IN RE: SKECHERS TONING SHOE
PRODUCTS LIABILITY LITIGATION**

**Master File No. 3:11-MD-2308-TBR
MDL No. 2308**

**THIS DOCUMENT RELATES TO ALL
CASES**

**THOMAS B. RUSSELL
U.S. DISTRICT JUDGE**

ORDER ESTABLISHING PLAINTIFF'S FACT SHEET

This matter is before the Court on the Defendants' motion to establish a Plaintiff's Fact Sheet for MDL No. 2308. Docket Number ("DN") 36. The Plaintiffs have likewise moved to establish a Plaintiff's Fact Sheet. DN 37. The Defendants have responded. DN 41. Having considered the motions and the Court being fully advised,

IT IS HEREBY ORDERED that a Plaintiff's Fact Sheet, as included herewith, is established and shall be used by the personal injury plaintiffs in MDL No. 2308.

IT IS SO ORDERED.

IN THE UNITED STATES DISTRICT COURT
FOR WESTERN DISTRICT OF KENTUCKY

IN RE: SKECHERS TONING SHOE
PRODUCT LIABILITY LITIGATION

MDL Docket No. 2308

PLAINTIFF'S FACT SHEET

Please provide the following information for each individual on whose behalf a claim is being made. You may attach as many sheets of paper as necessary to fully answer each question or request for information. If you use additional sheets of paper, please identify the specific question or request for information to which you are responding. If you cannot remember all of the details regarding the information request, provide as much information as you can. In completing this form, please use the following definitions:

- (1) "Complaint" means the complaint filed in this lawsuit.
- (2) "Health Care Provider" means any hospital, clinic, center, physician's office, infirmary, medical or diagnostic laboratory, or other facility that provides medical, dietary, psychiatric, mental, emotional or psychological care or advice, and any pharmacy, weight loss center, counselor, dentist, x-ray department, laboratory, physical therapist or physical therapy department, rehabilitation specialist, physician, psychiatrist, osteopath, podiatrist, homeopath, chiropractor, psychologist, therapist, nurse, herbalist, nutritionist, dietician, or other persons or entities involved in your evaluation, diagnosis, and/or treatment.
- (3) "Incident" means the circumstances and events surrounding the alleged accident, injury, or other occurrence relating to the instant lawsuit.
- (4) "Skechers" means Skechers U.S.A., Inc., Skechers U.S.A. II, Inc., and Skechers Fitness Group and each entity's respective officers, directors, agents, servants, employees, attorneys, or other persons acting each entity's behalf.
- (5) "Toning Shoes" means Skechers Shape-ups[®] rocker-bottom shoes or any other shoe that purports to provide similar benefits.
- (6) The terms "document" or "documents" are to be interpreted in the broadest sense and include, without limitation, any written, recorded, transcribed, taped, photographic or graphic matter, any electronically, magnetically or digitally stored information, including, without limitation, voicemail, electronic mail, text messages, instant messages, software, source code, object code, or hard or floppy disk files, any other tangible things, and all copies of any of the foregoing that are different in any way from the original. Examples of such documents include, without limitation, letters, correspondence, reports, facsimiles, advertisements, spreadsheets, receipts, telephone records, recordings, periodicals, publications, tapes, video, television commercials, internet websites, web history, and URLs, package inserts, calendars, diaries, drawings, sketches, computer files, and computer metadata.

(7) The terms “person” or “persons” include, without limitation, natural persons, partnerships, associations, firms, companies, joint ventures, corporations, trusts, estates, governmental agencies, and any other legal entities, real or fictitious.

(8) The terms “relate,” “relating,” regard,” or “regarding” shall broadly include and mean refer, mention, discuss, in connection with, constitute, or pertain in any way, either directly or indirectly.

(9) The connectives “and” and “or” shall be construed conjunctively or disjunctively as necessary to make the questions or request for information inclusive rather than exclusive; the use of a singular noun shall be construed to include the plural noun and the use of a plural noun shall be construed to include the singular noun; the use of a verb in any tense shall be construed as the use of that verb in all other tenses whenever necessary to bring within the scope of the questions or request for information all information that might otherwise be construed to be outside of their scope.

If you have any questions, please contact your attorney.

- 1. _____
Your Name
- 2. _____
Date of Birth
- 3. _____
Address

I. CASE INFORMATION

A. State the following for the civil action which you filed

- 1. Case Caption _____
- 2. Civil Action No. in the MDL _____
- 3. Transferor Court and Civil Action No. in that court

State the following for the principal attorney representing you in this action

Attorney Name

Firm

- C. State the name(s), address, telephone number, and relationship to you of any person who assisted you in completing this questionnaire

- D. Claim Information

Do you claim that any physical, psychiatric, psychological or emotional injuries, illnesses and/or conditions have resulted from your use of Toning Shoes?

Yes _____ No _____

If yes, describe the nature of the injuries, illnesses or conditions

- E. Identify by complete brand name and/or trade name the Toning Shoes you claim caused your injuries, including the specific make, model, type, serial number, identification number and/or version of the Toning Shoe

II. PERSONAL INFORMATION

A. Last Name _____

First Name _____

Middle Name or Initial _____

- B. Maiden or other names used or by which you have been known, and the dates during which you were known by such names

C. Social Security Number _____

D. Date and Place of Birth _____

E. Sex: Male_____ Female_____

F. Age at the time of the Incident _____

G. Racial and Ethnic Background _____

H. Present Street Address _____

I. State each address at which you have resided during the last ten (10) years,
including time periods of residence

J. Do you have access to a computer? Yes _____ No _____

If yes, complete the following

1. Do you have e-mail? Yes _____ No _____

2. Do you have accounts for or post on any social media websites?

Yes _____ No _____

If yes, state the name of the social media site you use (e.g. Facebook, MySpace, Twitter, Google Plus, etc.) and the dates between which you used said social media website after you possessed Toning Shoes

3. Have you ever visited or posted on any websites and/or chat rooms relating to or containing information regarding Toning Shoes?

Yes _____ No _____

If yes, state the name of the websites and/or chat rooms you have visited or posted on and the approximate dates of said visits or posts

III. FAMILY INFORMATION

A. Have you ever been married? Yes_____ No_____

B. If yes, for each spouse/former spouse state

1. Spouse’s name _____
2. Dates of marriage _____
3. Spouse’s date of birth _____
4. Spouse’s occupation _____
5. Spouse’s address _____
6. If you are no longer married, how and when marriage was terminated (e.g. divorce or death of spouse) _____

C. Provide the following information for your grandparents, parents, siblings and children

Name	Relationship	Date of Death (If applicable)	Occupation	State of Residence

IV. EDUCATIONAL HISTORY

Identify each school, college, university or other educational institution you have attended, the dates of attendance, courses of study pursued and diplomas or degrees awarded

V. **EMPLOYMENT HISTORY**

A. Current or last employer _____

Address

Dates of employment

Occupation and duties

B. State the following for each of your prior employers for past ten (10)

Name of former employer

Address

Dates of employment

Occupation and duties

C. Have you ever served in any branch of the military?

Yes_____ No_____

If yes, state

1. Branch and dates of service

2. Were you discharged for any reason relating to your medical, physical, psychiatric or emotional condition?

Yes_____ No_____

If yes, state what that condition was

3. Have you ever served overseas?

Yes_____ No_____

If yes, state location and dates

4. Have you ever been rejected from military service for any reason relating to your health or physical condition?

Yes_____ No_____

If yes, state the reason why

D. Have you ever been out of work for more than thirty (30) days for reasons related to your health?

Yes_____ No_____

If yes, state the dates during which you were out of work, employer(s), and health condition(s) for each instance

VI. LEGAL AND OTHER CLAIM HISTORY

A. Excluding the present lawsuit, have you ever been a plaintiff in a lawsuit (i.e. filed a lawsuit or had one filed on your behalf)?

Yes_____ No_____

If yes, state the court in which such case was filed, the caption, case name and/or names of adverse parties, and the civil action or docket number assigned to each such case, action or suit, and a brief description of the claims asserted

B. Have you filed for bankruptcy in the last ten (10) years?

Yes_____ No_____

If yes, state the court in which such bankruptcy case was filed, the caption, and the civil action or docket number assigned to each such bankruptcy case

C. Have you been convicted of a felony within the last ten (10) years?

Yes_____ No_____

If yes, identify each charge for which you were convicted, the court in which you were convicted, and the criminal action number assigned to the matter

D. Have you been convicted of a misdemeanor involving lying, cheating or stealing within the last (10) year?

Yes_____ No_____

If yes, identify each charge for which you were convicted, the court in which you were convicted, and the criminal action number assigned to the matter

E. Have you, within the ten (10) years prior to the incident, ever filed a worker's compensation claim(s)?

Yes_____ No_____

If yes, state for each claim

1. Year claim was filed _____
2. Where claim was filed _____
3. Claim/docket number, if applicable _____
4. Nature of disability _____
5. Period of disability _____

F. Have you, within the ten (10) years prior to the incident, ever filed a social security disability claim(s)?

Yes_____ No_____

If yes, state for each claim

1. Year claim was filed _____
2. Where claim was filed _____
3. Nature of disability _____
4. Period of disability _____

G. Have you, within the ten (10) years prior to the incident, ever filed any other form of disability claim(s)?

Yes_____ No_____

If yes, state for each claim

1. Year claim was filed _____
2. Where claim was filed _____
3. Name of insurer/employer or other party to whom claim was made

4. Nature of disability _____
5. Period of disability _____

VII. INSURANCE

A. Has any insurance or other company provided medical coverage to you (either directly or through a group including any employer of yours) or paid medical bills on your behalf at any time, beginning ten (10) years before the Incident through the present?

Yes_____ No_____

If "yes," then as to each such company separately state

- (i) Name of company
- (ii) Address of company
- (iii) The account/policy number of designation
- (iv) Dates of coverage
- (v) When the claim was made

VIII. MEDICAL PROVIDER AND HOSPITALIZATION INFORMATION

- A. Provide the following information for each doctor, clinic or healthcare provider that you have seen or who has treated you during the last ten (10) years

Name _____

Specialty, if any _____

Address _____

Phone _____

Reason(s) for visit(s) _____

Treatment provided or recommended _____

- B. Provide the following information for each hospitalization that you have had during the last ten (10) years

Name of hospital _____

Address _____

Phone _____

Reason(s) for hospitalization(s) _____

- C. Provide the following information for each surgery (including, but not limited to, plastic or elective surgery) that you had during the last ten (10) years

Name of operation _____

Name of surgeon _____

Office address of surgeon _____

Reason for surgery _____

IX. MEDICAL HISTORY

- A. Height _____
- B. Current Weight _____
- C. Weight at time of Incident _____
- D. Lowest and highest weight in the last ten (10) years _____
- E. Has any healthcare provider ever recommended any change in your habits (for example, losing weight, lowering blood pressure, getting exercise, reducing cholesterol)?

Yes ___ No ___

If yes, state the date of the recommendation and briefly describe each of the recommended changes

- F. Do you currently suffer from any physical injuries, illnesses or disabilities?

Yes _____ No _____

If yes, then for each injury, illness, or disability state the following

Injury, illness or disability

Symptoms

Date(s) of onset and diagnoses

Physician's name and address

Specialty

J. Eye Health

1. State whether you currently wear glasses or contacts Yes___ No___
2. State whether you have wore glasses or contacts within the ten (10) years prior to the incident Yes___ No___
3. If the answer to the previous question is yes, state the timeframe in which you wore contacts or glasses _____
4. State whether, within the ten (10) years prior to the incident through the present, you have been diagnosed with or experienced the following
 - a. Cataracts/glaucoma Yes___ No___
 - b. Near or far sighted Yes___ No___
 - c. Blurry vision Yes___ No___
 - d. Spots Yes___ No___
 - e. Problems focusing Yes___ No___
5. If the answer to any of the above is yes, then describe each symptom or problem, whether you received treatment, the time period in which you experienced the problem or symptom, whether you experienced the symptom or problem at the time of your injury, and provide the name and address of anyone who treated you for the symptom or problem

K. Apart from the Incident and injury(ies) at issue in this lawsuit, have you ever sustained any, broken bones, sprains, fractures, stress fractures, dislocated joints, muscle/tendon tears, chronic injuries, and/or falls resulting in injury?

Yes___ No___

If yes, briefly describe the circumstances surrounding and treatment for each falls, broken bones, sprains, fractures, stress fractures, dislocated joints, muscle/tendon tears, and/or chronic injuries, including which part(s) of your body that sustained said injury, and provide the following information

Fall/injury _____

Date _____

Reasons for/events leading to injury _____

Name and address of treating physician or other person _____

Treatment _____

L. If you claim psychological, cognitive or emotional injury as a consequence of the Incident and/or injury(ies) at issue in this lawsuit, state whether you have experienced or been treated for any psychological, psychiatric (including depression) or emotional problem in the one (1) year prior to the Incident through the present.

Yes___ No___

If yes, state

Condition treated _____

Date(s) _____

Name and address of treating profession _____

X. PHYSICAL, SOCIAL, AND DIETARY HABITS

A. Current Exercise Routine

Do you currently exercise regularly?

Yes___ No___

If yes, provide the following information

1. State the average number of times per week you exercise _____

2. Describe your exercise routine, including where you exercise, whether you exercise with a partner or trainer, how long you have followed this routine, what types of exercises it includes, and whether you use weights, machines or other exercise equipment

3. State the type of footwear you wear when exercising, including brand

B. Past Exercise Routine

In the five (5) years preceding the Incident, did you exercise regularly?

Yes___ No___

If yes, provide the following information

1. State the average number of times per week you exercised _____

2. Describe your exercise routine, including where you exercised, whether you exercised with a partner or trainer, how long you have followed that routine, what types of exercises it included, and whether it you used weights, machines or other exercise equipment

3. State the type of footwear you wore when you exercised, including brand

C. Exercise Routine At the Time of the Incident

During the six months preceding the Incident, including the date(s) of the Incident, did you exercise regularly?

Yes___ No___

If yes, provide the following information

1. State the average number of times per week you exercised _____
2. Describe your exercise routine, including where you exercised, whether you exercised with a partner or trainer, how long you have followed that routine, what types of exercises it included, and whether it you used weights, machines or other exercise equipment

3. State the type of footwear you wore when you exercised, including brand

D. Smoking History

1. Never smoked cigarettes _____

2. Past smoker of cigarettes _____

Date on which smoking ceased _____

Amount smoked: _____ packs per day for _____ years

3. Current smoker of cigarettes _____

Amount smoked: _____ packs per day for _____ years

4. Have you ever used any other form of tobacco (snuff, dipping or chewing tobacco, hookah, cigars, etc.)?

Yes____ No____

If yes, identify

- a. What form _____
- b. Dates of use _____
- c. Amount of use _____

E. Alcohol Consumption

1. Do you currently drink alcohol (beer, wine, hard liquor, etc.)?

Yes____ No____

If yes, check which represents your current average alcohol consumption

- _____ 1-5 drinks per week
- _____ 6-10 drinks per week
- _____ 11-14 drinks per week
- _____ 15 or more drinks per week
- _____ Other (Describe _____)

F. Caffeine Consumption

1. Do you currently drink caffeinated beverages (coffee, tea, sodas, etc.)?

Yes___ No___

If yes, check which represents your current caffeine consumption

___ 1-3 drinks per day
___ 3-5 drinks per day
___ 6 or more drinks per day

2. Have you ever drunk caffeinated beverages (coffee, tea, sodas, etc.)?

Yes___ No___

If yes, check which represents your greatest caffeine consumption over an extended period (six (6) months or greater) period within the last ten (10) years

___ 1-3 drinks per day
___ 3-5 drinks per day
___ 6 or more drinks per day

When was this period? ___/___/___ - ___/___/___

3. Check which represents your daily caffeine consumption for the month before you sustained the injuries alleged in the Complaint?

___ 0 drinks per day
___ 1-3 drinks per day
___ 3-5 drinks per day
___ 6 or more drinks per day

XI. FOOTWEAR AND TONING SHOE ACQUISITION INFORMATION

A. State approximately how many of each of the following types of shoes you have owned in the last three years and how often you wear each

	Number owned	Frequency of use
1. Flats	_____	_____
2. Sandals	_____	_____
3. Heels	_____	_____
4. Tennis/athletic	_____	_____
5. Orthopedic	_____	_____
6. Skechers Toning Shoes	_____	_____
7. Other Skechers Shoes	_____	_____
8. Other brands of Toning Shoes	_____	_____

B. Have you ever had an accident and/or injury that you believe was caused in whole or in part by a pair of shoes (other than the Skechers Toning Shoes involved in the Incident)?

Yes___ No___

If yes, for each accident or incident

1. Describe the nature of your accident (e.g. slip, trip, fall, etc.) and/or injury (e.g. sprain, break, bruise, tear, strain, soreness, corn, bunions, blisters, etc.)

2. Describe the type and brand of shoe you were wearing when the injury occurred, the date on which the injury occurred, and describe in detail the manner in which the injury occurred

3. Provide the name, address and specialty of any person who treated you for the injuries

4. If you were not treated for your injuries, describe what treatments or remedies you provided yourself (e.g. hot compress, insoles, etc.)

C. Did you purchase the Skechers Toning Shoes involved in the Incident?

Yes___ No___

If yes, provide the following information

Date of Purchase

Purchase Price

Name of Retailer or Vendor

Address

Name and/or Position of Anyone Who Assisted You with the Purchase

If no, state how you acquired the shoes, (e.g. gift, "hand-me-down," etc.),
from whom you acquired them, and the date you received the Skechers Toning
Shoes involved in the Incident

D. Have you considered acquiring any other brand, make, model or type of Toning
Shoes other than the Skechers Toning Shoes involved in the Incident?

Yes___ No___

If yes, state the other brand, make, model or type of Toning Shoes you considered
acquiring

E. Did any physician, Health Care Provider, trainer, or other person suggest or recommend Toning Shoes to you?

Yes___ No___

If yes, provide the following information for each person

Name

Relationship

Address

F. Did you discuss with anyone, including salespeople, the reason(s) why you wanted to acquire Skechers Toning Shoes? For each person, provide the following information

Name

Relationship

Address

G. Did you perform any research before deciding to acquire Toning Shoes?

Yes___ No___

If yes, briefly describe the research you performed, including website(s) or publication(s) reviewed

H. State when and how you first learned or heard about Skechers Toning Shoes

I. Reasons for acquiring Skechers Toning Shoes (check all that apply)

Brand	_____	Improve Circulation	_____
Toning	_____	Shoe Style	_____
Comfort	_____	Reduce joint stress	_____
Weight loss	_____	Recommendation	_____
Sale	_____	Cardiovascular Benefits	_____
Improve Stamina	_____	Improve Sleep	_____
Impulse Buy	_____	Relive tension	_____

Other (please specify) _____

J. Have you seen any Skechers Toning Shoe advertisements(s)?

Yes___ No___

If yes, how many advertisements have you seen? _____

Describe to the best of your recollection, each such advertisement(s) you have seen, including

Approximate Date Viewed

Medium (e.g., magazine, bill board, television, internet, in-store display, other)

Advertisement Contents

Featured Person (e.g., Celebrity/Featured Model)

K. Did you discuss any Skechers Toning Shoes advertisements with anyone?

Yes___ No___

For each person with whom you have discussed the advertisements, state the following

Name

Relationship

Address

Telephone number

Fax Number

XII. USE OF SKECHERS TONING SHOES

A. Did the Skechers Toning Shoes involved in the Incident come with any brochures, package inserts, or DVD(s)?

Yes___ No___

If yes,

1. Describe the materials and state if and when you reviewed those materials

2. Did you review the materials before starting to the shoes? _____
To the best of your recollection, how many times? _____

3. Did you review the materials after starting to use the shoes? _____
To the best of your recollection, how many times? _____

4. Did you take any steps to follow the recommendations in the materials?

Yes___ No___

If yes, describe, in detail, which recommendations you followed and the steps that you took to do so

B. State the name and address of the person(s) who has possession of the Skechers Toning Shoes involved in the Incident and the receipt, original box and all other packaging, booklets, brochures, compact disc(s), DVD(s), and any other materials that came with the shoes

C. How long did you use Skechers Toning Shoes before the Incident?

D. Approximately, how many times did you use Skechers Toning Shoes?

1. How many hours per day? _____

2. How many days per week? _____

3. How many months? _____

E. Describe what activities you performed while wearing Skechers Toning Shoes (e.g. walking, running, exercise, hiking, work, daily activities, etc.)

F. Types of terrain on which you used Skechers Toning Shoes (check all that apply)

	Indoors		Outside
Carpet	_____	Dirt	_____
Tile	_____	Grass	_____
Linoleum	_____	Cement	_____
Wood	_____	Asphalt	_____
Cement	_____	Brick	_____
Marble	_____	Gravel	_____
Stairs	_____	Stairs	_____
Ramps	_____	Ramps or Inclines	_____

Other (please specify) _____

G. Did you have any problems (e.g. slipping, rocking, instability, malfunctions, etc.) with or any complaints (e.g. fit, feel, wear, lack of comfort, pain, soreness, etc.) about Skechers Toning Shoes before the Incident?

Yes___ No___

If yes, describe, in detail, your problems with or complaints about Skechers Toning Shoes before the Incident, including the dates of said problems or complaints

H. Did you know of or hear about any problems (e.g. slipping, rocking, instability, malfunctions, etc.) with or any complaints (e.g. fit, feel, wear, lack of comfort, pain, soreness, etc.) about Skechers Toning Shoes before the Incident?

Yes___ No___

If yes, describe, in detail, the problems with or complaints about Skechers Toning Shoes you knew of or heard about before the Incident

I. Have you, or any person acting on your behalf, had any written or oral communications with Skechers, at any time, regarding or relating to Skechers Toning Shoes?

Yes___ No___

If yes, state

Date of communication _____

Author of communication (if not you) _____

Your relationship to author of communication _____

Person at or department with Skechers the communication was directed to

Summary of contents of communication _____

XIII. THE INCIDENT

A. Have you sustained any injury from one or more falls that you believe was caused by the use of Skechers Toning Shoes?

Yes___ No___

If yes,

1. State the date and time of the fall(s)

2. Describe the location of the fall(s), including the address, whether you were indoors or outdoors, and what type of surface you were on at the time of the fall

3. Describe the Incident in detail, including the activity in which you were engaged in at that time, nature of the fall, and all the areas of your body that sustained injury

4. Describe, in detail, your understanding of how Skechers Toning Shoes caused or contributed to the fall

B. Have you sustained a chronic injury (i.e. stress fractures, joint, tendon or ligament injuries, or any other type of injury that was not the result of a fall) that you believe was caused by the use of Skechers Toning Shoes?

Yes___ No___

If yes

1. Describe, in detail, the chronic injury you claim or believe that you sustained

2. Describe the activity/activities which you believe caused, led, and/or contributed to the chronic injury

3. State the date on which you first began to experience any symptom you believe is related to the chronic injury and describe those symptoms in detail

4. Describe any escalation in the symptoms of your chronic injury or degeneration in your condition as it relates to the chronic injury

5. Describe, in detail, your belief as to how Skechers Toning Shoes caused or contributed to the chronic injury

- C. At any time prior to or during the Incident, did any part of the Skechers Toning Shoe break, tear, loosen, and/or malfunction?

Yes___ No___

If yes, describe the location of the break, tear, loosening, and/or malfunction

D. State any medications, dietary supplements, drugs, or alcoholic beverages you ingested in the twenty-four (24) hours prior to the Incident

E. Were there any witnesses to the Incident and/or your injury(ies)?

Yes___ No___

If yes, state the following for each witness

Name

Relationship

Address

Telephone number

Fax Number

F. Did you receive any emergency treatment as a result of the Incident?

Yes___ No___

If yes, identify the responding agency and the incident or report number documenting their response to this incident

G. Did you receive any medical or other health care treatment as a result of the Incident or injury(ies)?

Yes___ No___

If yes, provide the following information regarding each of your treating physicians or Health Care Providers

Name

Address

Specialty

Provided or Recommended Treatment

Dates

H. Do you continue to receive any medical treatment or rehabilitation as a result of the Incident or you injury(ies)?

Yes___ No___

If yes, for each of your treating physicians or Health Care Providers state

Name

Address

Specialty

Provided or Recommended Treatment

Dates

I. Do you claim that you continue to experience pain and/or suffering that you believe resulted from the Incident or is associated with your injury(ies)?

Yes___ No___

If yes, describe, your pain and suffering including affected areas of your body and type of pain

J. Do you claim that you suffer or suffered any permanent, temporary, partial or total disability?

Yes___ No___

If yes, describe your disability (including duration) and state the name and address of the Health Care Provider(s) who are treating or treated this condition

K. Has your current spouse filed a loss of consortium claim?

Yes___ No___

If yes, describe how the Incident and/or your injury(ies) have interfered with or affected your marriage.

XIV. COMMUNICATION REGARDING AND/OR RELATING TO THE INCIDENT

A. Have you had discussions with any physician(s) or Health Care Providers about whether the Incident and/or your injury(ies) are related to the use of Skechers Toning Shoes?

Yes_____ No_____

If yes, state the following for each such discussion

Name _____

Address _____

Specialty _____

Date of discussion _____

and check one of the following

- 1. I was told my condition is related to the use of Toning Shoes.
- 2. I was told my condition is not related to the use of Toning Shoes.
- 3. I was told my condition may be related to the use of Toning Shoes.
- 4. I was told by the doctor that s/he does not know whether my condition is related to the use of Toning Shoe.
- 5. I don't recall what I was told.

Describe any additional details of that discussion

B. Other than in the Complaint you filed in this lawsuit, have you, yourself, made any complaints or statements to any person, entity, or organization (e.g. Consumer Product Safety Commission, Better Business Bureau) regarding or relating to Skechers Toning Shoes?

Yes_____ No_____

If yes, identify each person, entity, or organization to which you made any statements, including

Name

Address

Content of Statement

Date(s) of Statements

- C. Other than statements described above or those made to your counsel or their representatives, have you, yourself, had any written or oral communications about the Incident, your injuries, or Skechers Toning Shoes with anyone?

Yes _____ No _____

If yes, identify each person, entity, or forum (e.g., newspaper, television program, internet website or chat room) to which you communicated statements, including

Name

Address

Content of Statement

Date(s) of Statements

XV. DAMAGE CLAIMS

A. Have you paid or incurred any medical expenses—including amounts billed or paid by insurers and other third party payors—which you claim are related to the Incident and/or any injury(ies) allegedly caused by your use of the Skechers Toning Shoes?

Yes_____ No_____

If yes, state the total amount of such medical expenses at this time

\$_____

B. Are you continuing to incur any medical expenses—including amounts billed or paid by insurers and other third party payors—which you claim are related to the Incident and/or any injury(ies) allegedly caused by your use of the Skechers Toning Shoes?

Yes_____ No_____

If yes, state the approximate monthly amount of such medical expenses at this time

\$_____

C. Do you claim or expect to claim that you lost earnings or that your earning capacity has been impaired as a result of the Incident and/or any injury(ies) allegedly caused by your use of the Skechers Toning Shoes?

Yes_____ No_____

If yes,

1. Complete the following information concerning your employment in the last five (5) years

Employers	Type of Business/Position	Dates of Employment	Salary	Overtime	Bonus

2. State the total amount of time from work and the amount of income you claim to have lost as a result of Incident and/or any injury(ies) allegedly caused by your use of the Skechers Toning Shoes

- D. Do you claim or expect to claim any other types of damages?

Yes _____ No _____

If yes, then describe the basis for that claim and the amount of damages incurred

- E. Identify each person who you believe possess information concerning your injury(ies), damages, and/or your current medical conditions and for each, state their name, address, telephone number and a description of the information you believe they possess

XVI. REQUEST FOR DOCUMENTS AND THINGS

1. All non-privileged documents you or anyone acting on your behalf reviewed in preparation of this Fact Sheet.
2. A copy of all of your medical records from any Health Care Provider who treated you in the ten years preceding your purchase of Skechers Toning Shoes.
3. A copy of all of your medical records from any Health Care Provider who examined or treated you for any disease, condition, symptom, or injury referred to in response to the questions above (regardless of how long ago the examination or treatment occurred).
4. A copy of any and all receipts showing proof of purchase of Skechers Toning Shoes by you or on your behalf.
5. The Skechers Toning Shoes involved in the Incident will be made available to Skechers and its agents and counsel for inspection at the offices of plaintiffs' counsel.
6. Copies of all documents constituting, concerning, or relating to Skechers Toning Shoes, including but not limited to the original box and all other packaging, hang tags, package inserts, price tags, and lace loops. The original will be made available for inspection to Skechers and its agents and counsel at the offices of plaintiffs' counsel.
7. Copies of all documents constituting, concerning, or relating to product use instructions, product warnings, package inserts, brochures, DVDs, or other materials obtained by you or your agents, representatives or anyone acting on your behalf (other than your attorneys in this case) in connection with Skechers Toning Shoes. This request seeks documents already in your possession, or that come into your possession, that were and/or are obtained by you from any source other than the documents that Skechers either has or may produce during the course of discovery in this lawsuit.
8. All documents relating to advertising or marketing for Skechers Toning Shoes, including copies of any and all advertising or marketing materials you claim to have viewed prior to purchasing.
9. If you have been the claimant or subject of any worker's compensation, Social Security or other disability proceeding within the last ten (10) years, all documents relating to such proceeding.
10. Reports of all diagnostic tests, including but not limited to blood tests, X-rays, MRIs, CT scans, and other imaging studies administered to you at any time from ten (10) years prior to the incident through the present.
11. Copies of all documents in your possession from physicians, Health Care Providers or others relating to your use of Skechers Toning Shoes, or to any condition you claim is related to the use of Skechers Toning Shoes, or recording or reflecting the use of Skechers Toning Shoes by you.

12. All prescriptions, prescription records, drug containers and labels, informational brochures, advertisements, package inserts and other documents setting forth warnings and/or instructions relating to any medications, drugs, vitamins or supplements used by you as identified in this Fact Sheet.
13. Any releases, covenants not to sue, and any other agreement(s) between you and any other person relating in any way to the claims asserted in this lawsuit, except as protected by law or privilege.
14. All documents recording, reflecting or relating to any statement or communication concerning Skechers Toning Shoes that you or anyone acting on your behalf have made on the internet, including but not limited to, all websites, chat rooms, social media sites, blogs, and boards.
15. All documents recording, reflecting or relating to any communication that you have had with any Skechers entity, its agent, or employees, including, but not limited to, any electronic or tape recording of any such communication(s).
16. All documents relating to Toning Shoes or any alleged health risks or hazards related to Toning Shoes in your possession, at or before the time of the injury alleged in your Complaint.
17. All documents you or anyone acting on your behalf obtained directly or indirectly from any third party concerning, regarding, or relating to the Incident, your injuries, or the subject of this litigation, subject to any claim of privilege.
18. All photographs, drawings, journals, slides or videos regarding, recording, or relating to the Incident and injuries alleged in your Complaint.
19. All documents that record, reflect or relate to any pecuniary loss or other damages, including all out of pocket expense documentation, that you claim resulted from the use of Skechers Toning Shoes as alleged in the Complaint.
20. If your Complaint includes a claim of loss of support or loss of earnings or earning capacity, produce all of your W-2s (if you are an employee) and/or the federal income tax returns (if you are self-employed) from 2007 to the present.
21. If you claim any loss from medical expenses, copies of all bills from any physician, hospital, pharmacy or other health care provider.
22. Copies of letters testamentary, letters of administration or similar documentation relating to your status as plaintiff (if applicable).
23. Decedent's death certificate (if applicable).
24. Medical or coroner's reports regarding decedent's death (if applicable).

XVII. AUTHORIZATIONS

Complete and sign the appropriate Authorization for Release of Medical Records (Psychological Injury Claimed or No Psychological Injury Claimed) and the appropriate Authorization for Release of Employment and Unemployment Records (Psychological Injury Claimed or No Psychological Injury Claimed). Such Authorizations are attached to this Fact Sheet.

XVIII. DECLARATION

I declare that all the information provided in this Plaintiffs' Fact Sheet is true and correct to the best of my knowledge, information and belief formed after a reasonable inquiry. I understand that I am under an obligation to supplement these responses.

Date:

Names: _____ Signature: _____

**HIPAA COMPLIANT AUTHORIZATION FOR USE AND DISCLOSURE
OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION**
(Psychological Injury Claimed)

Person/Entity from Whom Records are Requested: _____
Provider Name ("Provider")

Address City, State and Zip Code

Patient: _____
Patient Name

Address City, State and Zip Code

Date of Birth Social Security Number

Information Authorized To Be Disclosed: I authorize the Provider to furnish copies of my entire medical record and all of my individually identifiable health information, including, without limitation:

- medical reports
- CT scans
- MRI films
- prescription records
- employment records
- medical bills
- blood tests
- X-rays
- correspondence
- echocardiographic recordings
- wage records
- pathology specimens
- radiographic films
- MRI films
- progress notes
- written statements
- disability records

and other documents in your possession including records from other providers, including records for treatment of psychological, psychiatric or emotional problems, to the following representative of the defendants in the litigation captioned *In re: Skechers Toning Shoe Product Liability Litigation*, MDL No. 2308 (W.D. Ky.), in which I am a plaintiff:

**Person To Whom Records
Are To Be Disclosed :**

Name of Representative ("Requestor")

Representative Capacity

Address

City, State and Zip Code

The records requester has agreed to pay reasonable charges made by the Provider to supply copies of such records.

Purpose of Disclosure : I am requesting this disclosure to allow these records to be used in connection with the litigation in which I am a plaintiff.

Acknowledgements:

I understand that this disclosure may include information relating to treatment of drug or alcohol abuse, mental health, psychiatric information, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), sexually transmitted diseases, sickle cell anemia treatment, tuberculosis information, and genetic testing information.

I understand that if the persons or entities to whom I am asking that the Provider disclose this information are not covered by federal privacy regulations, then this information will no longer be protected under federal privacy law and could be subject to re-disclosure.

I understand that my signing or revocation of this authorization will not affect my health care treatment or eligibility for payment under my health plan.

Term and Revocation: This authorization shall be considered as continuing in nature until a final, non-appealable judgment has been entered in the case I have brought. This authorization remains in full force and effect until such expiration, and further authorizes the Provider to release to the Requestor any additional records created or obtained by the Provider after the date hereof. I understand that I may revoke this authorization at any time by writing to the Provider at the Provider's above address, but my revocation will not apply to information that has already been released before the Provider receives notice of any revocation.

It is expressly understood by me that the Provider is authorized to accept a copy or photocopy of this authorization with the same validity as though an original had been presented to the Provider.

Date: _____
Signature of Patient or Personal Representative

Date: _____
Witness Signature

This authorization is not valid unless the records Requester named above has executed the following acknowledgement:

ACKNOWLEDGEMENT

The undersigned, as the record requestor named in the above medical authorization, hereby declares under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the attorney for the patient named in the foregoing medical authorization has been given notice that the authorization will be used to request records from the person or entity to whom it is addressed, if named in Plaintiff's Fact Sheet; or, if the authorization is addressed to a third party not listed in Plaintiff's Fact Sheet, the attorney for the patient named has been given ten (10) days advance notice and has been afforded an opportunity to object to the request, and any objections have been resolved. The attorney for the patient named in the foregoing medical authorization has also been afforded an opportunity to order copies of the records from the undersigned requestor at a reasonable cost.

**HIPAA COMPLIANT AUTHORIZATION FOR USE AND DISCLOSURE
OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION**
(No Psychological Injury Claimed)

Person/Entity from Whom Records are Requested: _____
Provider Name ("Provider")

Address City, State and Zip Code

Patient: _____
Patient Name

Address City, State and Zip Code

Date of Birth Social Security Number

Information Authorized To Be Disclosed: I authorize the Provider to furnish copies of my entire medical record and all of my individually identifiable health information, including, without limitation:

- medical reports
- CT scans
- MRI films
- prescription records
- employment records
- medical bills
- blood tests
- X-rays
- correspondence
- echocardiographic recordings
- wage records
- pathology specimens
- radiographic films
- MRI films
- progress notes
- written statements
- disability records

and other documents in your possession including records from other providers, except for records for treatment of psychological, psychiatric or emotional problems, to the following representative of the defendants in the litigation captioned *In re: Skechers Toning Shoe Product Liability Litigation*, MDL No. 2308 (W.D. Ky.), in which I am a plaintiff:

**Person To Whom Records
Are To Be Disclosed :**

Name of Representative ("Requestor")

Representative Capacity

Address

City, State and Zip Code

The records requester has agreed to pay reasonable charges made by the Provider to supply copies of such records.

Purpose of Disclosure : I am requesting this disclosure to allow these records to be used in connection with the litigation in which I am a plaintiff.

Acknowledgements:

I understand that this disclosure may include information relating to treatment of drug or alcohol abuse, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), sexually transmitted diseases, sickle cell anemia treatment, tuberculosis information, and genetic testing information.

I understand that if the persons or entities to whom I am asking that the Provider disclose this information are not covered by federal privacy regulations, then this information will no longer be protected under federal privacy law and could be subject to re-disclosure.

I understand that my signing or revocation of this authorization will not affect my health care treatment or eligibility for payment under my health plan.

Term and Revocation: This authorization shall be considered as continuing in nature until a final, non-appealable judgment has been entered in the case I have brought. This authorization remains in full force and effect until such expiration, and further authorizes the Provider to release to the Requestor any additional records created or obtained by the Provider after the date hereof. I understand that I may revoke this authorization at any time by writing to the Provider at the Provider's above address, but my revocation will not apply to information that has already been released before the Provider receives notice of any revocation.

It is expressly understood by me that the Provider is authorized to accept a copy or photocopy of this authorization with the same validity as though an original had been presented to the Provider.

Date: _____
Signature of Patient or Personal Representative

Date: _____
Witness Signature

This authorization is not valid unless the records Requester named above has executed the following acknowledgement:

ACKNOWLEDGEMENT

The undersigned, as the record requester named in the above medical authorization, hereby declares under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the attorney for the patient named in the foregoing medical authorization has been given notice that the authorization will be used to request records from the person or entity to whom it is addressed, if named in Plaintiff's Fact Sheet; or, if the authorization is addressed to a third party not listed in Plaintiff's Fact Sheet, the attorney for the patient named has been given ten (10) days advance notice and has been afforded an opportunity to object to the request, and any objections have been resolved. The attorney for the patient named in the foregoing medical authorization has also been afforded an opportunity to order copies of the records from the undersigned requester at a reasonable cost.

INTHEUNITEDSTATESDISTRICTCOURT
FORWESTERNDISTRICTOFKENTUCKY

INRE:SKECHERSTONINGSHOE :
PRODUCTLIABILITYLITIGATION : MDLDocketNo.2308

AUTHORIZATIONFORRELEASEOFEMPLOYMENT
ANDUNEMPLOYMENTRECORDS
(PsychologicalInjury Claimed)

To: _____
Name

Address

City,StateandZipCode

Thiswillauthorizeyoutofurnishcopiesofallapplicationsforemployment,resumes,
recordsforallpositionsheld,jobdescriptionsofpositionsheld,salaryand/orcompensation
records,performanceevaluationsandreports,statementsandcommentsoffellowemployees,
attendancerecords,W-2's,workers'compensationfiles;allhospital,physician,clinic,infirmary,
psychiatric,nurseanddentalrecords,x-rays,testresults,physicalexaminationrecords;any
recordspertainingtoclaimsmaderelatingtohealth,disabilityoraccidentsinwhichIwas
involvedincludingcorrespondence,reports,claimforms,questionnaires,recordsofpayments
madetomeoronmybehalf,andanyotherrecordsrelatingtomyemploymentwiththeabove-
namedinstitution,includingrecordsfortreatmentofpsychological,psychiatricoremotiona
problems,concerning

NameofEmployee
whosedateofbirthis_____andwhosesocialsecuritynumberis
_____.

You are authorized to release the above records to the following representatives of defendants in the above-entitled matter, who have agreed to pay reasonable charges made by you to supply copies of such records.

Name of Representative

Representative Capacity (e.g., attorney, records requester, agent, etc.)

Street Address

City, State and Zip Code

This authorization does not authorize you to disclose anything other than documents and records to anyone.

This authorization is not valid unless the record request named above has executed the acknowledgement at the bottom of this authorization

This authorization shall be considered as continuing in nature and is to be given full force and effect to release information of any of the foregoing learned or determined after the date hereof. It is expressly understood by the undersigned and you are authorized to accept a copy or photocopy of this authorization with the same validity as through an original had been presented to you.

Date: _____

Employee or Guardian Signature

Date: _____

Witness Signature

ACKNOWLEDGEMENT

The undersigned, as the record request named in the above medical authorization, hereby declares under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the attorney for the patient named in the foregoing medical authorization has been given notice that the authorization will be used to request records from the person or entity to whom it is addressed, if named in Plaintiff's Fact sheet; or, if the authorization is addressed to a third party not listed in Plaintiff Fact Sheet, the attorney for the patient named has been given ten (10) days advance notice and has been afforded an opportunity to object to the request, and any objections have been resolved.

The attorney for the patient named in the foregoing medical authorization has also been afforded an opportunity to order copies of the records from the undersigned requestor at a reasonable cost.

INTHEUNITEDSTATESDISTRICTCOURT
FORWESTERNDISTRICTOFKENTUCKY

INRE:SKECHERSTONINGSHOE :
PRODUCTLIABILITYLITIGATION : MDLDocketNo.2308

AUTHORIZATIONFORRELEASEOFEMPLOYMENT
ANDUNEMPLOYMENTRECORDS
(NoPsychologicalInjuryisClaimed)

To: _____
Name

Address

City,StateandZipCode

Thiswillauthorizeyoutofurnishcopiesofallapplicationsforemployment,resumes,
recordsforallpositionsheld,jobdescriptionsofpositionsheld,salaryand/orcompensation
records,performanceevaluationsandreports,statementsandcommentsoffellowemployees,
attendancerecords,W-2's,workers'compensationfiles;allhospital,physician,clinic,infirmary,
nurseanddentalrecords,x-rays,testresults,physicalexaminationrecords;anyrecordspertaining
toclaimsmaderelatingtohealth,disabilityoraccidentsinwhichIwasinvolvedincluding
correspondence,reports,claimforms,questionnaires,recordsofpaymentsmadetomeoronmy
behalf,andanyotherrecordsrelatingtomyemploymentwiththeabove-namedinstitution,
exceptforrecordsfortreatmentofpsychological,psychiatricoremotionalproblems,concerning

NameofEmployee

whosedateofbirthis_____andwhosesocialsecuritynumberis

_____.

Youareauthorizedtoreleasetheaboverecordstothefollowingrepresentatives
ofdefendantsintheabove-entitledmatter,whohaveagreedtopayreasonablechargesmadeby
youtosupplycopiesofsuchrecords.

Name of Representative

Representative Capacity (e.g., attorney, records requester, agent, etc.)

Street Address

City, State and Zip Code

This authorization does not authorize you to disclose anything other than documents and records to anyone.

This authorization is not valid unless the record request named above has executed the acknowledgement at the bottom of this authorization.

This authorization shall be considered as continuing in nature and is to be given full force and effect to release information of any of the foregoing learned or determined after the date hereof. It is expressly understood by the undersigned and you are authorized to accept a copy or photocopy of this authorization with the same validity as through an original had been presented to you.

Date: _____

Employee or Guardian Signature

Date: _____

Witness Signature

ACKNOWLEDGEMENT

The undersigned, as the record request named in the above medical authorization, hereby declares under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the attorney for the patient named in the foregoing medical authorization has been given notice that the authorization will be used to request records from the person or entity to whom it is addressed, if named in Plaintiff's Fact Sheet; or, if the authorization is addressed to a third party not listed in Plaintiff Fact Sheet, the attorney for the patient named has been given ten (10) days advance notice and has been afforded an opportunity to object to the request, and any objections have been resolved. The attorney for the patient named in the foregoing medical authorization has also been afforded an opportunity to order copies of the records from the undersigned requestor at a reasonable cost.