

CanSAV CLIENT INFORMATION SHEET

There is a lot of information we are asking from you on these sheets. Don't be overwhelmed. Just do the best you can. We can gather more information later as the process progresses. Add more sheets if you have more information to provide.

1. CONTACT PERSON:

Full Legal Name: _____

Address: _____

Telephone Number: Home _____ Work _____

E-mail address: _____

Relationship to injured person: _____

2. INJURED PERSON DETAILS (IP)

Full Legal Name: _____

Date of Birth: _____

Social Insurance Number: _____

Address: _____

*Physical Address (if different from mailing)

Telephone Number: Home _____ Work _____

E-mail address: _____

Married ___ Divorced ___ Separated ___ Widowed ___ Common Law Marriage ___

If currently married, state:

Spouse's Name: _____

Spouse's Address (if different from client's address): _____

Spouse's Date of Birth: _____ Spouse's Social Insurance No. _____

Date of Marriage: _____

(Attach copy of marriage certificate)

3. EXPOSURE TO ASBESTOS

Did IP work as an auto mechanic prior to 1973? Yes _____ No _____
 Has IP done brake jobs for himself or others? Yes _____ No _____
 Did IP work around steam engines that were overhauled
 or maintained? Yes _____ No _____
 Did IP ever work around boilers or in a boiler room? Yes _____ No _____
 Has IP ever done or been around sheet rock work? Yes _____ No _____
 Has IP ever done or been around insulation work? Yes _____ No _____

What is/was IP's trade? Please check all trades that apply:

Boilermaker ___ Brickmason ___ Carpenter ___ Electrician ___ Grinder ___ Insulator ___
 Laborer ___ Longshoreman ___ Machinist ___ Maintenance Mechanic ___ Roofer ___
 Merchant Marine ___ Millwright ___ Molder ___ Operator ___ Painter ___
 Pipefitter ___ Sandblaster ___ School Teacher ___ Welder ___
 Other: _____

4. WORKSITES

Complete the following information for **ALL** employment positions the IP has held, to the best of his knowledge. This includes **all** employers IP worked for and **each job site** he worked at for each employer, including the **city** he worked in and **trade** at each job. **Detail how IP may have been exposed to asbestos on each job. List employment even if IP not exposed to asbestos there:**

Example:

Employer: Brown & Root From 1969 to 1985
 Jobsite/City/Prov: Shell Chemical, Deerpark, ONT, 2 mos. in 1970s
 Jobsite/City/Prov: Dow Chemical, Freeport, ONT, from 1968-1970
 Trade: insulator, laborer

1. Employer: _____ From _____ to _____
 Jobsite/City/Prov: _____ From _____ to _____
 Jobsite/City/Prov: _____ From _____ to _____
 Jobsite/City/Prov: _____ From _____ to _____
 Trade(s): _____

2. Employer: _____ From _____ to _____
 Jobsite/City/Prov: _____ From _____ to _____
 Jobsite/City/Prov: _____ From _____ to _____
 Jobsite/City/Prov: _____ From _____ to _____
 Trade(s): _____

3. Employer: _____ From _____ to _____
 Jobsite/City/Prov: _____ From _____ to _____
 Jobsite/City/Prov: _____ From _____ to _____
 Jobsite/City/Prov: _____ From _____ to _____
 Trade(s): _____

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4. Employer: _____ From _____ to _____
Jobsite/City/Prov: _____ From _____ to _____
Jobsite/City/Prov: _____ From _____ to _____
Jobsite/City/Prov: _____ From _____ to _____
Trade(s): _____

5. Employer: _____ From _____ to _____
Jobsite/City/Prov: _____ From _____ to _____
Jobsite/City/Prov: _____ From _____ to _____
Jobsite/City/Prov: _____ From _____ to _____
Trade(s): _____

6. Employer: _____ From _____ to _____
Jobsite/City/Prov: _____ From _____ to _____
Jobsite/City/Prov: _____ From _____ to _____
Jobsite/City/Prov: _____ From _____ to _____
Trade(s): _____

*It is very important to include any asbestos exposure IP may have had at these jobs. Even something minor such as working around an office that was being renovated may assist us in the claim.

5. EXPOSURE TO ASBESTOS AWAY FROM WORK

Provide details in the space below of ANY exposure to asbestos away from work.

Example: From 1960-1962 the IP was exposed to asbestos when carrying out renovation work on his house in Yonge Street, Toronto. He cut and handled asbestos cement sheeting in this period and used drywall products.

1. From _____ to _____

Place of Exposure: _____

How Exposed: _____

2. From _____ to _____

Place of Exposure: _____

How Exposed: _____

6. WORKER'S COMPENSATION BENEFITS:

Has the IP made a claim for Workers Compensation Benefits?

Yes ___ No___ Pending _____

If yes, date of Claim (year):_____ File number of Claim (if known) _____

Has IP received Worker's Compensation benefits? Yes _____ No _____

If yes, in what amount and what kind of compensation:_____

7. OTHER LAWSUITS

Has IP ever filed any other lawsuit for an asbestos related injury (not including a workers compensation claim)? Yes _____ No _____

If so, for each lawsuit state:

The name of the lawsuit and case number, if known
(for example, Jones v. Smith, #99-9999): _____

Date suit was filed (year): _____

Name and address of attorney: _____

Outcome of the lawsuit: _____

Has IP ever signed a contract with another attorney regarding an asbestos-related claim?

Yes _____ No _____

8 CO-WORKERS and WITNESSES

List as many co-workers IP can remember along with their addresses and telephone numbers, if known. If IP was exposed away from work, provide details of anyone who may be able to recall anything about the exposure or the place the exposure took place. **This information may assist us with product identification.**

Co-worker's Name: _____

Address (if known): _____

City: _____ Prov. _____

Telephone: _____

Co-worker's Name: _____

Address (if known): _____

City: _____ Prov. _____

Telephone: _____

9. MEDICAL

When was IP diagnosed with mesothelioma?

Date of Diagnosis

Doctor's name and address

Did IP have a biopsy?

Yes _____ No _

Was this a needle biopsy or a tissue biopsy (please circle one)? Needle Tissue

What were the results? _____

Doctor: _____ City/Prov: _____

Doctor's phone #: _____

Name of Hospital that procedure was performed at: _____

City/Prov of Hospital: _____

(Attach copy of biopsy)

10 (a) Does IP have a Last Will and Testament? Yes _____ No _____

Who is the executor? _____

What is their relationship to IP? Spouse ___ Child ___ Other _____

(b) Has IP given power of attorney to anyone? Yes _____ No _____

What is their relationship to IP? Spouse ___ Child ___ Other _____



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CanSAV Client Release Form

I hereby authorize the Canadian Society for Asbestos Victims ("CanSAV")

- To disclose my personal information, documentation and other material relevant to my asbestos related condition (the "Information") to _____ (the "Law Firm") to:
 - allow the Law Firm to consider my potential entitlement to compensation in Canada;
 - start and/or continue an action on my behalf for compensation; or
 - add me as a plaintiff to an existing action for compensation; and
 - refer the Information to the Law Firm for the purpose of allowing them to consider my possible entitlement to compensation against US Asbestos Trust Funds.

Furthermore, I hereby authorize the Law Firm:

- To disclose to CanSAV, for the exclusive purpose of creating and maintaining an asbestos damages and settlement awards database, such personal information, documentation and other circumstances related to, or arising as a result of, any claim or potential claim that I may have in relation to my asbestos related condition (my "Claims"), including but not limited to the following:
 - updates on the status of my Claims;
 - amounts and details of any compensation payments or offers of settlement which are made in relation to my Claims; and
 - personal circumstances or characteristics which affected, or were likely to have affected, the amount of compensation or settlement received.

Disclaimer: CanSAV provides information and support services and will not receive financial compensation from me. CanSAV is not accredited to provide advice, and the information CanSAV provides is for assistance purposes only. CanSAV makes no statements, representations or warranties about the accuracy or completeness of any information provided. Professional advice should be sought from appropriate sources as required. CanSAV disclaims all responsibility and all liability (including without limitation, liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way and for any reason.

Privacy and Personal Information Policy: CanSAV is committed to respecting your privacy and ensuring the protection of your personal information. Any personal information provided will only be collected, used or disclosed in accordance with the provisions of the *Personal Information Protection Act*, S.B.C. 2003, c. 63, as amended ("PIPA"). The information you provide in this release may be used to contact you in order to discuss matters pertaining to your case and it may be shared with other CanSAV employees for this purpose. The information provided in this release will not be published or transferred to another entity, except as specifically outlined in this release, unless your express permission is obtained.

Any information provided in this release that is authorized to be shared with SimmonsCooper LLC may be transferred to the United States of America and be subject to U.S. law.

I hereby acknowledge that I have read and understand the contents of this release and by signing I agree to its terms.

Dated: _____

Witness Name: (print)

Client Name: (print)

Signature: _____

Signature: _____

Address _____

Address _____

Occupation _____

Phone Number _____

Email (optional) _____