

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA

In re:

PURDUE PHARMA L.P.
Debtor.

Personal Injury
(Including Parents)

If you believe in good faith that you or a family member was harmed by Purdue Pharma, this is the form you should fill out. You can fill out this form on behalf of a family member if they are dead, unable to fill it out themselves or under the age of 18. Whether the harm happened in the past or may happen in the future, you can fill out this form. Whether you were harmed by taking a Purdue Pharma opioid product (such as OxyContin) or another opioid, legal or illegal, but you believe in good faith that Purdue was responsible for you taking it, you can fill out this form (for instance, if you were legally prescribed OxyContin for chronic pain but then became addicted to it and ended up illegal opioids, you can fill out this form; if you believe your child purchased OxyContin on the street when they were addicted, you can fill out this form). If you are not sure whether or not you are entitled to fill out this form ... fill out the form! A lot of lawyers will sift through the forms to make final decisions.

You may file your claim electronically at PurduePharmaClaims.com via the link entitled "Submit a Claim."

For questions regarding this Proof of Claim Form, please call Prime Clerk at (844) 217-0912 or visit PurduePharmaClaims.com.

Read the instructions at the end of this document before filling out this form. This form is for individuals to assert an unsecured claim against the Debtors seeking damages based on actual or potential future personal injury to the claimant or another (for example, deceased, incapacitated, or minor family member) related to the taking of a Purdue Opioid and/or the taking of another opioid for which You believe Purdue is responsible for Your damages.

Do not use this form to assert only a non-personal injury claim against the Debtors based on or involving opioids or their production, marketing and sale, including without limitation, the Debtors' production, marketing and sale of Purdue Opioids. File such claims on a General Opioid Claimant Proof of Claim Form. However, if You have a claim against the Debtors based on or involving the production, marketing and sale of opioids, in addition to Your claim based on personal injury, You may include information related to that claim on the Personal Injury Claimant Proof of Claim Form by completing Part 5 of this form.

Do not use this form to assert any other pre-petition claims, including secured claims or claims entitled to priority under 11 U.S.C. § 507(a). Secured claims, claims entitled to priority under 11 U.S.C. § 507(a) and non-opioid related claims should be filed on a Non-Opioid Claimant Proof of Claim Form (Form 410).

Creditor (also referred to as "You" throughout) shall provide the information responsive to the questions set forth below. Creditors may include parents, foster parents, and guardians submitting claims on behalf of Debtors with Neonatal Abstinence Syndrome ("NAS"). Instructions and definitions are provided at the end of this document. You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your claim. You shall supplement Your responses if You learn that they are incomplete or incorrect in any material respect.

Personal Injury Claimant Proof of Claim Forms and any supporting documentation submitted with the form shall remain highly confidential and shall not be made available to the public. For the avoidance of doubt, all portions of the Personal Injury Claimant Proof of Claim Form and supporting documentation shall be treated as highly confidential and made available only to the Prime Clerk, the Court and to those that agree to be bound by the Protective Order.

Fill in all the information about the claim as of September 15, 2019, the Petition Date. You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form. This form should be completed to the best of Your ability with the information available to You. If You are unable to answer certain questions at this time, the absence of an answer, by itself, will not result in the denial of Your claim, though You may be asked or required to provide additional information at a later date. You may also amend or supplement Your claim after it is filed.

Please note that supporting documentation is requested in certain portions of this form. Please provide the requested information to the best of Your ability. At Your discretion, You may also provide additional information to supplement Your claim in any manner available to You.

Do not send original documents, as they will not be returned, and they may be destroyed after scanning.

Part 1: Identify the Claim

1. Who is the creditor?

Put the name of the person who was harmed here; if they are/were under 18, just write their initials.

Name of the individual to be paid for this claim. If the creditor is a minor (under 18), please provide only the minor's initials.

Other names the creditor used with the debtor, including maiden or other names used:

If you or the person harmed used any other names, write it here

If Your claim is based on personal injury to another (for example, a deceased, incapacitated, or minor family member), please provide the name of that other person (that is, the injured person). If the injured person is a minor (under 18), please provide only the minor's initials:

If you're filling this out on behalf of a family member, put their name here again. If they are/were under 18, just their initials.

If You are submitting a claim on behalf of another person, please provide Your name and relationship to that person:

If you are submitting a claim on behalf of a minor, are You the Legal Guardian?

No Yes

This section asks for information about you and/or your family member. "CREDITOR" will always be the person who should receive the money. "DEBTOR" will always be Purdue Pharma.

2. **What is the year of birth, gender, and last 4 digits of the social security number of the creditor (or injured person, if the claim is based on the personal injury of another)?**

Year of Birth: _____

Gender: Male Female

Last 4 Digits of Social Security Number (if available): XXX-XX-____-____-____-____

If you were the person injured, fill in your information here; if not, fill in the information about the person who was harmed, to the best of your ability.

3. **Where should notices and payments to the creditor be sent?**

Where should notices to the creditor be sent?
Who should receive mail about this claim?

Where should payments to the creditor be sent? (if different)
Who should receive the money ?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact phone _____

Contact email _____

4. **Does this claim amend one already filed?** No. Yes. Claim number on court claims registry (if known) _____

Did you already send in a form? They just want the information - doesn't mean you can send in a new version if you have more information.

Filed on _____ MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?** No. Yes. Who made the earlier filing? _____

Has anyone else sent in a claim about the same person? Doesn't mean you can't still send in this claim; they just want to make sure they find the other one.

Part 2: Attorney Information (Optional)

6. **Are You represented by an attorney in this matter?** No. Yes. If yes, please provide the following information:

If you don't have a lawyer, skip this section.

You do not need an attorney to file this form.

Law Firm Name _____

Attorney Name _____

Address _____

City _____ State _____ ZIP Code _____

Contact phone _____ Contact email _____

Part 3: Information as of September 15, 2019, the Petition Date, About Your Claim

7. **How much is the claim?** \$ _____ Unknown.

You can try to put a number on the harm you or your family member experienced based on medical bills, money spent on opioids, professional losses, etc... but you can also, instead, just check "unknown" and answer the questions below.

8. **Select all that apply to You.**

Creditor has been injured by use of an opioid. **If you were the one harmed, check here.**

Although Creditor is not currently aware of any injury, Creditor wants to file now to keep the ability to seek payment if Creditor has a future injury or harm due to use of an opioid. **If you haven't experienced an injury yet, but you believe you will, check here.**

Creditor has a claim arising out of another person's use of an opioid. **Please answer all questions in Part 4 as if that person (the injured person) is filling out the form. If you're filling out this form for someone else, check here.**

Creditor is submitting a claim on behalf of a minor with NAS. **Please answer all questions in Part 4 as if the birth mother of the minor is filling out the form (to the extent such information is available to You).**

You can check more than one box if needed

If you're filling out this form on behalf of a baby born suffering from withdrawal, check the last box.

9. Briefly describe the type of injury alleged from Your use or another person's use of an opioid. Select all that apply.

Attach additional sheets if necessary.

- Death
- Overdose
- Addiction/Dependence/Substance Use Disorder
- Lost Wages/Earning Capacity
- Loss of Consortium **This means the loss of fellowship, of a companion**
- NAS-related **This means related to a child born with withdrawal symptoms**
 - Learning Disability
 - Spina Bifida
 - Developmental Disability
 - Heart Defects
 - Congenital Defects or Malformations
- Expenses for Treatment
- Other (describe): _____

10. Describe the basis for Your claim, including all alleged causes of action, sources of damages, etc., You are asserting against the Debtors.

Attach additional sheets if necessary.

This is the place to tell your story. You can attach other pieces of paper. Be detailed and factual.

You can ask for several things: money t("Compensatory") to compensate for lost income, for pain and suffering, for loss of fellowship, for substance abuse treatment expenses, and anything else related to the harm you or your family member suffered.

11. Please identify and quantify each category of damages or monetary relief that You allege, including all injunctive relief that You seek. Check as many boxes as are applicable.

- Compensatory: \$ _____ or Unknown
(for example, lost wages, pain and suffering, expenses not reimbursed, loss of consortium, etc.)
- Punitive: \$ _____ or Unknown
- Other (describe): _____

"Punitive" means that you are asking for the company to pay money as punishment for their misdeeds.

"Injunctive" means that you are asking the court to set conditions or requirements on the company; to force them to do or not do something. Ask for what you think is just; you can ask for more than one form of relief.

12. Have You ever filed a lawsuit against any of the Debtors at any time?

- No
- Yes. If yes, please provide the following information and attach supporting documentation:

Have you ever filed a lawsuit against Purdue before? (It doesn't mean you can't file a claim.)

Case Caption: _____

Court and Case/Docket Number: _____

Attorney Information:

Law Firm Name

Attorney Name

Address

City State ZIP Code

Contact phone Contact email

If you are filling out the form for someone else, fill out this part as if you were them.

Part 4:

Information About Opioid Use

If You have a claim arising out of another person's use of an opioid, please answer these questions as if the injured person is filling out the form. If You are submitting a claim on behalf of a minor with NAS, please answer these questions as if the birth mother of the minor is filling out the form (to the extent such information is available to You).

13. Were You prescribed or administered a Purdue brand name opioid by a healthcare professional?

- Unknown (select if You were prescribed a prescription opioid but do not know the specific medication).
- No.
- Yes. If yes, please provide the following information to the extent reasonably available:

Please identify the Purdue brand name opioid(s) that You were prescribed or administered by a healthcare professional. Check as many medications as applicable.

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Butrans® | <input type="checkbox"/> OxyContin® |
| <input type="checkbox"/> DHC Plus® | <input type="checkbox"/> OxyFast® |
| <input type="checkbox"/> Dilaudid® | <input type="checkbox"/> OxyIR® |
| <input type="checkbox"/> Hysingla ER® | <input type="checkbox"/> Palladone® |
| <input type="checkbox"/> MS Contin® | <input type="checkbox"/> Ryzolt |
| <input type="checkbox"/> MSIR® | |

14. Were You ever prescribed or administered any opioid (other than a Purdue brand name opioid) by a healthcare professional?

- Unknown (select if You were prescribed a prescription opioid but do not know the specific medication).
- No.
- Yes. If yes, please provide the following information to the extent reasonably available:

Non-Purdue Brand Name Opioid, if known: _____

Please identify the generic opioid(s) that You were prescribed or administered by a healthcare professional. Check as many medications as applicable.

- | | |
|--|---|
| <input type="checkbox"/> Buprenorphine transdermal system | <input type="checkbox"/> Oxycodone extended-release tablets |
| <input type="checkbox"/> Hydrocodone and acetaminophen tablets (generic to Vicodin® or Norco®) | <input type="checkbox"/> Oxycodone immediate-release tablets |
| <input type="checkbox"/> Hydromorphone immediate-release tablets | <input type="checkbox"/> Oxycodone and acetaminophen tablets (generic to Percocet®) |
| <input type="checkbox"/> Hydromorphone oral solution | <input type="checkbox"/> Tramadol extended-release tablets |
| <input type="checkbox"/> Morphine extended-release tablets | |
| <input type="checkbox"/> Other Generic: _____ | |

This is the section where you can tell the Court about the general harm done to society by Purdue rather than the personal injury.

Part 5: Other (Non-Personal Injury) Opioid-Related Claims

15. Do You believe You have any other claims against the Debtors based on or involving the Debtors' production, marketing and sale of Purdue Opioids that are not based on a personal injury?

No.

Yes. If yes, please describe the nature of the claim(s) (Attach additional sheets if necessary).

16. How much is the claim? \$ _____ or

Unknown.

How much do you think Purdue should pay based on this type of harm?

Part 6: Supporting Documentation

17. Please provide the following supporting documentation if You would like (but You are not required) to supplement this proof of claim.

Provide any documents supporting Your claim, including but not limited to: any complaint that You have filed against the Debtor(s), prescriptions, pharmacy records or statements showing prescriptions, or any records supporting Your claims of damages.

They are asking you to provide any documentation — pharmacy records or other — but you can still file a claim even if you don't have documentation.

Part 7: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney, guardian, kinship (or other authorized) caretaker, executor, or authorized agent.

Other (describe): _____

You are the creditor if you are the one who will be compensated for the harm

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date _____ (mm/dd/yyyy)

Signature

Print the name of the person who is completing and signing this claim:

Name _____
First name Middle name Last name

Title _____

Company _____

Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____

Instructions for Personal Injury Claimant Proof of Claim Form

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- Fill in all of the information about the claim as of the date the bankruptcy case was filed, September 15, 2019. You may also fill in information regarding any claims you believe you may have after September 15, 2019 on this form.
- If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- Attach any available supporting documents to this form. Attach copies of any documents that show that the debt exists, a lien secures the debt, or both.

Also attach copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called “Bankruptcy Rule”) 3001(c) and (d).
- Do not attach original documents because they will not be returned and may be destroyed after scanning.
- A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual’s tax identification number, or financial account number, and only the year of any person’s date of birth. See Bankruptcy Rule 9037.
- A parent, foster parent, or guardian may complete this form on behalf of a minor child if there is reason to believe that the birth mother may have taken opioid products.
- For a minor child, fill in only the child’s initials and the full name and address of the child’s parent or guardian. For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.
- Each question in this proof of claim form should be construed independently, unless otherwise noted. No question should be construed by reference to any other question if the result is a limitation of the scope of the answer to such question.

- The questions herein do not seek the discovery of information protected by the attorney-client privilege.
- The words “and” and “or” should be construed as necessary to bring within the scope of the request all responses and information that might otherwise be construed to be outside its scope.
- After reviewing this form and any supporting documentation submitted with this form, additional information and documentation may be requested.
- Purdue Pharma (Canada) is not a debtor in this case. If your claim is against only Purdue Pharma (Canada), you do not have a claim in this case and should not file and submit this form.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You may also call Prime Clerk at (844) 217-0912, send an inquiry to purduepharmainfo@primeclerk.com, or submit an inquiry or live chat with Prime Clerk through the case website at PurduePharmaClaims.com.

Understand the terms used in this form

Claim: A creditor’s right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor’s name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual’s tax identification number, or a financial account number, only the initials of a minor’s name, and only the year of any person’s date of birth.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

Purdue Opioid means all natural, semi-synthetic or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and that are approved by the U.S. Food & Drug Administration (FDA) and listed by the DEA as Schedule II or III drugs pursuant to the federal Controlled Substances Act, produced, marketed or sold by the Debtors as (i) the following **Brand Name Medications:** OxyContin®, Hysingla ER®, Butrans®, Dilaudid®, Ryzolt, MS Contin®, MSIR®, Palladone®, DHC Plus®, OxyIR®, and OxyFast®, and (ii) the following **Generic Medications:** oxycodone extended-release tablets, buprenorphine transdermal system, hydromorphone immediate-release tablets, hydromorphone oral solution, tramadol extended-release tablets, morphine extended-release tablets, oxycodone immediate-release tablets, oxycodone and acetaminophen tablets (generic to Percocet®), hydrocodone and acetaminophen tablets (generic to Vicodin® or Norco®). The term “Purdue Opioid(s)” shall not mean: (i) medications and other substances to treat opioid or other substance use disorders, abuse, addiction or overdose; (ii) raw materials and/or immediate precursors used in the manufacture or study of opioids or opioid products, but only when such materials and/or immediate precursors are sold or marketed exclusively to DEA-licensed manufacturers or DEA-licensed researchers; or (iii) opioids listed by the DEA as Schedule IV drugs pursuant to the federal Controlled Substances Act.

Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of § 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Please send completed Proof(s) of Claim to:

If by first class mail:

Purdue Pharma Claims Processing Center
c/o Prime Clerk LLC
Grand Central Station, PO Box 4850
New York, NY 10163-4850

If by overnight courier or hand delivery:

Purdue Pharma Claims Processing Center
c/o Prime Clerk LLC
850 Third Avenue, Suite 412
Brooklyn, NY 11232

You may also file your claim electronically at

PurduePharmaClaims.com via the link entitled “Submit a Claim.”

Do not file these instructions with your form