

**EXHIBIT A**  
**Filed Case Census Form**  
**Initial Census Questions**

1. Information

- a. Claimant Name: \_\_\_\_\_
- b. Law Firm: \_\_\_\_\_
- c. Original Case No (if applicable): \_\_\_\_\_ cv \_\_\_\_\_ Not applicable:
- d. Original Case Filing Date: \_\_\_\_\_
- e. MDL Case No: \_\_\_\_\_
- f. MDL Case Filing Date: \_\_\_\_\_
- g. Male      Female
- h. Date of Birth: \_\_\_\_\_
- i. Current state of residence: \_\_\_\_\_
- j. Number of years in current state of residence: \_\_\_\_\_

2. Did the claimant serve in the military and/or armed forces?

Yes              No

If yes:

- a. Identify each branch the claimant served in, and the dates of service in each branch:

Branch	Start Date	End Date
		Present
		Present
		Present
		Present
		Present
		Present
		Present
		Present
		Present
		Present
		Present

Branch	Start Date	End Date
		Present
		Present
		Present
		Present
		Present
		Present
		Present
		Present
		Present
		Present
		Present

b. Identify each of the claimant's duty stations between 2000 and present:

Duty Station	Military Occupational Specialty	Used Combat Arms Earplugs?	Start Date	End Date
				Present
				Present
				Present
				Present
				Present

Duty Station	Military Occupational Specialty	Used Combat Arms Earplugs?	Start Date	End Date
				Present
				Present
				Present
				Present
				Present
				Present
				Present
				Present
				Present
				Present
				Present
				Present
				Present
				Present

Duty Station	Military Occupational Specialty	Used Combat Arms Earplugs?	Start Date	End Date
				Present
				Present
				Present
				Present
				Present
				Present
				Present
				Present
				Present
				Present
				Present
				Present
				Present
				Present
				Present
				Present

Duty Station	Military Occupational Specialty	Used Combat Arms Earplugs?	Start Date	End Date
				Present
				Present
				Present

c. Identify each of the claimant's military occupational specialties between 2000 and present:

Military Occupation Specialty	Start Date	End Date
		Present
		Present
		Present
		Present
		Present
		Present
		Present

Military Occupation Specialty	Start Date	End Date
		Present
		Present
		Present
		Present
		Present
		Present
		Present
		Present
		Present
		Present
		Present
		Present

Military Occupation Specialty	Start Date	End Date
		Present
		Present
		Present
		Present
		Present

3. Is the claimant currently on active military duty?

Yes                  No

4. Did the claimant use the Combat Arms Earplugs version 2 (“CAEv2”) when he or she served in the military and/or armed forces?

Yes                  No

If yes,

a. State whether the claimant used CAEv2 in training, combat, or both:

Training          Combat          Both          Don't Remember

5. Did the claimant use CAEv2 earplugs, the Indoor-Outdoor Range earplugs, or the EAR Arc earplugs as a civilian at any time?

Yes

No

a. If yes, select all that apply:

CAEv2

Indoor-Outdoor Range earplugs

EAR Arc earplugs

b. Specify reason for use:

Reason for Use	Use
Military Contractor	
First Responder	
Shooting Range	
Hunting	
Welding	
Construction	
Other:	

6. Identify the physical injuries claimant sustained as a result of using CAEv2 earplugs:

Total Hearing Loss, Left Ear

Total Hearing Loss, Right Ear

Percentage/grade of hearing loss, if known:

Partial Hearing Loss, Left Ear

\_\_\_\_\_

Partial Hearing Loss, Right Ear

Percentage/grade of hearing loss, if known:

Tinnitus, Left Ear

\_\_\_\_\_

Tinnitus, Right Ear

Tinnitus - Extent Unknown

Other—Specify:



7. Identify the approximate year on which the claimant first noticed:
- a. that the CAEv2 was not providing adequate protection from loud noises;  
Year: \_\_\_\_\_
  - b. the injury described in response to Question No. 6 above.

Injury described in response to Question No. 6	Approx. year first noticed injury

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 during an audiogram or other hearing test?"

Yes                  No

If yes, what was the approximate date of the first audiograms or other hearing tests that identified the injuries described in response to Question No. 6 above?

Injury identified	Approx. Date of the first hearing tests

Injury identified	Approx. Date of the first hearing tests

9. Has the claimant received disability benefits as a result of hearing loss, tinnitus or other hearing injury?

Yes                  No

If yes, identify the agency or entity that provided the claimant with disability benefits:

**Certification**

The undersigned lawyer certifies to the Court that all of the information provided on this form is accurate based on either client input or military records, or both.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_