

**SUPPLEMENTAL PLAINTIFF PROFILE FORM**

*In re Abilify (Aripiprazole) Products Liab. Litig., MDL 2734 (N.D. Fla.)*

PLAINTIFF NAME: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_

LAW FIRM: \_\_\_\_\_

INDIVIDUAL CASE NO. \_\_\_\_\_

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**IV. PROOF OF USE**

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A. Do you have records documenting your use of Abilify (aripiprazole)?  YES  NO

If YES, please indicate what type of records:

Pharmacy Records  Physician Records  Physician Certification

Other ( \_\_\_\_\_ )

Please attach the above indicated records documenting your use of Abilify from the Abilify® Start Date through the Abilify® End Date that you provided in response to Question II.A of the Initial Plaintiff Profile Form.

If NO, please explain why: \_\_\_\_\_

B. Did you ever take generic Abilify (aripiprazole)?  YES  NO  DON'T KNOW

If YES, please indicate: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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**V. ADDITIONAL MEDICAL INFORMATION**

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A. Have you ever taken Mirapex® (pramipexole), Requip® (ropinerole) or any medications to treat Parkinson's Disease or Restless Leg Syndrome?  YES  NO  DON'T KNOW

If YES, please provide the following:

Name of medication: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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**VI. INJURIES**

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A. If you are claiming any gambling losses in this litigation, please provide the following:

Has a healthcare provider diagnosed you with pathological gambling or gambling disorder?  
 YES  NO

If YES, please attach medical records documenting a diagnosis from a healthcare provider of pathological gambling or gambling disorder while you were taking Abilify. If you do not have such records, please provide a physician certification attesting that you have been diagnosed with pathological gambling or gambling disorder and that your symptoms began while on Abilify, and identifying all information and records on which the physician relied.

If NO, please attach any other records that you contend show that you experienced pathological gambling or gambling disorder.

- B.** If you are claiming any injury or losses in this litigation other than or in addition to gambling losses, please provide the following:

Has a healthcare provider diagnosed you with an impulse control disorder or a compulsive behavior other than pathological gambling or gambling disorder?  YES  NO

If YES, please attach medical records documenting a diagnosis from a healthcare provider of an impulse control disorder or a compulsive behavior other than pathological gambling or gambling disorder. If you do not have such records, please provide a physician certification attesting that you have been diagnosed with an impulse control disorder or a compulsive behavior (other than pathological gambling or gambling disorder) and that your symptoms began while on Abilify, and identifying all information and records on which the physician relied.

If NO, please attach any other records that you contend show that you experienced an impulse control disorder or a compulsive behavior other than pathological gambling or gambling disorder.

- C.** Before you took Abilify, had you ever gambled?  Yes  No

1) If YES, please identify all types of gambling you engaged in before taking Abilify:

- Casino Slots                       Casino Table Games                       Online gambling  
 Sports betting                       Lottery/scratch-off tickets  Other (specify: \_\_\_\_\_)

2) If YES, in the year before you started Abilify, how often did you gamble?

- Daily     Weekly     Monthly     A few times

3) If YES, in the year before starting Abilify, approximately how much did you lose gambling? \$\_\_\_\_\_

4) If YES, provide all records of gambling for the year before you took Abilify that are in Plaintiff's or Plaintiff's counsel's possession.

5) If YES, upon request of Defendants, provide authorization(s) for the facilities, locations, or websites at which you gambled in the year before taking Abilify.

- D.** While taking Abilify, did you ever gamble?  Yes  No

1) If YES, please identify all types of gambling you engaged in while taking Abilify:

- Casino Slots                       Casino Table Games                       Online gambling  
 Sports betting                       Lottery/scratch-off tickets  Other (specify: \_\_\_\_\_)

2) If YES, while on Abilify, on average, how often did you gamble per year?

- Daily    Weekly    Monthly    A few times

3) If YES, while on Abilify, approximately how much money on average did you lose gambling per year?     \$ \_\_\_\_\_

**E.** Since you stopped taking Abilify, have you ever gambled?      Yes    No

1) If YES, please identify all types of gambling you have engaged in since stopping Abilify:

- Casino Slots                       Casino Table Games                       Online gambling  
 Sports betting                       Lottery/scratch-off tickets    Other (specify: \_\_\_\_\_)

2) If YES, in the first full year after stopping Abilify, how often did you gamble?

- Daily    Weekly    Monthly    A few times

3) If YES, in the first full year after stopping Abilify, approximately how much did you lose gambling?     \$ \_\_\_\_\_

4) If YES, provide all records of gambling in the first full year after stopping Abilify that are in Plaintiff's or Plaintiff's counsel's possession.

5) If YES, upon request of Defendants, provide authorization(s) for the facilities, locations, or websites at which you gambled in the first full year after stopping Abilify.

**F.** On what date did you last engage in any type of gambling?     \_\_\_\_\_

**G.** Have you ever reported gambling winnings, losses or expenses on IRS Form 1040 or Form 1040 Schedule A?      Yes    No

If YES, please identify all tax years in which you have reported gambling winnings, losses or expenses to the IRS:     \_\_\_\_\_

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## VII. DAMAGES

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**A.** If you checked the box for "Gambling Losses" in Section III.D of the Initial Plaintiff Profile Form, please provide the following:

What is the amount of gambling losses for which you have verifiable documentation?  
\$ \_\_\_\_\_

Please provide all supporting records, such as records from casinos or other gambling establishments, including records of player's card(s), loyalty card(s), or other account(s) with any gambling establishments or websites, online gambling statements, wagering

tickets, canceled checks, scratch off tickets, lottery tickets, keno tickets, payment slips, Form 5754 (Statement by Person(s) Receiving Gambling Winnings), tax returns, W2Gs, and any other records that show your verifiable gambling losses. Provide any other gambling records from the period in which you were on Abilify that are in Plaintiff's or Plaintiff's counsel's possession. To the extent any losses are not readily apparent on the face of the document (e.g., as with bank and credit card statements), please identify any claimed gambling losses by highlighting, underlining, or circling them.

When did you first lose money gambling as a result of Abilify?

Month/Year: \_\_\_\_\_

- B.** If you checked the box for "Shopping or Spending Expenses" in Section III.D of the Initial Plaintiff Profile Form, please provide the following:

What is the amount of shopping or spending losses for which you have verifiable documentation? \$\_\_\_\_\_

Please provide all supporting records, such as financial records that show your verifiable shopping or spending losses. To the extent any losses are not readily apparent on the face of the document, please identify any claimed shopping or spending losses by highlighting, underlining, or circling them.

When did you first lose money shopping or spending as a result of Abilify?

Month/Year: \_\_\_\_\_

- C.** If you checked any box in Section III.D of the Initial Plaintiff Profile Form (other than "Gambling Losses" and/or "Shopping or Spending Expenses"), do you have documentation of the damages?  Yes  No

Please provide all supporting records, such as medical records or financial records that show your verifiable losses or other records you claim support your damages other than shopping, spending, or gambling. To the extent you are claiming monetary losses and those losses are not readily apparent on the face of the document, please identify any claimed losses by highlighting, underlining, or circling them.

For each of your injuries other than shopping, spending, or gambling, please list below the month and year when you first experienced that injury:

Injury	Date of Onset

D. Have you ever filed for bankruptcy?  Yes  No

If YES, please provide the following:

Date of filing/petition: \_\_\_\_\_ Court where petition filed: \_\_\_\_\_

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### VIII. SUPPORTING DOCUMENTATION

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Please identify all the types of records that you have produced in support of this Supplemental Plaintiff Profile Form:

- Pharmacy                       Medical       Casino       Gambling Receipts  
 Lottery Tickets               Tax               Banking       Physician Certification  
 Other (specify: \_\_\_\_\_)               None

Are the documents which are being produced in support of this Supplemental Plaintiff Profile Form a substantially complete collection of the documents supporting the Claimant's damages, or is Claimant's Counsel awaiting additional supporting documents?

- Substantially Complete  
 Awaiting Additional Supporting Documents  
 Unable to Obtain Records from an Uncooperative Entity

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### PLAINTIFF CERTIFICATION

- BY CHECKING THIS BOX, CLAIMANT ADOPTS PLAINTIFF'S SIGNATURE FROM PLAINTIFF'S FIRST PROFILE FORM AND DECLARES UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF PLAINTIFF'S KNOWLEDGE.**

**BY SUBMITTING THIS FORM, CLAIMANT'S COUNSEL WARRANTS THAT THEY HAVE CONSULTED WITH CLAIMANT PRIOR TO THE SUBMISSION OF THIS SUPPLEMENTAL PPF AND REPRESENTS THAT THE INFORMATION PROVIDED IN THIS FORM IS BASED UPON THE CLAIMANT'S REPRESENTATIONS TO COUNSEL AND MAY ALSO INCLUDE NON-PRIVILEGED INFORMATION DERIVED FROM THE RECORDS UPLOADED IN SUPPORT OF THIS SUBMISSION.**