

CONFIDENTIAL JUROR QUESTIONNAIRE. Read left to right. Answer every question truthfully. Print your answers.

<p>1. Name: _____</p> <p>2. Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Disabled <input type="checkbox"/> Student <input type="checkbox"/> Other: _____</p> <p>Jobs you've held in the past:</p> <p>3. Do you or a member of your immediate family hold a management position in any business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Military background:</p>	<p>5. Do you or someone close to you have any training or experience in:</p> <p>a) Medicine or nursing <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Law or courts <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Counseling or mental health <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) Automotive industry <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) Construction Industry <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f) Insulation / pipe covering <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g) Chemicals <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>h) OSHA / safety regulations <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes to any, explain:</p>	<p>6. Have you or someone close to you ever worked for a company that you/they did not think was concerned about the health & safety of its employees? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain:</p> <p>7. Have you or a family member ever been a union member? <input type="checkbox"/> Yes, self <input type="checkbox"/> Yes, family <input type="checkbox"/> No</p> <p>Which union? _____</p> <p>Have you ever had a leadership role in the union? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In general, do you support the activities and goals of unions nowadays? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Member of any organizations?</p>
<p>8. Have you or a family member ever:</p> <p>a) Sued anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Been sued? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Had grounds to sue but didn't? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) Filed a claim for disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) Filed workers comp claim? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes to any, describe:</p> <p>Were you satisfied with the result? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of your attorney:</p>	<p>9. In general, do you think that the <u>money awards</u> from lawsuits have generally been: <input type="checkbox"/> Too high <input type="checkbox"/> About right <input type="checkbox"/> Too low</p> <p>What is your opinion about awarding punitive damages to punish a defendant for malicious behavior?</p> <p>What are your views concerning awards of damages for personal injury, physical pain, emotional distress or mental suffering</p>	<p>10. Describe any problems or illnesses related to the lungs or breathing that you or someone close to you have had?</p> <p>11. Have you or anyone close to you ever worked with or been exposed to substances or chemicals that you believe are a potential health hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p> <p>If yes, did you/they suffer any health problems as a result? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>12. Have you or any member of your immediate family ever been exposed to, or worked with or around asbestos or asbestos-containing products? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If yes or don't know, please explain:</p>	<p>13. Have you ever seen or heard any publicity concerning asbestos litigation that has influenced you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>	<p>14. Have you or any member of your immediate family ever suffered from any cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If yes or don't know, please explain:</p>

<p>If yes, did you/they suffer any health problems as a result? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If yes, has that person filed a claim based on exposure to asbestos or asbestos-containing products or do you know if such a claim will be filed in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p>What is your opinion, if any, about asbestos-containing products?</p>	<p>Has any medical doctor suggested, or do you believe, that the cancer was caused by asbestos? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If yes or don't know, please explain:</p>
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-- PLEASE CONTINUE ON OPPOSITE SIDE --

<p>15. Would your experience with someone having cancer influence you in this case?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If yes or don't know, please explain:</p>	<p>16. What is your general attitude about people who bring lawsuits?</p> <p>What are your general opinions about corporations?</p> <p>Have you ever had a bad experience with a corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>	<p>17. Do you agree that individuals and corporations should be treated equally under the law?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p> <p>If no or not sure, explain:</p>
<p>18. In a lawsuit between an individual and a corporation, would you favor one side over the other, regardless of the evidence?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p> <p>If yes or not sure, explain:</p>	<p>19. Do you believe you could give a corporation a fair trial?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p> <p>If no or not sure, explain:</p>	<p>20. Do you believe you could give a plaintiff who is suing several corporations a fair trial?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p> <p>If no or not sure, explain:</p>
<p>21. Does the fact that the plaintiff has filed this lawsuit cause you to believe that the plaintiff is probably entitled to recover something from the defendants?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p> <p>If yes or not sure, explain:</p>	<p>22. Describe any problems or beliefs (medical, language, religious, ethical) that may prevent you from serving as a juror?</p>	<p>23. Is there any other reason that would in any way prevent you from deciding this case in a fair and impartial manner based on the evidence presented in this case?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p> <p>If yes or not sure, explain:</p>
<p>24. Do you recognize any of the names on the trial witness list provided to you? SEE LIST PROVIDED TO JURORS <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>26. Do you know or have you had any dealing with any of the law firms or attorneys on the trial witness list provided to you? SEE LIST</p>	<p>27. Are you able to serve as a juror from _____ through _____</p>

<p>If yes, write their names below:</p> <p>25. Do you or your spouse own stock in or work for any of the companies on the trial witness list provided to you? SEE LIST PROVIDED TO JURORS <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, write their names below:</p>	<p>PROVIDED TO JURORS <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, write their names below:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, explain:</p>
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I swear that my answers are true and correct.

SIGNATURE _____

DATE