

Paraquat Intake

Paraquat manufactured by Chevron

Paraquat is a toxic chemical that is widely used as an herbicide (plant killer), primarily for weed and grass control. In the United States, Paraquat is available primarily as a liquid in various strengths & less commonly in the form of granular solids.

- Must have at least 8 days of lifetime use
- Both dermal and inhalation exposure are OK.
- If the exposure is indirect (ex: the client didn't actually spray, but lived by a farm where Paraquat was sprayed), then the exposure must pass the "common sense" test. Case by case analysis.
- At least 7 years between FIRST exposure and the onset of PD symptoms/diagnosis.

Injury:

- Diagnosis of Parkinson's Disease (PD)
- If no diagnosis, must suffer from one or more of the PD Motor Symptoms.

Motor Symptoms:

- | | |
|--|---|
| <input type="checkbox"/> hand tremors | <input type="checkbox"/> prolonged or extreme stiffness |
| <input type="checkbox"/> difficulty with body movements | <input type="checkbox"/> loss of balance |
| <input type="checkbox"/> difficulty walking (slow gait, shuffling) | <input type="checkbox"/> difficulty or soft speaking |
| <input type="checkbox"/> reduced facial expression, blank stare | <input type="checkbox"/> drooling |
| <input type="checkbox"/> small handwriting | <input type="checkbox"/> trembling |
| <input type="checkbox"/> whole body fatigue or dizziness | <input type="checkbox"/> amnesia or confusion in evening hour |
| <input type="checkbox"/> early awakenings or sleep disturbances | <input type="checkbox"/> anxiety or apathy |

Injured name: _____ DOB: _____

Single, Widow, Divorced, Married (if married, spouse name): _____

Caller Name (if different): _____

Caller's relationship to injured person: _____

Why are you calling rather than the injured person? _____

Mailing Address (street/PO Box, city, state, zip): _____

Physical Address, if different: (street, city, state): _____

Cell phone: _____ May we text you? If yes, who is your provider: _____

Home phone: _____ Work phone: _____

Email Address: _____ Preferred method of contact: _____

_____  _____

Are you currently represented by another law firm for this injury? _____ (If yes, decline)

Please provide a little more information about the current status of the individual for whom this claim is being investigated:

- _____ He/she passed away
- _____ Currently undergoing chemotherapy
- _____ Currently receiving radiation treatment
- _____ Has completed cancer treatment and/or not currently treating

Was the cause of death Parkinson's Disease? _____

If not Parkinson's what was the cause of death? _____

Has an Estate been opened: _____

If yes, who has been appointed Personal Representative: _____

What was the date of death? _____

What was the state of residence of the deceased party at the time of death? _____

What was the injured party's state of residence at the time of diagnosis? _____

Were you or a loved one directly exposed to Paraquat by personally mixing OR spraying the chemical? _____

Were you or a loved one diagnosed with Parkinson's Disease within the last 10 years? _____

Were you or a loved one diagnosed with Parkinson's Disease after being exposed to, using, mixing or spraying the Paraquat? _____

If yes, have you or loved one received a genetic test related to your diagnosis? _____

If yes, what was the result? _____

Please provide the date of the Parkinson's Disease diagnosis: _____

(Must be 7 years between first exposure and onset of symptoms, otherwise decline)

Age at time of diagnosis: _____ (If over 80, decline)

If not diagnosed with Parkinson's, what symptoms you have experienced?

- _____ Tremors _____ Extreme stiffness
- _____ Loss of balance _____ Trembling
- _____ Others List: _____

Have you sought treatment with a doctor for these symptoms? _____

If yes, when did begin: _____

Have you been prescribed medications for any of the symptoms? _____

If yes, what medication(s) have been Rx?:

Please provide the name of the diagnosing doctor and treatment facility:

Were you or a loved one treated with chemotherapy for any reason PRIOR to being diagnosed with Parkinson's Disease? _____

During what dates/years/time period were you or a loved one exposed to Paraquat?

Please provide the address/location where you or a loved one would normally use this product:

How were you or a loved one exposed to Paraquat? (Can choose multiple)

_____ Farmer	_____ Crop Duster
_____ Landscaper	_____ Florist
_____ Nursery/Greenhouse	_____ Golf Course
_____ Maintenance	_____ County/City Employment
_____ Law Service	Other _____

Was your exposure direct or indirect? _____

If indirect, describe how close did you live to field, kind of field, etc.

How often was the Paraquat product used in your work, or how often were you in the vicinity of it being used?

(Choose One) _____ Daily _____ Once per week
_____ More than once per week _____ Once per month
_____ More than once per month _____ Unsure
Other _____

For how long were you directly exposed to Paraquat?

_____ Less than 6 months	_____ 6 months to 1 year
_____ 1-2 years	_____ 2-3 years
_____ 3-5 years	_____ More than 5 years
_____ Unsure	

Please provide the name and address of the location where you would normally purchase the Paraquat:

Do you have any receipts or proof of purchase to show that you bought this product? _____

Do you have used Paraquat containers/bottles? _____

Do you have any other evidence you were exposed to Paraquat (describe):

When did you first learn that your injuries could be related to Paraquat?

How did you learn of this?
