

# Appendix G

Declaration of Counsel

# DECLARATION OF COUNSEL

## INSTRUCTIONS

**THIS FORM MUST BE EXECUTED BY COUNSEL FOR :**

- 1. INDIVIDUALS WHO DID NOT HAVE A LEGAL CASE RELATING TO ACTOS PRODUCTS PENDING IN STATE OR FEDERAL COURT ON THE EXECUTION DATE;**
- 2. BUT WHO ARE ELIGIBLE TO AND ELECT TO PARTICIPATE IN THE ACTOS RESOLUTION PROGRAM (the "Program") BY SUBMITTING A NOTICE OF INTENT TO OPT IN FORM FOR UNFILED CLAIMS PURSUANT TO THE PROGRAM.**

**THIS DECLARATION FORM MUST BE COMPLETED AND SIGNED BY THE ATTORNEY REPRESENTING SUCH INDIVIDUAL IN CONNECTION WITH HIS OR HER ACTOS PRODUCTS INJURY CLAIM.**

**THIS DECLARATION MUST BE SUBMITTED AS PART OF THE OPT IN PACKAGE FOR UNFILED CLAIMS, ON OR BEFORE 11:59 p.m. CT ON JULY 13, 2015 (UNLESS EXTENDED TO A LATER DATE PURSUANT TO THE TERMS OF THE SETTLEMENT AGREEMENT), IN ACCORDANCE WITH SUBMISSION INSTRUCTIONS PROVIDED BY THE CLAIMS ADMINISTRATOR. *SEE WWW.ACTOSOFFICIALSETTLEMENT.COM*.**

## DECLARATION OF COUNSEL

I, \_\_\_\_\_, hereby certify as follows:

I am an attorney in good standing who is admitted to practice law in the State of \_\_\_\_\_.

I hereby certify that a retainer letter was executed with me or with my law firm by the alleged ACTOS Product User identified below, and/or by the Representative of such ACTOS Product User prior to 12:00 noon EDT on May 1, 2015 for legal representation relating to a Bladder Cancer injury allegedly resulting from the use of ACTOS Products.

### ACTOS PRODUCT USER AND/OR REPRESENTATIVE CLAIMANT INFORMATION

<b>ACTOS Product User Name</b>	Last	First	Middle
<b>Legal Representative of ACTOS Product User (if applicable)</b>	Last	First	Middle

### ATTORNEY INFORMATION

<b>Attorney Name</b>	Last	First	Middle
<b>Firm Name</b>			
<b>Address</b>	Street		
	City	State	Zip Country
<b>Telephone Number</b>	( ) -	<b>Facsimile</b>	( ) -
<b>Email</b>			

### ATTORNEY CERTIFICATION AND SIGNATURE

**I certify under penalty of perjury under the laws the United States that the foregoing is true and correct.**

<b>Signature</b>		<b>Date</b>	/ / (month) (day) (year)
<b>Printed Name</b>	First	MI	Last