

**SUPERIOR COURT OF CALIFORNIA, DIET DRUG CASE  
JCCP 4032**

	<b>HOME COURT CASE NUMBER:</b>	<b>DD CASE NUMBER:</b>
Plaintiff(s)	<b>INITIAL STATUS CONFERENCE QUESTIONNAIRE</b>	
vs	<b>STATUS CONFERENCE</b>	
Defendant(s)	<b>DATE: TIME: DEPARTMENT: SE-D, NORWALK</b>	
<i>All counsel of record and parties and propria persona must complete this Status Conference Questionnaire. The same must be served and filed directly in Department SE-D at least five days prior to the date set for initial status conference. Attach additional pages if needed.</i>		
<b>PARTY ANSWERING THIS QUESTIONNAIRE:</b> (status as plaintiff, defendant, cross-complainant, etc.)		<b>COUNSEL FOR SUCH PARTY:</b>
<b>DATE ON WHICH THE ORIGINAL COMPLAINT WAS FILED:</b>	<b>DATE ON WHICH THE ADOPTION OF MASTER COMPLAINT WAS FILED:</b>	<b>DATES ON WHICH CROSS-COMPLAINTS WERE FILED, IF ANY:</b>
PLEASE LIST ALL PARTIES WHO HAVE BEEN SERVED AND <i>HAVE ANSWERED</i> YOUR RESPECTIVE COMPLAINT/CROSS-COMPLAINT/COMPLAINT IN INTERVENTION:		
PLEASE LIST ALL PARTIES WHO HAVE BEEN SERVED BUT <i>HAVE NOT ANSWERED</i> :		
PLEASE LIST ALL PARTIES WHO <i>HAVE NOT YET BEEN SERVED</i> :		
<b>HAS PRODUCT IDENTIFICATION BEEN COMPLETED:</b>	<b>HAS FACT SHEET BEEN COMPLETED:</b>	
<b>STATUS OF DISCOVERY:</b>		

DAMAGES:

ALLEGATIONS CONTAINED IN THE COMPLAINT FOR THIS PLAINTIFF INCLUDE:

WRONGFUL DEATH:PRIMARY PULMONARY HYPERTENSION:

VALVULOPATHY:NEUROTOXICITY:

OTHER: (please describe)

TREATMENT:

PLEASE DESCRIBE THE MEDICAL TREATMENT THAT PLAINTIFF HAS RECEIVED *TO DATE*:

PLEASE DESCRIBE THE *FUTURE* MEDICAL TREATMENT THAT PLAINTIFF MAY RECEIVE:

ESTIMATED READINESS FOR TRIAL SETTING AND TRIAL

REQUESTED DATE FOR TRIAL SETTING CONFERENCE:

APPROXIMATE DATE BY WHICH YOU WILL BE READY FOR TRIAL: