

# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF WEST VIRGINIA

## NOTICE OF ATTORNEY APPEARANCE AND COUNSEL CONTACT INFORMATION FORM

Select all that apply:

- |  |   |
|--|---|
| <p><b>MDL No. 2187   In Re C. R. Bard, Inc., Pelvic Repair System Products Liability Litigation</b> <input type="checkbox"/></p> <p><b>MDL No. 2326   In Re Boston Scientific Corp. Pelvic Repair System Products Liability Litigation</b> <input type="checkbox"/></p> <p><b>MDL No. 2387   In Re Coloplast Corp. Pelvic Support Systems Products Liability Litigation</b> <input type="checkbox"/></p> <p><b>MDL No. 2511   In Re Neomedic Pelvic Repair System Products Liability Litigation</b> <input type="checkbox"/></p> | <p><b>MDL No. 2325   In Re American Medical Systems, Inc., Pelvic Repair System Products Liability Litigation</b> <input type="checkbox"/></p> <p><b>MDL No. 2327   In Re Ethicon, Inc., Pelvic Repair System Products Liability Litigation</b> <input type="checkbox"/></p> <p><b>MDL No. 2440   In Re Cook Medical, Inc., Pelvic Repair System Products Liability Litigation</b> <input type="checkbox"/></p> |
|--|---|

**Civil Action Number (SDWV):** \_\_\_\_\_  
(To be filed electronically in each member case noted. DO NOT FILE IN MAIN MDL CASE.)

Please Print or Type Below

ATTORNEY INFORMATION			
Check One: <input type="checkbox"/> Plaintiff Counsel		<input type="checkbox"/> Defense Counsel	
<input type="checkbox"/> Third Party Defense Counsel			
Last Name	First Name	Middle Name/Maiden	Suffix
Bar Number and State:		E-Mail Address:	
Party Representing:			
Originating Case Number:		Originating District:	
Originating Short-Case Style:			
Direct Dial Number:		Cell Phone Number:	
Secretary Name:		Paralegal Name:	
LAW FIRM INFORMATION			
Firm Name:			
Address:			
City:		State:	
Zip:			
Firm Phone Number:		Firm Fax Number:	
Other members of firm involved in this litigation:			

\_\_\_\_\_  
Date

s/ \_\_\_\_\_  
Electronic Signature