# IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

#### **CHARLESTON DIVISION**

IN RE: COOK MEDICAL, INC., PELVIC REPAIR SYSTEM PRODUCTS LIABILITY LITIGATION

MDL No. 2440

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THIS DOCUMENT RELATES TO ALL CASES

### PRETRIAL ORDER # 68 (ORDER ESTABLISHING REPORTING ON PAYMENT TO THE MDL 2440 FUND)

Pursuant to Pretrial Order # 12, as amended by Pretrial Order # 45, Cook Incorporated, Cook Biotech, Inc. and Cook Medical, Inc. ("Cook") are required to pay into the MDL 2440 Fund, five percent (5%) of any sum to be paid in settlement of a claim. It is **ORDERED** that Cook follow the mechanism set forth below for reporting all payments made into the MDL 2440 Fund to the Court.

No later than January 31, 2016, Cook shall provide the Court with a report ("MDL Fund Report") on all payments made into the MDL 2440 Fund by or on behalf of Cook through December 31, 2015. Thereafter, within thirty (30) calendar days of the end of each quarter, Cook shall provide the Court with an MDL Fund Report on all payments made into the MDL 2440 Fund by or on behalf of Cook during the preceding quarter (*e.g.*, by April 30, 2016, Cook shall provide a report on all payments from January 1, 2016 through March 31, 2016). Such MDL Fund Reports shall be submitted to the court via email and maintained by the Court in chambers for in camera review and reconciliation with the amounts received by the MDL 2440 Fund. The MDL Fund Reports will not be filed or kept in the Court Clerk's office.

A template form MDL Fund Report is attached hereto as Exhibit A. In addition, template

forms for use as an exhibit to attach to the MDL Fund Reports are attached hereto as Exhibit B.

For each payment made into the MDL 2440 Fund by or on behalf of Cook, the MDL Fund Report

shall set forth in a form substantially similar to Exhibit A, (1) the date of the payment to the MDL

2440 Fund; (2) the amount of the payment to the MDL 2440 Fund; (3) a wire confirmation number

or other proof of payment; (4) the total number of claims for which the payment to the MDL 2440

Fund was made; (5) the cumulative total amount to be paid in settlement of the claims; (6) the

amount of each payment to the MDL 2440 Fund; (7) the name and other identifying information

for each claimant on whose behalf the payment was made; (8) and the attorney or law firm

representing each such claimant.

The court **DIRECTS** the Clerk to file a copy of this order in 2:13-md-2440 and it shall

apply to each member related case previously transferred to, removed to, or filed in this district,

which includes counsel in all member cases up to and including civil action number 2:15-cv-

13745. In cases subsequently filed in this district, a copy of the most recent pretrial order will be

provided by the Clerk to counsel appearing in each new action at the time of filing of the complaint.

In cases subsequently removed or transferred to this court, a copy of the most recent pretrial order

will be provided by the Clerk to counsel appearing in each new action upon removal or transfer.

It shall be the responsibility of the parties to review and abide by all pretrial orders previously

entered by the court. The orders may be accessed through the CM/ECF system or the court's

website at www.wvsd.uscourts.gov.

ENTER: October 29, 2015

JOSEPH R. GOODWIN

UNITED STATES DISTRICT JUDGE

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#### **EXHIBIT A**

#### [FIRST] COOK REPORT OF PAYMENTS TO THE MDL 2440 FUND

Defendants Cook Incorporated, Cook Biotech, Inc. and Cook Medical, Inc. ("Cook") advise the Court that pursuant to Pretrial Order # 12, as amended by Pretrial Order # 45, five percent (5%) of any settlement amount paid to any claimant settling with Cook is being paid into the MDL 2440 Fund. By this [First] Report of Payments to the MDL 2440 Fund, Cook is providing the Court a list of all payments made to the MDL 2440 Fund from [INSERT DATE] through [INSERT DATE] by or on behalf of Cook. Exhibits [INSERT EXHIBIT LETTERS] attached hereto set forth dates of payments to the MDL 2440 Fund, the amounts of such payments, the name of each claimant on whose behalf the payments were made, and the name of each claimant's attorney.

A summary of all payments detailed in the attached exhibits is set forth in the chart below.

| Exhibit | Payment<br>Date | Settling<br>Claimant's<br>Counsel | Number of<br>Claimants | Cumulative<br>Total<br>Settlement<br>Amount | Amount<br>Paid to MDL<br>2440 Fund |
|---------|-----------------|-----------------------------------|------------------------|---|------------------------------------|
|         |                 |                                   |                        |   |                                    |
|         |                 |                                   |                        |   |                                    |
|         |                 |                                   |                        |   |                                    |
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|         |                 |                                   |                        |   |                                    |
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|         |                 |                                   |                        |   |                                    |

|        | nsel for Co<br>Inc. and Co | - |  |
|--------|----------------------------|---|--|
| ,      |                            |   |  |
| Dated: |                            |   |  |

## **EXHIBIT B**

| Settlement                            | [INSERT FIRM NAME]                                   |  |  |
|---------------------------------------|--|--|--|
| Total Number of Claims                | [INSERT TOTAL NUMBER OF CLAIMS]                      |  |  |
| Total Settlement Amount               | [INSERT CUMULATIVE TOTAL SETTLEMENT AMOUNT]          |  |  |
| Amount Paid to MDL 2440 Fund          | [INSERT CUMULATIVE AMOUNT PAID TO MDL 2440 FUND]     |  |  |
| Date of Payment to MDL 2440 Fund      | [INSERT PAYMENT DATE]                                |  |  |
|                                       | [INSERT WIRE CONFIRMATION # OR ATTACH OTHER PROOF OF |  |  |
| Wire Confirmation or Proof of Payment | PAYMENT]   |  |  |

| Settlement Firm               | Claiman | Claimant Data |           |            |  |  |
|-------------------------------|---------|---------------|-----------|------------|--|--|
|                               | AMS     |               |           |            |  |  |
| Associated Counsel / Attorney | Claim # | SSN           | Last Name | First Name |  |  |
|                               |         | ###-##-[XXXX] |           |            |  |  |
|                               |         |               |           |            |  |  |
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