	SUPERIOR COURT OF NEW JERSEY LAW DIVISION: ATLANTIC COUNTY CASE TYPE: MCL NO. 626 MASTER DOCKET NO. ATL-L-1098-18
IN RE ABILIFY	Hon. John C. Porto, J.S.C. Civil Action **IN RE ABILIFY**

Sol ~~[PROPOSED]~~ **ORDER REGARDING SETTLEMENT AGREEMENT AND DEADLINES**

Plaintiffs' Leadership in the Abilify multidistrict litigation pending in the United States District Court for the Northern District of Florida (the "MDL")[1] and Defendants have entered into a Confidential Master Settlement Agreement dated February 15, 2019 (the "Agreement") to resolve Abilify compulsivity claims pending in state and federal courts throughout the United States.

The Agreement is a private settlement to resolve cases pending in the following courts and jurisdictions as of January 28, 2019: *In re: Abilify (Aripiprazole) Products Liability Litigation*, MDL No. 2734 (N.D. Fla.) and all cases presently being transferred to the MDL; *In re Abilify*, MCL No. 626 (N.J. Super. Ct.) (the "MCL"); cases pending in California state courts against Defendants alleging compulsivity as an injury (including but not limited to compulsive sex, compulsive gambling, compulsive shopping, etc.) as a result of using Abilify; and cases pending in any other federal or state court in the United

[1] Plaintiffs' Leadership consists of Plaintiffs' MDL Lead Counsel, the Plaintiffs' MDL Liaison Counsel, and the Plaintiffs' representatives on the MDL Joint Settlement Committee.

States of America against Defendants alleging compulsivity as an injury (including but not limited to compulsive sex, compulsive gambling, compulsive shopping, etc.) as a result of using Abilify (collectively, the "Litigations"). For purposes of this Order, the term "Abilify" shall include any aripiprazole-derived product, including but not limited to Abilify® and Abilify Maintena®.

I. NOTICE TO MCL PLAINTIFFS

Plaintiffs' Leadership shall give or cause to be given notice of this Order and of the Agreement to all Plaintiffs with cases pending in this MCL as of the date of the entry of this Order. All individual Plaintiffs are encouraged to review this Order and to participate in the settlement.

II. STAY PENDING RESOLUTION OF LITIGATION

At the Parties' request and in order to give the Parties time to resolve the Litigations under the terms of the Agreement, the Court hereby stays all cases pending in this MCL as of January 28, 2019 for a period of one year from the date of entry of this Order or, in the event that Defendants terminate the Agreement, until the date of that termination, whichever is earlier. This stay shall be lifted as to those Eligible Claimants, as defined below, who decline to participate in the settlement, upon notification to Defendants of their intent not to participate. Defendants must advise the Court of any Eligible Claimant who notifies them of his or her intent not to participate in the settlement, within 7 days of receiving the Claimant's notification, so that the Court may enter an order lifting the stay with respect to that Claimant's case.[2] This stay does not preclude the Parties from seeking relief from the Court as otherwise provided in this

[2] The stay may be lifted only by Court order.

Order or for the purpose of facilitating or effectuating participation by Plaintiffs in the settlement program.

III. IDENTIFICATION OF ELIGIBLE CLAIMANTS

No later than March 6, 2019, Plaintiffs' Leadership in the MDL must provide Defendants and the Court with a list, in Excel spreadsheet format, of all Plaintiffs with filed claims pending in the Litigations on or before January 28, 2019 (the "Eligible Claimants"). Spouses, children, and/or heirs, beneficiaries, agents, estates, executors, administrators, personal representatives, predecessors, successors, and assigns—together with the person who ingested Abilify—will constitute a single Eligible Claimant. By the Parties' mutual consent, which may be withheld by any Party on any or no basis, any individual who files a lawsuit in any of the Litigations after January 28, 2019 but before February 21, 2019 may be deemed an Eligible Claimant who may elect to participate in the Agreement pursuant to the requirements set forth therein.

The list of Eligible Claimants must include each Claimant's full name, Social Security number, date of birth, state of residence, primary counsel, court in which the Claimant's claim is pending, and the applicable civil action or index number. Submission of the information required pursuant to this Paragraph constitutes a representation to this Court that the information is true, complete, and correct to the best of Plaintiffs' Leadership's knowledge.

IV. IDENTIFICATION OF EXCLUDED CLAIMANTS

No later than May 17, 2019, Eligible Claimants' counsel must provide Defendants and the Court with a list, in Excel spreadsheet format, of all Eligible Claimants who they represent who either (a) are deceased, (b) are currently in bankruptcy, (c) became legally incapacitated after filing suit and do not currently have the legal capacity to execute a

Release, or (d) cannot be located after a diligent good faith search has been conducted (the "Excluded Claimants"). Submission of the information required pursuant to this Paragraph constitutes a representation to this Court that the information is true, complete, and correct to the best of Eligible Claimants' counsel's knowledge.

V. IDENTIFICATION OF NON-PARTICIPATING CLAIMANTS

No later than August 30, 2019, Plaintiffs' Leadership must provide Defendants and the Court with a list, in Excel spreadsheet format, of all Eligible Claimants who (a) are not Excluded Claimants, and (b) have failed to submit a facially valid claim form to the Claims Administrator and/or have indicated that they do not intend to participate in the settlement.

VI. REQUIREMENTS OF PARTICIPATING CLAIMANTS AND COUNSEL

Eligible Claimants who choose to participate in the Agreement (the "Participating Claimants") must submit a fully executed release, as well as a fully executed stipulation for and/or proposed order of dismissal with prejudice for any action filed by the Participating Claimant.

If a Participating Claimant is represented, counsel for the Participating Claimants must provide a fully executed certification that counsel acknowledges that they have read the Agreement and that they agree to abide and be contractually bound by the terms, conditions, and representations of the Agreement.

VII. RESCISSION OF ORDER REGARDING ABBREVIATED SERVICE PROCEDURE

The Consent Order Regarding Abbreviated Service Procedures, filed November 14, 2017 in *Yun v. Bristol-Myers Squibb Company*, Consolidated Docket No. BER-L-337-16, which permitted service of complaints by email within 60 days after Plaintiffs

received the Notice of Track Assignment from the New Jersey Superior Court, is hereby rescinded.

VIII. CASE REVIEW ORDER FOR INELIGIBLE AND NON-PARTICIPATING PLAINTIFFS

As further described in this Court's Order Regarding Case Review Process, filed concurrently herewith, for any cases that are filed in this MCL by any Plaintiffs who are ineligible to participate in the Agreement by reason of filing their Complaint after January 28, 2019 ("Ineligible Plaintiffs") and any Plaintiffs who are eligible to participate in the Agreement but decline to do so ("Non-Participating Plaintiffs"), to the extent those Plaintiffs are represented by counsel, Plaintiffs' counsel must provide a timely certification as described in that Order or be subject to Defendants' submission of an order to show cause why such Plaintiff's claims should not be dismissed with prejudice for failure to comply with the Order.

IX. ORDER REGARDING PPFs AND SUPPLEMENTAL PPFs

By this Order, Ineligible Plaintiffs and Non-Participating Plaintiffs are required to submit a Plaintiff Profile Form ("PFF") and a Supplemental Plaintiff Profile Form ("SPPFs"), and the accompanying documentation, in the format attached as Exhibits A and B. All Ineligible Plaintiffs must submit PPFs and SPPFs within thirty (30) days of the entry of this Order or thirty (30) days of the filing of a Complaint, whichever is later. All Non-Participating Plaintiffs must submit a PPF and SPPF within thirty (30) days of notification to Defendants that Plaintiff has declined to participate in the Agreement. Failure to comply with these requirements may result in sanctions, up to and including dismissal of a case.

X. ADDITIONAL ORDER APPLICABLE TO INELIGIBLE AND NON-PARTICIPATING PLAINTIFFS PROCEEDING *PRO SE*

All Ineligible and Non-Participating Plaintiffs who are proceeding *pro se* must comply with the requirements of this Court's Order Regarding *Pro Se* Plaintiffs, filed concurrently herewith. As further detailed in that Order, failure to comply with the Order's requirements will result in sanctions, up to and including dismissal of a case.

XI. ABILIFY SETTLEMENT DEADLINES

The deadlines set forth below may be further extended by written agreement of Plaintiffs' Leadership and Defendants.

March 6, 2019 (the "Eligible Claimants Deadline")	Date by which Plaintiffs' Leadership in the MDL shall provide Defendants with a list of all Eligible Claimants.
May 17, 2019 (the "Excluded Claimants Deadline")	Date by which Eligible Claimants' counsel shall provide Defendants with a list of Excluded Claimants.
August 30, 2019 (the "Non-Participating Claimants Deadline")	Date by which Plaintiffs' Leadership in the MDL shall provide Defendants with a list of all Eligible Claimants who (a) are not Excluded Claimants, and (b) have failed to submit a facially valid claim form to the Claims Administrator and/or have indicated that they do not intend to participate in the settlement.

3/7/19

Hon. John C. Porto, J.S.C.

EXHIBIT A

PLAINTIFF PROFILE FORM
In re Abilify, MCL No. 626, Master Docket No. ATL-L-1098-18
ATTORNEY: _____
LAW FIRM: _____

I. PLAINTIFF'S INFORMATION

Full Name of Plaintiff:

Address: _____

DOB:_____ **Social Security No.:** _____ **Married?:** ❑ Yes ❑ No

If married, spouse's name: _____

Children? ❑ Yes ❑ No **Ages of Children:** ❑ 0-17 ❑ 18-25 ❑ >25

Occupation: _____

II. MEDICAL INFORMATION

A. Abilify® Start Date: _____ **Abilify® End Date:** _____

B. Between these dates, did you ever stop Abilify for more than 2 months: ❑ **Yes** ❑ **No**

C. Abilify® Daily Dosage: _____

D. Diagnosis Leading to Abilify® Prescription: (Check all that apply):

❑ Schizophrenia
❑ Bipolar Disorder
❑ Major Depressive Disorder/Depression
❑ Tourette's Disorder
❑ Autism and/or Autism related disorders
❑ Agitation/Irritability
❑ Anxiety
❑ Social phobia
❑ Attention deficit disorder (ADD) and/or attention deficit hyperactivity disorder (ADHD)
❑ Dementia
❑ Psychosis
❑ Eating disorder
❑ Insomnia
❑ Obsessive compulsive disorder
❑ Augmentation with SSRI
❑ Personality disorder
❑ Post-traumatic stress disorder (PTSD)
❑ Substance abuse
❑ Alcohol abuse
❑ Other—Specify: _____

E. Name and Address of Prescribing Physician(s):

1. Provider Name: _____
   Provider Address: _____
2. Provider Name: _____
   Provider Address: _____

ATTACH ADDITIONAL SHEETS AS NECESSARY

F. Were you given any written or oral instructions, directions or warnings regarding Abilify at any time during which you were using the drug? ❑ Yes ❑ No

G. Have you ever been diagnosed with a compulsive disorder (e.g., obsessive compulsive disorder, etc.), addiction disorder, or impulse control disorder? ❑ Yes ❑ No
If *YES*, please provide the following information:

1. Diagnosis: _____
   Provider Name: _____
   Provider Address: _____
   Date: _____

H. Please provide a list of all treating physicians or healthcare providers who have provided psychiatric/psychological care or counseling services to you from the five years before you started Abilify® to present the dates of such services:

1. Provider Name: _____
   Provider Address: _____
   Dates: _____
2. Provider Name: _____
   Provider Address: _____
   _____
   Dates: _____

ATTACH ADDITIONAL SHEETS AS NECESSARY

I. Have you ever received any hospitalizations, institutionalizations, or in-patient treatment related to your mental health? ❑ Yes ❑ No

J. Substance Use History – Please check all that apply:

❑ I have never consumed alcohol.
❑ I have consumed alcohol.
❑ At some point in my life, I have consumed more than 10 drinks in a week within 5 years of taking Abilify.
❑ I have used an illegal drug or substance (e.g., cocaine, heroin, etc.) within 5 years of taking Abilify.
❑ I have used a prescription drug without having a prescription for that drug within 5 years of taking Abilify
❑ I have been diagnosed with an addiction to alcohol, prescription or illegal drugs

K. Have you ever been diagnosed with Parkinson's Disease (PD) or Restless Legs Syndrome (RLS)? ❑ Yes ❑ No

III. COMPULSIVE BEHAVIORS AND DAMAGES

A. Prior to taking Abilify were you diagnosed with any of the following::

- ❑ Compulsive Gambling
- ❑ Compulsive Spending and/or Shopping
- ❑ Compulsive Sexual behavior
- ❑ Compulsive Pornography
- ❑ Compulsive Playing video games
- ❑ Compulsive Eating
- ❑ Compulsive Hoarding
- ❑ Compulsive Trichotillomania or skin picking
- ❑ Compulsive Checking, counting, washing, repeating
- ❑ Compulsive Theft/Shoplifting
- ❑ Attempted Suicide / Suicidal Thoughts
- ❑ Other—Specify: _____

B. Please check *all* obsessive/compulsive/impulsive behaviors you claim were caused as a result of Abilify®.

- ❑ Gambling
- ❑ Spending and/or Shopping
- ❑ Sexual behavior
- ❑ Pornography
- ❑ Playing video games
- ❑ Compulsive Eating
- ❑ Hoarding
- ❑ Trichotillomania and skin picking
- ❑ Checking, counting, washing, and repeating
- ❑ Theft/Shoplifting
- ❑ Attempted Suicide / Suicidal Thoughts
- ❑ Other—Specify: _____

C. Temporal Relationship

1. When did you first begin experiencing impulsive or compulsive behaviors after you started taking Abilify?

   ❑ Less than 1 month after ❑ Within 1 to 3 months after ❑ Within 4 to 6 months after ❑ Within 7 to 12 months after ❑ More than 1 year after

2. When did you stop experiencing all impulsive or compulsive behaviors after you stopped taking Abilify?

   ❑ Less than 1 month after ❑ Within 1 to 3 months after ❑ Within 4 to 6 months after ❑ Within 7 to 12 months after ❑ Never

3. If you restarted Abilify after stopping it, do you claim that you experienced similar signs and symptoms of impulsive or compulsive behaviors when you restarted Abilify (i.e., rechallenge)? ❑ Yes ❑ No

D. Please check *all* damages you allege were a result of your Abilify® usage.

- ❑ Gambling Losses
- ❑ Shopping or Spending Expenses
- ❑ Bankruptcy
- ❑ Divorce
- ❑ Job Loss
- ❑ Home Foreclosure or Eviction
- ❑ Vehicle Repossession
- ❑ Contraction of a STD
- ❑ Unplanned Pregnancy
- ❑ Weight Loss Surgery
- ❑ In-Patient Psychiatric Hospitalization
- ❑ Other—Specify: _____

E. Gambling and/or other spending losses: $ _____Estimated Economic losses (non- gambling losses) calculated to date: $_____

Plaintiff reserves the right to supplement any and all response upon receipt of additional information.

CERTIFICATION

In an effort to be forthcoming and to provide non-privileged information, the information provided in this profile form is, by necessity, not based solely upon my knowledge and includes non-privileged information assembled and collected by my attorneys which may not be known to the executing party.

I declare that all of the information provided in this Plaintiff Profile Form is true and correct to the best of my knowledge.

_____	_____	_____
Signature	Print Name	Date

If you are completing this form in a representative capacity, please list your name, address, and relationship to the Plaintiff:

_____

_____

_____

EXHIBIT B

SUPPLEMENTAL PLAINTIFF PROFILE FORM
In re Abilify, MCL No. 626, Master Docket No. ATL-L-1098-18
PLAINTIFF NAME: _____
ATTORNEY: _____
LAW FIRM: _____
INDIVIDUAL CASE NO. _____

IV. PROOF OF USE

A. Do you have records documenting your use of Abilify (aripiprazole)? ❑ YES ❑ NO

If YES, please indicate what type of records:

❑ Pharmacy Records ❑ Physician Records ❑ Physician Certification

❑ Other (_____)

Please attach the above indicated records documenting your use of Abilify from the Abilify® Start Date through the Abilify® End Date that you provided in response to Question II.A of the Initial Plaintiff Profile Form.

If NO, please explain why: _____

B. Did you ever take generic Abilify (aripiprazole)? ❑ YES ❑ NO ❑ DON'T KNOW
If YES, please indicate: Start Date: _____ End Date: _____

V. ADDITIONAL MEDICAL INFORMATION

A. Have you ever taken Mirapex® (pramipexole), Requip® (ropinerole) or any medications to treat Parkinson's Disease or Restless Leg Syndrome? ❑ YES ❑ NO ❑ DON'T KNOW

If YES, please provide the following:

Name of medication: _____ Start Date: _____ End Date: _____

VI. INJURIES

A. If you are claiming any gambling losses in this litigation, please provide the following:

Has a healthcare provider diagnosed you with pathological gambling or gambling disorder?
❑ YES ❑ NO

If YES, please attach medical records documenting a diagnosis from a healthcare provider of pathological gambling or gambling disorder while you were taking Abilify. If you do not have such records, please provide a physician certification attesting that you have been diagnosed with pathological gambling or gambling disorder and that your symptoms began while on Abilify, and identifying all information and records on which the physician relied.

2) If YES, while on Abilify, on average, how often did you gamble per year?

❑ Daily ❑ Weekly ❑ Monthly ❑ A few times

3) If YES, while on Abilify, approximately how much money on average did you lose gambling per year? $_____

E. Since you stopped taking Abilify, have you ever gambled? ❑ Yes ❑ No

1) If YES, please identify all types of gambling you have engaged in since stopping Abilify:

❑ Casino Slots ❑ Casino Table Games ❑ Online gambling

❑ Sports betting ❑ Lottery/scratch-off tickets ❑ Other (specify: _____)

2) If YES, in the first full year after stopping Abilify, how often did you gamble?

❑ Daily ❑ Weekly ❑ Monthly ❑ A few times

3) If YES, in the first full year after stopping Abilify, approximately how much did you lose gambling? $_____

4) If YES, provide all records of gambling in the first full year after stopping Abilify that are in Plaintiff's or Plaintiff's counsel's possession.

5) If YES, upon request of Defendants, provide authorization(s) for the facilities, locations, or websites at which you gambled in the first full year after stopping Abilify.

F. On what date did you last engage in any type of gambling? _____

G. Have you ever reported gambling winnings, losses or expenses on IRS Form 1040 or Form 1040 Schedule A? ❑ Yes ❑ No

If YES, please identify all tax years in which you have reported gambling winnings, losses or expenses to the IRS: _____

VII. DAMAGES

A. If you checked the box for "Gambling Losses" in Section III.D of the Initial Plaintiff Profile Form, please provide the following:

What is the amount of gambling losses for which you have verifiable documentation?
$_____

Please provide all supporting records, such as records from casinos or other gambling establishments, including records of player's card(s), loyalty card(s), or other account(s) with any gambling establishments or websites, online gambling statements, wagering

tickets, canceled checks, scratch off tickets, lottery tickets, keno tickets, payment slips, Form 5754 (Statement by Person(s) Receiving Gambling Winnings), tax returns, W2Gs, and any other records that show your verifiable gambling losses. Provide any other gambling records from the period in which you were on Abilify that are in Plaintiff's or Plaintiff's counsel's possession. To the extent any losses are not readily apparent on the face of the document (e.g., as with bank and credit card statements), please identify any claimed gambling losses by highlighting, underlining, or circling them.

When did you first lose money gambling as a result of Abilify?
Month/Year: _____

B. If you checked the box for "Shopping or Spending Expenses" in Section III.D of the Initial Plaintiff Profile Form, please provide the following:

What is the amount of shopping or spending losses for which you have verifiable documentation? $_____

Please provide all supporting records, such as financial records that show your verifiable shopping or spending losses. To the extent any losses are not readily apparent on the face of the document, please identify any claimed shopping or spending losses by highlighting, underlining, or circling them.

When did you first lose money shopping or spending as a result of Abilify?
Month/Year: _____

C. If you checked any box in Section III.D of the Initial Plaintiff Profile Form (other than "Gambling Losses" and/or "Shopping or Spending Expenses"), do you have documentation of the damages? ❑ Yes ❑ No

Please provide all supporting records, such as medical records or financial records that show your verifiable losses or other records you claim support your damages other than shopping, spending, or gambling. To the extent you are claiming monetary losses and those losses are not readily apparent on the face of the document, please identify any claimed losses by highlighting, underlining, or circling them.

For each of your injuries other than shopping, spending, or gambling, please list below the month and year when you first experienced that injury:

Injury	Date of Onset

D. Have you ever filed for bankruptcy? ❑ Yes ❑ No

If YES, please provide the following:

Date of filing/petition: _____ Court where petition filed: _____

VIII. SUPPORTING DOCUMENTATION

Please identify all the types of records that you have produced in support of this Supplemental Plaintiff Profile Form:

❑ Pharmacy ❑ Medical ❑ Casino ❑ Gambling Receipts

❑ Lottery Tickets ❑ Tax ❑ Banking ❑ Physician Certification

❑ Other (specify:_____) ❑ None

Are the documents which are being produced in support of this Supplemental Plaintiff Profile Form a substantially complete collection of the documents supporting the Claimant's damages, or is Claimant's Counsel awaiting additional supporting documents?

❑ Substantially Complete

❑ Awaiting Additional Supporting Documents

❑ Unable to Obtain Records from an Uncooperative Entity

PLAINTIFF CERTIFICATION

❑ **BY CHECKING THIS BOX, CLAIMANT ADOPTS PLAINTIFF'S SIGNATURE FROM PLAINTIFF'S FIRST PROFILE FORM AND DECLARES UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF PLAINTIFF'S KNOWLEDGE.**

BY SUBMITTING THIS FORM, CLAIMANT'S COUNSEL WARRANTS THAT THEY HAVE CONSULTED WITH CLAIMANT PRIOR TO THE SUBMISSION OF THIS SUPPLEMENTAL PPF AND REPRESENTS THAT THE INFORMATION PROVIDED IN THIS FORM IS BASED UPON THE CLAIMANT'S REPRESENTATIONS TO COUNSEL AND MAY ALSO INCLUDE NON-PRIVILEGED INFORMATION DERIVED FROM THE RECORDS UPLOADED IN SUPPORT OF THIS SUBMISSION.