

\_\_\_\_\_  
IN RE DEPUY ASR™ HIP  
IMPLANTS LITIGATION  
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)  
) SUPERIOR COURT OF NEW JERSEY  
) LAW DIVISION: BERGEN COUNTY  
)

\_\_\_\_\_  
This Document Relates To Case:  
\_\_\_\_\_

)  
) CASE NO. 298  
) MASTER DOCKET NO.: BER-L-3971-11  
)

) Individual Case No. \_\_\_\_\_  
)

) **ELECTION FORM FOR**

**NON-REVISED PLAINTIFFS**

Pursuant to the Court's Order and after consultation and due consideration, Plaintiffs in the above referenced individual case, through authorized counsel below, make the election indicated (check only one):

\_\_\_\_\_ Plaintiff(s) elect to dismiss the case without prejudice subject to the stipulated tolling provisions in the Court's order.

**OR**

\_\_\_\_\_ Plaintiff(s) elect to continue with the case.

Dated: \_\_\_\_\_, 2014

Plaintiff(s)  
By authorized counsel:

\_\_\_\_\_  
[Name]  
[Firm]  
[Address]  
[City, State, Zip]

*Counsel for Plaintiff(s)*

**PROPOSED INTERROGATORIES FOR UNREVISED PLAINTIFFS**

**INTERROGATORY NO. 1:**

Has any health care professional told you that you need to have a revision surgery to remove your ASR Hip System? If your answer is yes, please state:

- a. What you were told.
- b. The name and address of the health care professional telling you that you need to have your ASR Hip System removed.
- c. When you were told you need to have your ASR Hip System removed.

**ANSWER:**

**INTERROGATORY NO. 2:**

If you have been told by a health care professional to have your ASR Hip System removed, state why you have not done so.

**ANSWER:**

**INTERROGATORY NO. 3:**

What have your health care professionals told you about the need for revision surgery to remove your ASR Hip System? Please identify the healthcare provider by name and address and the date of the conversation.

**ANSWER:**

**INTERROGATORY NO. 4:**

State the dollar amount that you contend you are out-of-pocket (that is, amounts you have paid and not been reimbursed for) as a result of having received an ASR Hip System, and please itemize each out-of-pocket expense.

**ANSWER:**