

**IN RE: ALLERGAN BIOCELL TEXTURED BREAST IMPLANT
PRODUCT LIABILITY LITIGATION**

MDL 2921

Judge Brian R. Martinotti

MDL 2921 Counsel Contact Information Form

Please type below in the fillable form.

ATTORNEY INFORMATION			
Check One:	Plaintiff Counsel	Defense Counsel	
Last Name:	First Name:	Middle Initial /Maiden:	Suffix:
Firm Name:			
Address:			
City:		State:	Zip:
Phone:		Fax:	
Direct Dial No.:		Cell Phone:	
State/ Bar No.:		Email Address:	
Assistant/Paralegal Name:		Assistant/Paralegal Email:	
Choose One Option Below:			
<input type="checkbox"/>	I elect to have Liaison Counsel transmit documents to me via email and consent on an ongoing basis to notify Liaison Counsel of any changes in the above information.		
<input type="checkbox"/>	I do not want to receive orders or other documents from Liaison Counsel.		
Attorney Certification:			
By signing below, I hereby certify that my law firm and I represent one or more Plaintiff(s) directly filed or is a tag-along action(s) subsequently transferred into MDL 2921.			

Signed: _____

Date: _____

Print Name: _____

Please remit form to: Plaintiffs' Liaison Counsel James Cecchi, 5 Becker Farm Road, Roseland, NJ 07068-1739, JCecchi@carellabyrne.com; Co-Lead Counsel (Virginia Buchanan), 316 S. Baylen Street, Ste. 600, Pensacola, Florida 32502-5996, allerganMDLdocs@levinlaw.com; and to BrownGreer at Allergan@browngreer.com.