

**QUESTIONNAIRE FOR INDIVIDUALS WHO BELIEVE
THEY MAY BE ELIGIBLE FOR RESTITUTION**

Under certain circumstances an individual who has been a victim of a crime may be eligible for restitution as to certain types of losses. If you believe you may be eligible for restitution, you are asked to complete this form and provide the requested information and documentation. It is important for you to provide accurate information and you are encouraged to review your records before filling out this questionnaire. Feel free to attach additional sheets of paper if you need more space; however, you are not expected to describe every detail of your experience. As a result of this questionnaire, you may be contacted to provide more detailed information.

A. BACKGROUND INFORMATION

Your name: _____

Home address (street, city, state, zip): _____

Work telephone: _____ Home telephone: _____

Cell phone: _____ Email address: _____

Occupation: _____ Age at time of events described below: _____

Did you become ill as a result of consuming salmonella-tainted peanut butter produced by ConAgra Grocery Products? Please keep in mind that such products only include either Peter Pan Peanut Butter or certain Great Value Peanut Butter.

Yes / No

Was a family member sickened as a result of consuming salmonella-tainted peanut butter produced by ConAgra Grocery Products?

Yes / No

If yes, please identify each family member who was sickened in your household?

What were the approximate ages of the family members sickened?

Do you have lid codes for the peanut butter that you believe sickened you or members of your household?

Yes / No

If yes, please attach copies or provide the lid codes here:

B. MEDICAL INFORMATION

What was the symptom onset date for you and each member of your family sickened as a result of consuming salmonella-tainted peanut butter produced by ConAgra Grocery Products:

Describe the nature of the illness and symptoms you and each member of your family experienced as a result of consuming salmonella-tainted peanut butter produced by ConAgra Grocery Products:

Were you or one of your family members hospitalized as a result of consuming salmonella-tainted peanut butter produced by ConAgra Grocery Products?

Yes / No

Did you or any family member receive any other medical treatment as a result of consuming salmonella-tainted peanut butter produced by ConAgra Grocery Products?

Yes / No

What were the dates of the medical treatments?

Please identify the physician, or hospital, or other medical provider below:

Please attach any medical records, including diagnosis and any records which reflect a positive test result for salmonella.

C. VICTIM RESTITUTION

Do you believe you or your family are entitled to restitution under the applicable legal standards (described in the brochure that accompanied this questionnaire) for losses resulting from consuming salmonella-tainted peanut butter produced by ConAgra Grocery Products?

Yes / No

Please describe any financial losses you or your family member suffered as a direct result from consuming salmonella tainted peanut products produced by ConAgra Grocery Products. Be sure to detail expenses related to specific categories such as but not limited to: hospital bills, doctor's visits, medication, and loss of wages. When you return this questionnaire, be sure to also include copies of bills, receipts, records of payments, records of doctor office visits, records of diagnosis, records of medications prescribed, records of time missed at work or lost wage statements, and any other documentation that evidences or supports any financial losses for which you believe you may be entitled to restitution.

Also, if you previously received any financial compensation for these injuries, please state the amount and source of that compensation, including compensation from any health insurance plan or policy.

Have you previously received any compensation or settlement from ConAgra Grocery Products or from any other ConAgra entity?

Yes / No

If yes, please state the amount and source of that compensation.

***** If you have additional comments, please use additional paper. *****

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury, that the foregoing is true and correct.

Executed on: _____

Name (Please print)_____

Signature: _____