

MDL 1657  
Vioxx Products Liability Litigation Report of Member Firm Time

Reporting Period: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Name of Individual	Identify if Attorney (A), Paralegal (P), Law Clerk (L), or Other (O)	Case Assessment Development, and Administration (insert number of hours)	Pre-Trial Pleadings and Motions (insert number of hours)	Discovery (insert number of hours)	Trial Preparation and Trial (insert number of hours)	Appeal (insert number of hours)	Settlement (insert number of hours)	Total Hours by Individual	Summary Total Hours of All Firm Personnel
	_A _P _L _O							0	
	_A _P _L _O							0	
	_A _P _L _O							0	
	_A _P _L _O							0	
	_A _P _L _O							0	
	_A _P _L _O							0	
	_A _P _L _O							0	
	_A _P _L _O							0	
	_A _P _L _O							0	
	_A _P _L _O							0	
<b>Total Firm Time</b>									<b>0</b>

I certify that the time documented above is accurate and correct and was incurred for the common benefit of claimants in MDL 1657.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_