

**IMPLANT PROOF OF CLAIM FORM**

FOR COURT USE ONLY

UNITED STATES BANKRUPTCY COURT, Eastern District of Michigan, Northern Division  
 In re: Dow Corning Corporation, Debtor. Case No.: 95-20512-11-AJS

**THIS FORM MUST BE RECEIVED ON OR BEFORE JANUARY 15, 1997<sup>1</sup>, or you will be forever barred from asserting or receiving payment for your present or future claim(s) against Dow Corning Corporation, including Dow Corning Wright Corporation (collectively, "Dow Corning").**

**Limited Confidentiality:** The information in this Implant Proof of Claim Form will not become public unless the Court determines that the class of Implant claimants may be entitled to receive payment on their claims, or otherwise modifies its confidentiality order. In such event, the information will become public without further notice to you. Also, during the bankruptcy, the Debtor and its professionals, the official committees representing various creditor groups and their professionals, the docketing agent, and other parties in the bankruptcy who receive permission from the court will be allowed to use this information on a confidential basis for proceedings in the bankruptcy case.

Please print clearly and use black or blue ink

			For definitions, refer to the document entitled <b>"NOTICE OF DEADLINE (BAR DATE) FOR          FILING PROOFS OF CLAIM AND          REQUIREMENT TO USE ALTERNATIVE          PROOF OF CLAIM FORMS"</b> enclosed with this form.		
			Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim, dated _____		
1A. Your Name:			1C. Your current mailing address (if different from the address printed above).		
_____	_____	_____	_____		
Last	First	MI	Address (line 1)		
1B. List all of the legal names that you have used other than the legal name listed in 1A. <sup>2</sup>			_____		
_____	_____	_____	Address (line 2)		
Last	First	MI	_____		
_____	_____	_____	City _____ State _____ Zip Code _____		
Last	First	MI	Indicate Country if other than U.S.A.: _____		
2. Telephone No.: _____			4. Birth Date (Mo./Day/Yr.): _____/_____/_____		
3. Social Security No.: _____			5. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
6A. Your Attorney, if any: (You do not need an attorney to file this form).			6D. Attorney's Mailing Address:		
_____	_____	_____	_____		
Last	First	MI	Address (line 1)		
6B. Law Firm Name:			_____		
_____			Address (line 2)		
_____			_____		
_____			City _____ State _____ Zip Code _____		
6C. <input type="checkbox"/> Check if you want all future notices to be sent solely to your attorney.			Indicate Country if other than U.S.A.: _____		
			Telephone No.: _____		

(continue on other side)

## Implant Proof of Claim Form, Page 2

7. I have a claim against Dow Corning because (check all that apply):

A. ☐ I believe I have been injured or harmed by my use of a Dow Corning Implant or Raw Material.

B. ☐ Although I am not currently aware of any injury or harm, I want to file now because I want to keep the ability to seek payment if I have a future injury or harm due to my use of a Dow Corning Implant or Raw Material.

C. I have a ☐ current or ☐ future claim arising out of another person's use of a Dow Corning Implant or Raw Material.

8. If you checked answer 7C, state:

A. The name of the Implant recipient: \_\_\_\_\_

B. The Social Security Number of the Implant recipient: \_\_\_\_\_

C. Your relationship to the Implant recipient (i.e., spouse or child): \_\_\_\_\_

D. Describe the present or future injury to you arising from the Implant recipient's use of a Dow Corning Implant or Raw Material: \_\_\_\_\_

**NOTICE:** If the Implant recipient is making a claim on this form and the spouse or children believe they have a claim against Dow Corning, the spouse and/or children or their guardian **MUST** fill out, sign and return the accompanying Supplement.

9. Who manufactured the Implant(s)?<sup>2</sup> (check all that apply)

☐ Dow Corning ☐ Don't Know ☐ Other, Specify: \_\_\_\_\_

10. My claim is based on the following type of Implant(s):

<input type="checkbox"/> Breast Implant <input type="checkbox"/> Raw Materials supplied by Dow Corning and used in Implants made by other companies <input type="checkbox"/> TMJ -- Silicone Temporomandibular Joint Corrective Surgery <input type="checkbox"/> Chin/Other Facial Implant <input type="checkbox"/> Testicular/Penile Implant <input type="checkbox"/> Silicone Fluid Injection <input type="checkbox"/> Contraceptives implanted in upper arm	<input type="checkbox"/> Silicone Small Joint Orthopedic (check all that apply) <input type="checkbox"/> Finger <input type="checkbox"/> Toe <input type="checkbox"/> Wrist <input type="checkbox"/> Other, Specify _____ Please indicate Brand Name if known: _____ <input type="checkbox"/> Metal Large Joint Orthopedic (check all that apply) <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Other, Specify _____ Please indicate Brand Name if known: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Other, Specify _____
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11. Implantation date(s):<sup>2</sup> (Mo./Day/Yr.): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

12. Removal date(s) (if applicable):<sup>2</sup> (Mo./Day/Yr.): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

13. Have you received payment from any source on account of your Implant Claim against Dow Corning, such as through settlement or judgment?<sup>2</sup>

☐ Yes ☐ No If yes, name the source: \_\_\_\_\_

## Certification

I declare under penalty of perjury that the above statements are true, correct and not misleading.

Date Signed: (Mo./Day/Yr.) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If signed by a representative or guardian, print name below (attach power of attorney, if applicable):

Printed Name: \_\_\_\_\_

The penalty for presenting a fraudulent claim is a fine up to \$500,000.00 or imprisonment for up to 5 years, or both.

18 USC §§ 152, 3571.

**THIS FORM MUST BE RECEIVED ON OR BEFORE JANUARY 15, 1997<sup>1</sup> at the following address:**

**DATICON Systems, Inc. / PO Box 6003 / Gales Ferry, CT 06335-6003**

<sup>1</sup>The deadline for the receipt of Proof of Claim Forms from "Foreign Implant Claimants" is February 14, 1997. Please see the accompanying NOTICE OF DEADLINE (Bar Date) for the definition of "Foreign Implant Claimant".

<sup>2</sup>Attach additional sheets if you have more information than fits in the space provided.