



FILED  
SUPERIOR COURT of California  
County of Los Angeles

FEB 03 2012

Feb 3 2012  
4:17PM

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF LOS ANGELES

John A. Clarke, Executive Officer/Clerk  
By Alfred Morales, Deputy  
ALFRED MORALES

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IN RE LAOSD ASBESTOS CASES ) Case No.: JCCP 4674  
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) ORDER RE JUROR QUESTIONAIRES  
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The Court met with the Trial Committee of the LAOSD ASBESTOS CASES and reviewed the proposed juror questionnaires submitted by Plaintiffs and Defendants, herein referred to as "Trial Questionnaire." The Court worked with the committee to modify the proposed questions. The last disputed questions were submitted to the Court and a final version was created.

The Court also provided to the Settlement Committee a version of the Los Angeles Hardship Questionnaire. The form of this questionnaire was approved by the Committee, and is herein referred to as "Hardship Questionnaire."

The Court thus orders that both the Hardship Questionnaire and the Trial Questionnaire, attached to this Order, shall be used in Trials under JCCP 4674. The Trial Questionnaire may be modified by the parties to eliminate questions that are not applicable to a particular case. The questionnaire may be further modified to add specific questions that would apply in 3M Respiratory Mask cases.

1 Any request for further modifications should be raised at the Final  
2 Status Conference.

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7 Dated: February 3, 2012



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Hon. Emilie H. Elias

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Print Name \_\_\_\_\_

JID Number \_\_\_\_\_

*The Superior Court of the State of California  
for the County of Los Angeles*

Case Name: \_\_\_\_\_

**This case is estimated to be \_\_\_\_\_ days in length**

Estimated Start Date: \_\_\_\_\_ Estimated End Date: \_\_\_\_\_

The Court will not be in session on \_\_\_\_\_

1. Do you have a hardship serving on this case? YES \_\_\_

2. If your hardship is based on a financial hardship, please answer the following:

NUMBER OF PERSONS ADULTS MINOR  
In my household: \_\_\_\_\_ (including yourself) \_\_\_\_\_ DEPENDANTS: \_\_\_\_\_

TOTAL YEARLY INCOME OF ALL INDIVIDUALS IN MY HOUSEHOLD BEFORE TAXES  
(Including Social Security Payments, Alimony, Child Support, Retirement Benefits, etc.)  
\_\_\_\_\_

TOTAL MONTHLY HOUSEHOLD EXPENSES: \_\_\_\_\_

EMPLOYER INFORMATION: Employer pays for \_\_\_\_\_ days of jury service  
Employer Name: \_\_\_\_\_  
Employer Telephone Number: \_\_\_\_\_  
My Occupation: \_\_\_\_\_

**If your hardship is based on one or more of the reasons below, please complete the information required:**

3. Are you unemployed and actively looking for employment? Yes \_\_\_  
You should know that your unemployment benefits are NOT affected by jury service.

4. Are you a teacher currently teaching students in a school setting during the day?  
Yes \_\_\_

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor/Principal: \_\_\_\_\_  
Supervisor's/Principal's Telephone: \_\_\_\_\_  
Grade taught: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
JID Number

5. Are you a student currently attending classes offered during the day? Yes \_\_\_\_\_

Would serving on this case, present a hardship? Yes \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Classes: \_\_\_\_\_

Dates and times of classes: \_\_\_\_\_

Major: \_\_\_\_\_

6. Are you self-employed? Yes \_\_\_\_\_

Would serving on this case, present a hardship? Yes \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

7. Do you have a paid vacation planned during the dates of this case? Yes \_\_\_\_\_

Vacation dates: From \_\_\_\_\_ to \_\_\_\_\_

Vacation Destination: \_\_\_\_\_

Have you purchased airline tickets, train tickets, and/or other paid passage to your destination?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please list the name of the carrier, flight or train number, along with departure date and time: \_\_\_\_\_

8. Do you have a major medical appointment, e.g. planned surgery, physical therapy, that would prevent you from serving on this case? Yes \_\_\_\_\_ Please describe:

\_\_\_\_\_

9. If you have ANY OTHER HARDSHIP, please explain below:

\_\_\_\_\_  
\_\_\_\_\_

It is perjury to falsify an excuse from jury service. Perjury is a felony punishable by up to four years in state prison (PC Sec. 126).

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

(CCP SEC. 2015.5(B))

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

SUPERIOR COURT OF CALIFORNIA, COUNTY OF \_\_\_\_\_  
JUROR QUESTIONNAIRE

Juror Name: \_\_\_\_\_

Badge Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***Please read these instructions carefully before you fill out the questionnaire.***

**From this moment forward, and through the entire time you are involved with this case, you are ordered not to discuss this case with anyone; do not allow anyone to discuss the case with you. The only information you may tell anyone is that you are in a jury pool for a trial and the time requirements of that trial. You are also ordered not to read, listen to, or watch any news, Internet, or other media accounts of this case, past or present.**

**You are further ORDERED not to email, text, tweet or blog about this case or any of the issues, parties or attorneys involved in the case with anyone. Do not use any search engines such as Yahoo or Google to obtain or share information about the parties, attorneys or issues in this case. Do not visit any social network chat rooms or sites like MySpace or Facebook or any other sites on the world wide web that might in any way contain information relating to the issues, attorneys or parties in this case.**

**You may not do research about the parties or subject matter involved in the case.**

This questionnaire is part of the jury selection process and part of the public record of this case. Your answers will be used by the judge and attorneys to help select a qualified jury and will make the jury selection process shorter and easier. Please take as much time as you need to complete this questionnaire.

It is extremely important that you answer all the questions yourself, honestly and completely. There are no "right" or "wrong" answers, just complete and incomplete ones. All answers are given under penalty of perjury. If you have trouble understanding or filling out this questionnaire, please let the court clerk know.

Some of your answers may require follow-up questions in open court by the judge or by the attorneys. You may find some questions to be sensitive and you may prefer not to discuss your answers in open court. If you find question(s) sensitive, please do not answer the question(s) and simply write "confidential" in the space provided for the answer.

Please do not write on the back of any page. If you need additional space for your answers, use the blank space provided on the last page of the questionnaire.

When you are finished, please give the questionnaire to the clerk who will give you instructions about when to return to court to continue the process of selecting a jury.

Thank you for your jury service.

**You shall not blog, Tweet, use Yahoo, Google, or use any other search engine or the Internet to obtain or share information about the parties, attorneys or subject matter involved in the case while serving as a juror. (C.C.P. §1209(a)(10))**

**Please Print Legibly**

Full Name (Mr. / Mrs. / Ms. / Dr.): \_\_\_\_\_  
(First) (Middle) (Last)

1. Age:  18-29  30-44  45-59  60 and older
2. Is English your first language?  Yes  No If no, what is? \_\_\_\_\_
3. City where you live: \_\_\_\_\_ How long: \_\_\_\_\_  
Choose one:  Own  Rent  Live with others and do not pay rent
4. Highest level of education you have completed:  Less than high school (Grade \_\_\_\_)  
 High school graduate  Technical/Vocational  Some college  A.A. degree  
 4-year college graduate  Postgraduate study  Postgraduate degree  
What were your college/post-grad areas of study? \_\_\_\_\_  
Please list any licenses, certificates or degrees you have obtained:

\_\_\_\_\_

Please describe any specialized training or skills you have:

5. Current employment:  
 Employed full-time  Employed part-time  Self-employed  Retired  
 Homemaker  Disabled  Student  Unemployed, looking for work
6. What is your current/most recent occupation? \_\_\_\_\_  
What organization or company do/did you work for? \_\_\_\_\_  
What do you do at work? \_\_\_\_\_  
How long have you worked there? \_\_\_\_\_
7. Please list your prior jobs, employers, and dates of employment.

Occupation (or Student)	Employer (or School)	Dates

8. Marital Status:  
 Single, never married  Married for \_\_\_\_ years  Divorced for \_\_\_\_ years  
 Separated for \_\_\_\_ years  Living with domestic partner for \_\_\_\_ years  
 Widowed for \_\_\_\_ years  Other: \_\_\_\_\_

9. Current (or former) job of spouse/partner: \_\_\_\_\_  
 Current (or former) employer of spouse/partner: \_\_\_\_\_

10. If you have adult children or stepchildren, please list their ages and jobs:

Gender	Age	Occupation	Employer

11. Occupations and employers of your parents (if retired or deceased, what did they do before?):  
 Mother: \_\_\_\_\_ Father: \_\_\_\_\_

12. List any other adult living in your household and the occupation of each:  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Do you, or does anyone close to you, have any concerns about health risks as a result of where you/they have lived or worked?  
 Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

14. Do you have any strong opinions about the job most corporations do when it comes to communicating safety information about their products to the public?  
 Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

15. Have you or a family member ever been a member of a labor union?  Yes  No  
 If yes, who is (was) the member? \_\_\_\_\_  
 If yes, which union? \_\_\_\_\_  
 If yes, what leadership positions were held, if any? \_\_\_\_\_

16. Have you or anyone in your family or household ever served in the military?  
 (Check all that apply.)  Self  Spouse/partner  Other relative  No  
 If yes, please list the branch of service, duties, and dates of service for each:  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Have you served on a jury before? (Check all that apply.)  
 Yes, criminal  Yes, civil  No  
 a. How many times did you serve? \_\_\_\_\_  
 b. Did the jury reach a decision in every case?  Yes  No  
 c. Were you ever the presiding juror or foreperson?  Yes  No

18. Have you ever been called to serve on a jury for a case involving asbestos?  Yes  No

a. If yes, did you serve on the jury?  Yes  No

b. When did you serve? \_\_\_\_\_

19. Have you, a family member, or someone close to you ever worked or trained in any of the following fields? (Answer for each.)

a. Insurance / Benefits  Self  Family  Someone close  No

b. Law or courts  Self  Family  Someone close  No

c. Medicine / Nursing  Self  Family  Someone close  No

d. Mental health / Counseling  Self  Family  Someone close  No

e. Mediation or dispute resolution  Self  Family  Someone close  No

f. Safety or OSHA regulations  Self  Family  Someone close  No

If yes to any, please describe who the person is and what type of work they did:

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20. Have you, a family member, or someone close to you ever worked with, or been trained to work with, the following materials or products? (Answer for each.)

a. Brakes / Clutches  Self  Family  Someone close  No

b. Drywall / Sheetrock / Plaster  Self  Family  Someone close  No

c. Floor tiles  Self  Family  Someone close  No

d. Gaskets / Valves / Pumps / Packing  Self  Family  Someone close  No

e. HVAC / Boilers  Self  Family  Someone close  No

f. Insulation / Insulation products  Self  Family  Someone close  No

g. Joint compound  Self  Family  Someone close  No

h. Mastics / Sealants / Adhesives  Self  Family  Someone close  No

i. Pipes (including cement pipe)  Self  Family  Someone close  No

j. Welding electrodes / Welding wire  Self  Family  Someone close  No

If yes to any, please describe who the person is and what type of work they did:

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21. Do you, a family member, or someone close to you have any special training, knowledge, or work experience with any of the following? (Answer for each.)

- |                                   |                               |                                 |  |                             |
|-----------------------------------|-------------------------------|---------------------------------|--|-----------------------------|
| a. Automotive repair / Mechanic   | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| b. Boiler work                    | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| c. Carpentry                      | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| d. Chemicals                      | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| e. Construction / Home remodeling | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| f. Electrical work                | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| g. Environmental                  | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| h. Industrial hygiene             | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| i. Laborer                        | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| j. Manufacturing / Assembly       | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| k. Millwright                     | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| l. Painter / Painting             | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| m. Plumber / Pipefitter           | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| n. Refinery                       | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| o. Ships / Shipyards              | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |
| p. Welding                        | <input type="checkbox"/> Self | <input type="checkbox"/> Family | <input type="checkbox"/> Someone close | <input type="checkbox"/> No |

If yes to any, please describe who the person is and what type of work they did:

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22. Have you or anyone close to you ever worked with or been exposed to substances or chemicals that you believe are a health hazard?

- Yes    No

If yes, please explain: \_\_\_\_\_

If yes, did you/they suffer any health problems as a result?    Yes    No    Don't know

23. Have you, a family member, or anyone close to you, ever been exposed to asbestos fibers or any product that contains asbestos?

- Yes, self    Yes, someone close    No    Don't know

If yes or don't know, please explain: \_\_\_\_\_

24. What, if anything, have you heard or read about the dangers of asbestos or products that contain asbestos?

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25. What is your opinion of companies that made, sold, or used products that contained asbestos?
- \_\_\_\_\_
- \_\_\_\_\_
26. Do you know anyone who has been diagnosed with an illness that you believe was caused by asbestos?
- Yes    No
- If yes, please explain: \_\_\_\_\_
- \_\_\_\_\_
27. Do you know anyone who should be tested for an asbestos-related illness?
- Yes    No    Don't know
- If yes or don't know, please explain: \_\_\_\_\_
- \_\_\_\_\_
28. Do you know anyone who has ever been involved in a lawsuit or claim involving exposure to asbestos or another hazardous substance?
- Yes    No
- If yes, please explain: \_\_\_\_\_
- \_\_\_\_\_
29. Have you, or has anyone close to you, ever had any serious breathing problems or lung conditions?
- Yes, self    Yes, someone close    No
- If yes, please explain: \_\_\_\_\_
- \_\_\_\_\_
30. What is your tobacco smoking history?
- Never    Current    Former
- a. If you are/were a smoker, number of years smoked: \_\_\_\_\_
- b. If you are/were a smoker, number of packs per day: \_\_\_\_\_
- c. If you are a smoker, have you ever tried to quit?    Yes    No
- d. If you are a smoker, have you ever been able to quit?    Yes    No
31. Have you, or has anyone close to you, ever had cancer or any other serious illness?
- Yes, self    Yes, someone close    No
- If yes, please explain: \_\_\_\_\_
- \_\_\_\_\_
32. Are you worried that you or someone close to you will get cancer or another serious illness?
- Yes    No
- If yes, please explain: \_\_\_\_\_
- \_\_\_\_\_

33. Have you, or has anyone close to you, ever been involved in the care of someone with a serious illness or disability, or been involved with an organization that cares for terminally ill people?

Yes, I have     Yes, someone close has     No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

34. Have you or anyone in your family ever sued or filed a lawsuit or made a claim against anyone (including a claim for disability or personal injury as a result of an accident or sickness involving your job)?

Yes     No

If yes, what did the lawsuit or claim involve? \_\_\_\_\_

Were you satisfied with the result?     Yes     No     Still pending

Please explain: \_\_\_\_\_

35. Have you or anyone in your family ever been sued by anyone or had a claim filed against you?

Yes     No

If yes, what did the lawsuit involve? \_\_\_\_\_

Were you satisfied with the result?     Yes     No     Still pending

Please explain: \_\_\_\_\_

36. From what you have read or heard, do you think that the money damages from lawsuits have generally been:

Often too high             Occasionally too high             About right

Occasionally too low     Often too low                     No opinion

Please explain: \_\_\_\_\_

\_\_\_\_\_

37. Please indicate your level of agreement with the following statement by checking one of the boxes below: "There are too many lawsuits today."

Agree Strongly     Agree     Disagree     Disagree Strongly     No opinion

Please explain: \_\_\_\_\_

\_\_\_\_\_

38. What is your general attitude, if any, about people who bring lawsuits?

\_\_\_\_\_

39. What is your general attitude, if any, about corporations?

\_\_\_\_\_

\_\_\_\_\_

40. Have you ever had a very bad experience with a corporation/company?

Yes  No

If yes, please explain: \_\_\_\_\_

41. Under the law, corporations and individuals must be treated equally in a lawsuit. Will it be difficult for you to follow this law?

Yes  No  Not sure

If yes or not sure, please explain: \_\_\_\_\_

42. As referenced in the instructions to this questionnaire, **you are prohibited from doing any independent investigation whatsoever regarding this case, the parties to the case, the subject matter involved in the case or the attorneys involved in the case. Do not do any internet searches (Google, etc.) regarding any person, company, or topic in any way involved in this trial until after the trial is concluded. To do so compromises the fairness of the trial and violates your oath as a juror.** If selected as a juror, this prohibition will extend through the end of your jury service in this case.

Do you understand this prohibition?  Yes  No

Is there any reason you cannot abide by this order as a juror?  Yes  No

If yes, please explain: \_\_\_\_\_

43. Do you believe there is any reason that you should not or cannot serve as a juror in this case (including ethical, religious, political, or other beliefs, as well as any medical problems)?

Yes  No

If yes, please explain: \_\_\_\_\_

44. Have you heard of, or been associated with, any of the names on the attached list?

Yes  No

If yes, please indicate which ones and explain how you know them or are affiliated with them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I, (print name:), declare under penalty of perjury, under the laws of the State of California, that the foregoing responses I have given in this juror questionnaire, and on any attached sheets, are true and correct to the best of my knowledge and belief.***

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE





Feb 21 2012  
3:11PM

Print Name \_\_\_\_\_

JID Number \_\_\_\_\_

*The Superior Court of the State of California  
for the County of Los Angeles*

Case Name: \_\_\_\_\_

**This case is estimated to be \_\_\_\_\_ days in length**

Estimated Start Date: \_ Estimated End Date: \_  
The Court will not be in session on: \_\_\_\_\_

**I AM ABLE TO SERVE ON THIS CASE. YES \_\_\_\_\_**

1. Do you have a hardship serving on this case? YES \_\_\_\_\_

2. If your hardship is based on a financial hardship, please answer the following:

NUMBER OF PERSONS ADULTS MINOR  
In my household: \_\_\_\_\_ (including yourself) \_\_\_\_\_ DEPENDANTS: \_\_\_\_\_

TOTAL **YEARLY** INCOME OF ALL INDIVIDUALS IN MY HOUSEHOLD BEFORE TAXES  
(Including Social Security Payments, Alimony, Child Support, Retirement Benefits, etc.)  
\_\_\_\_\_

TOTAL **MONTHLY** HOUSEHOLD EXPENSES: \_\_\_\_\_

EMPLOYER INFORMATION: Employer pays for \_\_\_\_\_ days of jury service  
Employer Name: \_\_\_\_\_  
Employer Telephone Number: \_\_\_\_\_  
My Occupation: \_\_\_\_\_

**If your hardship is based on one or more of the reasons below, please complete the information required:**

3. Are you unemployed and actively looking for employment? Yes \_\_\_\_\_  
You should know that your unemployment benefits are NOT affected by jury service.

4. Are you self-employed? Yes \_\_\_\_\_  
Would serving on this case, present a hardship? Yes \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Number of Employees: \_\_\_\_\_

5. Do you have a paid vacation planned during the dates of this case? Yes \_\_\_\_  
Vacation dates: From \_\_\_\_ to \_\_\_\_  
Vacation Destination: \_\_\_\_\_  
Have you purchased airline tickets, train tickets, and/or other paid passage to  
your destination? Yes \_\_\_ No \_\_\_ Please list the name of the carrier, flight or  
train number, along with departure date and time: \_\_\_\_\_  
\_\_\_\_\_

6. Do you have scheduled medical surgery(ies) or repeated medical appointments  
during the dates of this case? Yes \_\_\_\_

Dates of Surgery/Appointments: \_\_\_\_\_ Times: \_\_\_\_\_

7. Are you a teacher currently teaching students in a school setting **during the day**?

YES \_\_\_\_  
School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor/Principal: \_\_\_\_\_  
Supervisor's/Principal's Telephone: \_\_\_\_\_  
Grade Taught: \_\_\_\_\_

8. Are you a student currently attending classes offered **during the day**?

YES \_\_\_\_  
Would serving on this case, present a hardship? YES \_\_\_\_  
School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Classes: \_\_\_\_\_  
Dates and Times of Classes: \_\_\_\_\_  
Major: \_\_\_\_\_

9. If you have ANY OTHER HARDSHIP, please explain below:

\_\_\_\_\_  
\_\_\_\_\_

**It is perjury to falsify an excuse from jury service. Perjury is a felony punishable by  
up to four years in state prison (PC Sec. 126).**

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE  
OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.  
(CCP SEC. 2015.5(B))

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name