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PFAS

Personal Injury

<https://www.levinlaw.com/pfas-government-lawsuits>

Email all leads to: intakereview@levinlaw.com

About

PFAS is an umbrella term referring to thousands of chemicals that have been linked to harmful health effects, such as cancer. Given their now widespread occurrence in environments around the world and in the United States, a growing number of people claim that PFAS caused them to suffer serious health problems.

PFAS have many uses & are a byproduct of a wide range of industrial processes. These chemicals have been detected in: consumer goods, in which PFAS acts as a fire & water repellent for products; oil processing; manufacturing & other industrial uses where PFAS manifests as a waste product.

Criteria

- 2000 or later Diagnosis of one of the following...
 - Tier 1 cases: · Testicular cancer, Kidney cancer, Ulcerative Colitis
 - Tier 2 cases: · Liver cancer
- NO Death claims
- Drank from contaminated water supply from 1990 to present for at least 6 consecutive months

"We will not accept a case if the SOL expires within 90 days. If the SOL has already expired before the case is referred to LPR, we can accept the case.

When evaluating the SOL we will try to find a favorable state's statute (such as a discovery rule or equitable tolling statute) to apply in order to preserve the client's right to proceed with their claim, however, this is a case by case analysis that must be done at the time of intake. Generally, KY, LA, TN, and PR only provide 1 year from the time that symptoms present or the injury is diagnosed, so careful consideration should be given to cases from these states before contracting them.

If you have any questions please contact pfasgroup@levinlaw.com."

Prior to starting a paid campaign please confirm criteria with us at partnerwithlpr@levinlaw.com

Personal Data

Contact Information		
Injured person name		
Date of Birth		
Single, Widow, Divorced, Married		
If married, spouse name		
Caller Name (if different)		
Relationship to injured person		
Why are you calling rather than the injured person?		
Mailing Address		
Street/PO Box, city, state, zip		
Physical Address, if different		
Street, city, state, zip		
Do you consent to be contacted by phone?	Yes	No
Home phone		
Work phone		
Cell phone		
May we text you?	Yes	No
If yes, who is your provider		
Do you consent to be contacted by email?	Yes	No
Email Address		
Preferred method of contact		

If Injured Person Is Deceased		
Date of Death		
Cause(s) of Death		
Residency at time of Death (city & state)		
Has an Estate been opened		
Appointed Personal Representative		

Alternate Contact		
no case related information will be discussed		
Name		
Relationship		
Phone		
Email		
Address		

PFAS Intake Questionnaire

Are you currently represented by an attorney or law firm regarding a lawsuit related to this same issue? No Yes (decline)

Is the Injured Person Deceased? (y/n) _____ (if yes, decline)

Have you been diagnosed with: _____ Ulcerative Colitis _____ Testicular cancer _____ Kidney cancer
(If none, decline) _____ Liver cancer

When were you diagnosed (mm/year) _____ (If before 2000, decline)

What city & state do you believe you were exposed to PFAS? _____

Why do you believe you were exposed to PFAS there?

When did you first begin experiencing symptoms related to your injury? _____

What city and state were you living at that time? _____ How long were you living there? _____
(must have been at least 6 consecutive months, 1990 - present. If not, decline)

Diagnosing doctor name

Street, City & State _____

Hospital name

Street, City & State _____

Have you received treatment? (y/n) _____

If yes, please describe _____

Treating doctor name

Street, City & State _____

Hospital name

Street, City & State _____

What is your current condition?

Have you received notice from your water provider regarding PFAS contamination? (y/n) _____

If yes, date you received: _____

Approximately when did you learn of the connection between PFAS and your injury? _____

Have you ever filed bankruptcy? (y/n) _____ Date filed: _____

Are you currently employed? (y/n) _____

Have you made a workers comp claim in connection with your cancer? (y/n) _____

If yes, who is your Work Comp Insurance carrier? _____

Have you made a claim for compensation of any kind in connection with your work related to your injury? (y/n) _____

If yes, please describe: _____

Other comments: _____

Inform caller to save all potential evidence such as:
proof of purchase, bottles, pills, packaging, letters, emails, etc