**IN THE UNITED STATES DISTRICT COURT**

**FOR THE NORTHERN DISTRICT OF ILLINOIS**

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| **IN RE: HAIR RELAXER MARKETING**  **SALES PRACTICES AND PRODUCTS**  **LIABILITY LITIGATION** | **MDL No. 3060**  **Case No. 23 C 818**  **Judge Mary M. Rowland**  **This document relates to:**  **All Cases** |

**certification TO COMPLY WITH**

**AMENDED CASE MANAGEMENT ORDER NO. 10**

I, [Lead counsel name], hereby declare under penalty of perjury as follows:

1. I submit this certification (this “Certification”) pursuant to the Court’s [date] Order [ECF No. xxxx] and Amended Case Management Order No. 10 (“Amended CMO  
    10”).
2. Based on my firm’s client intake of [Plaintiff name] (MDLC ID), [individual docket case number], my firm and I do not possess and have no access to any or all of the information required under Amended CMO 10: (i) full name (including middle name), (ii) Social Security Number, (iii) date of birth, and (iv) current home address. ECF No. 936. To the extent that my firm or I have any of the required information, I have uploaded this information to Plaintiff’s MDL Centrality profile, administered by BrownGreer. Specifically, I have uploaded (check all that apply):

□ Plaintiff’s complete SSN

□ Plaintiff’s partial SSN

□ Plaintiff’s complete DOB

□ Plaintiff’s partial DOB

□ Plaintiff’s complete current home address

□ Plaintiff’s partial current home address

□ Plaintiff’s last known address

1. I have exhausted all resources to attempt to retrieve this information myself and made several attempts and best efforts to try to establish contact with [Plaintiff name] in order to obtain the missing information without success. Those attempts include:

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1. If my firm or I later obtain this information, I will ensure that the information is uploaded to Plaintiff’s MDL Centrality profile within 10 days of receipt of this information.
2. I believe, to the best of my knowledge, that the facts and circumstances set forth herein are true and correct.

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| Dated: | */s/ Attorney name*  [Attorney]  [Bar number]  [Title]  [Address]  [Phone number] |