

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ALABAMA
Southern Division**

In re:)
SILICONE GEL BREAST IMPLANT) Master File No. CV 92-P-10000-S
PRODUCTS LIABILITY LITIGATION)
(MDL 926))

**ORDER No. 32A
(Registration with Special Master Regarding
Common Benefit Disbursements and Services)**

This Order supplements Order No. 32, entered June 13, 1996, which appointed Frank Andrews as Special Master to advise the Court regarding disbursements from the Plaintiffs' Litigation Expense Fund (Common Benefit Fund) established by Order No. 13.

All firms or individual practitioners who intend to assert a claim for "common benefit" services or expenses as set out in paragraph 3 of Order No. 13 must, not later than November 15, 1996, register with the office of the Special Master. Registration shall be completed by mailing to the office of the Special Master the Registration Form attached as Exhibit A to this Order. The Registration Form shall be mailed to:

Frank Andrews
P.O. Box 7569

Dallas, Texas 75209

Registration Forms postmarked after November 15, 1996, will not be considered except for good cause shown.

Only one Form should be submitted on behalf of each firm or individual practitioner.

This registration is only for those who will seek "common benefit" fees or reimbursement. Do not submit a Registration Form if your services and expenses are based solely upon representation of individual clients. (Failure to register will not affect claims for fees/expenses from individual clients.)
This 12th day of September, 1996.

/s/ Sam C. Pointer, Jr.
U.S. District Judge

**MDL-926 COMMON BENEFIT FUND
REGISTRATION FORM**

This form is to be used by those attorneys who will be filing a claim for services or reimbursement from the Common Benefit Fund established by Order No. 13.

To be eligible to have a claim considered for payment from this Fund, this Form must be returned by November 15, 1996, to:

Frank Andrews
7501 Inwood Road
P.O. Box 7569
Dallas, Texas 75209

The undersigned certifies that he/she or his/her firm has provided services or incurred expenses for the common benefit of all plaintiffs in MDL-926.

NAME: _____

FIRM: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

SIGNATURE

DATE

Have you (or other members of your firm who have provided "common benefits") been associated with or employed by any other firm(s) that could make a claim which might duplicate, in whole or in part, any claim you may make? _____ Yes _____ No

If yes, please attach a listing of all such firms or individuals.