Reporting Period:
From _____
To _____

MDL 1657
Vioxx Products Liability Litigation Report of Member Firm Time

Firm Name: _____

Name of Individual	Identify if Attorney (A), Paralegal (P), Law Clerk (L), or Other (O)	Case Assessment Development, and Administration (insert number of hours)	Pre-Trial Pleadings and Motions (insert number of hours)	Discovery (insert number of hours)	Trial Preparation and Trial (insert number of hours)	Appeal (insert number of hours)	Total Hours by Individual	Summary Total Hours of All Firm Personnel
	__A __P __L __O							
	__A __P __L __O							
	__A __P __L __O							
	__A __P __L __O							
	__A __P __L __O							
	__A __P __L __O							
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	__A __P __L __O							
	__A __P __L __O							
	__A __P __L __O							
	__A __P __L __O							
Total Firm Time								_____Hrs.

I certify that the time documented above is accurate and correct and was incurred for the common benefit of claimants in MDL 1657.
Signature: _____ Date: _____