



**Douglas M. Schmidt, APLC**

A Professional Law Corporation

335 City Park Avenue  
New Orleans, LA 70119  
Phone: 504-482-5711  
Fax: 504-482-5755  
Toll Free: 800-375-1193

Douglas M. Schmidt\*

\*admitted to practice in South Carolina

**RE: Camp Lejeune Justice Act of 2022**

Dear Client:

We would like to thank you for your consideration of Douglas M. Schmidt, APLC regarding your potential **Camp Lejeune Justice Act of 2022 case**.

Once we have received your information packet and will begin building your file.

**HISTORY:** From 1957 to at least 1987, evidence suggests that U.S. Marines and their families, as well as vendors and contractors who worked and lived on or near the base, were exposed to heavily contaminated water, which they and their families both drank and bathed in without knowledge of the potential health risks.

The government and base officials knew about the contamination for decades. However, despite warnings from experts and numerous damning inspections and reports, little to nothing was done about the Camp Lejeune water contamination problems and the water was deemed safe, even as its poor, and alarming, chemical taste was commented on by marines and their families for years.

The wells were shut off in 1985, due to the elevated levels of contamination. However, the wells were illegally reactivated later.

In October 2010, a letter from the head of the Environmental Protection Agency's Superfund program wrote a letter declaring that the drinking water at the base presented a health hazard.

A new law is under consideration in Congress that allows veterans and their families to file a lawsuit in U.S. federal court for exposure to toxic chemicals in the water at Camp Lejeune.

You should consult with your physician regarding health concerns. If you have any questions regarding your case, please contact us directly at **504-482-5711**.

Once again, thank you for your considering Douglas M. Schmidt, APLC

Sincerely,

A handwritten signature in black ink, appearing to read "D. Schmidt".

Camp Lejeune Justice Act of 2022 Intake Group

Douglas M. Schmidt

## Camp Lejeune Justice Act of 2022 Questionnaire

<b>Claimant's Name (Injured Party):</b>					
<b>YOUR Legal Name (person completing this form even if it is the same as above)</b>					
<b>Is Claimant Deceased?</b>	NO	YES	<b>If deceased, date of death</b>		
<b>Cause of death</b>					
<b>EMAIL</b>	<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Cell Phone Number</b>			<b>Other Phone Number</b>		

**\*\*\*Please answer the rest of this form from the point of view of the person who was  
at Camp Lejeune. \*\*\***

<b>Claimant's DOB</b>	<b>SSN</b>	<b>Spouse's name:</b>	<b>Claimant's Gender</b>		
<b>Have you ever signed documents with another law firm for your Camp Lejeune Justice Act of 2022?</b>			YES	NO	
<b>Military ID Number of Claimant (if you have it)?</b>					
<b>While on base, was the injured person a service member, civilian employee, spouse, child, contractor or other:</b>					
<b>What documentation do you have to show the claimants presence on at Camp Lejeune?</b>					

**We will need to order medical records, please provide the information to order  
these records:**

<b>Name of Hospital or facility that diagnosed the injuries you suffered:</b>					
<b>Date of Treatment</b>		<b>City</b>		<b>State</b>	





## ATTORNEY-CLIENT CONTRACT

This Attorney-Client Contract is made by and between Client and **Douglas Schmidt, APLC** ("Attorneys"). In consideration of the mutual promises herein, Client and Attorneys agree as follows:

**I. Purpose of Representation.** Client retains Attorneys to prosecute all claims against all necessary defendants arising out of Event: **Camp Lejeune Justice Act of 2022**

**II. Attorneys' Fees & Expenses.** Attorneys will advance reasonable and necessary expenses incurred for prosecution of the case and obtain full reimbursement out of Client's share of any amount collected herein. In consideration of Attorneys' services, Client agrees to pay to Attorneys:

40% of any amount collected herein

Pursuant to Rule 1.04 of the Texas Disciplinary Rules of Professional Conduct, **The Law Office of Douglas Schmidt, APLC** will assume joint responsibility for Client's case and the recovery will be divided as follows:

CLIENT	60%
Douglas Schmidt, APLC	30%
Local Counsel	10%
Total	100%

The division of the fees between the Law Firms does not affect the Client's share of the recovery. **Note: if no recovery is achieved, the Client will not be required to reimburse the Law Firm for case expenses which have been advanced by the Law Firm, if any.** To the extent that legislation, or other applicable state law provides a statutory cap on contingent fee percentages that is less than the contingent percentages set out here, then Client agrees to pay the applicable contingent percentages set out here or the maximum contingent percentages under that applicable state law, whichever is less.

**III. Assignment of Interest.** In consideration of Attorneys' services, Client hereby sells, conveys, and assigns to Attorneys an interest, as indicated in section II above, in Client's claims and causes of action, and in any action, compromise, settlement, judgment, payment of services or recovery by whatever means.

**IV. Approval Necessary for Settlement.** Attorneys are authorized to determine settlement strategy and negotiate on Client's behalf. No settlement of any nature shall be made for claims of Client without Client's final approval, and Client shall not obtain any settlement without Attorneys' written approval. Attorneys are hereby granted a limited power of attorney with full authority to prepare, fully execute, sign and file all legal instruments, pleadings, drafts, authorizations and papers reasonably necessary to conclude this representation as fully as Client could do in person.

**V. Representations.** It is understood that Attorneys cannot warrant or guarantee the outcome of the case, and Attorneys have made no representations that Client will recover any or all of the funds sought. Client also understands that obtaining a judgment does not guarantee that the defendant will satisfy the judgment.

**VI. Withdrawal.** Attorneys have the option to withdraw and cease to represent Client for any reason.

**VII. Association of Other Attorneys.** Attorneys have the option to associate any attorney(s) to assist in the preparation and litigation of this case, in the sole discretion of Attorneys.

**VIII. /RXLVLDQW.** This Contract shall be construed under and in accordance with the laws of the State of Louisiana, and all obligations of the parties created hereunder are performable in New Orleans, Orleans Parish, Louisiana.

**IX. Parties Bound.** This Contract shall be binding upon and inure to the benefit of the parties hereto and their heirs, executors, administrators, legal representatives, successors and assigns where permitted by this Contract.

**X. Legal Construction.** In case any provision in this Contract shall be held to be invalid, illegal or unenforceable, such holding shall not affect any other provisions herein, and this Contract shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

**XI. Prior Contracts Superseded.** This Contract constitutes the sole agreement of the parties and supersedes any prior written or oral agreements between the parties regarding Event.

**XII. Lien Resolution.** Client understands that federal law may require all parties to resolve any claims for reimbursement prior to distributing any verdict or settlement proceeds. Client agrees that Attorneys may take all steps relating to resolution of these federally mandated issues, and expenses incurred for such shall be treated as case expenses deducted from Client's net recovery.

**XIII. Client Certification.** Client is voluntarily signing this Contract, fully aware of its terms and conditions. All questions regarding the contract have been answered by Attorneys.

**XIV. Scope of Representation.** The legal services provided does not relate to medical negligence by any doctor, hospital or healthcare provider. It does not extend to any probate, bankruptcy, tax advice, criminal defense, divorce or any other kind of legal service or proceeding. If ancillary legal services are necessary, client agrees that all attorney fees, costs or expenses related to those services will be borne by client.

	LEGAL NAME (please print clearly)	DOB	SSN
CLIENT (the injured)			
GUARDIAN (If applicable)			

Signed & accepted by:

**Client Sign Here:**

**Date**

Signed & accepted this date \_\_\_\_\_

by Attorneys: \_\_\_\_\_

Douglas M. Schmidt

**Douglas M. Schmidt, APLC**  
A NATIONAL LITIGATION FIRM

**AUTHORITY TO FILE AN ADMINISTRATIVE CLAIM  
AND/OR OPEN AN ESTATE ADMINISTRATION**

The undersigned hereby grants Douglas M. Schmidt, APLC full authority to file an administrative claim arising from exposure to the contaminated water supply at Camp Lejeune, North Carolina. This authority includes, but is not limited to, the filing of a Standard Form 95 Claim for Damage, Injury, or Death against the United States and its agencies under Section 706 of the Honoring our Promise to Address Comprehensive Toxic Acts (PACT) Act and the filing of a form to obtain military service or medical records such as Standard Form 180 Request to Obtain Military Records (SF 180), Request for Information Needed to Locate Medical Records (NA Form 13402), Authorization for Release of Military Medical Patient Records (NA Form 13036), Request for Information Needed to Reconstruct Medical Data (NA Form 13055), Authorization for Disclosure of Medical or Dental Information (DD Form 2870), Request for and Authorization to Release Health Information (VA Form 10-5345), and Questionnaire about Military Service (NA Form 13075).

If the person exposed is deceased or is under conservatorship, guardianship, or if they granted the undersigned power of attorney to make legal decisions on the exposed person's behalf, the undersigned grants Douglas M. Schmidt, APLC full authority to take all necessary actions for the purposes of prosecuting any and all claims against the United States Government under Section 706 of the Honoring our PACT Act.

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Signature

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Name (printed)

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Date



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attn: Patient Records

Dear Records Custodian:

\_\_\_\_\_ was a patient of \_\_\_\_\_ with a birth date of \_\_\_\_\_. I request copies of any and all of my medical records including, but not limited to, radiological films, billing records, and outside records. Provide the records in electronic form on CD in the Adobe Acrobat pdf format. Please note that HIPAA requires that you provide the records for the cost of the CD and the cost of the actual time spent putting the records and/or films on the disk.

Please send the records to Douglas M. Schmidt, APLC as follows:

Douglas M. Schmidt, APLC

335 City Park Ave

New Orleans LA 70119

Phone Number: ( 504 ) 482-5711 Fax Number: ( 504 ) 482-5755

SIGNED: \_\_\_\_\_