

# Forced Sterilization and Abortion Class Action

## Potential Class Member Questionnaire

Personal information that you provide to us for the purpose of determining your possible involvement in the class action will be treated as private. Read our [privacy policy](#) for more information.

Email a copy of this form to [sterilization@murphybattista.com](mailto:sterilization@murphybattista.com) with the subject line **Forced Sterilization and Abortion Class Action** and our intake team will be in touch to confirm receipt and next steps.

### Personal Information

Full Legal Name: \_\_\_\_\_

Other/Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ancestry: \_\_\_\_\_

Indian Status Card Registration (if applicable): \_\_\_\_\_

Date of sterilization or abortion procedure: \_\_\_\_\_

### Additional comments and information