Exhibit 1

DEPAKOTE CLAIM FORM

Name of Child		DOB	
		DOD (if applicable)	
Name of Biological Mother		Cause Number (if filed)	
Name of Guardian (if different from Biological Mother)		State of Residence	
Representing Law Firm:			

Reason for Mother's Depakote Use: ☐ Epilepsy ☐ Migraine ☐ Psychiatric

☐ Other: ____

* You must provide any records to support Depakote use during pregnancy. The records must be linked to this form.

Please identify the child's injuries and mark all defects the child has **associated with the injury.** Also indicate whether the injury is the primary injury (**you can only specify one primary injury)**, and specify any secondary injuries.

ANY ALLEGED INJURY, SURGERY, OR IMPAIRMENT MUST BE SUPPORTED BY RECORDS TO BE LINKED TO THIS FORM.

☐ **SPINA BIFIDA** ☐ Primary ☐ Secondary

☐ Hydrocephalus ☐ Neurogenic Bladder/Bowel ☐ Syringomelia

☐ Chiari Malformation (I or II) ☐ Tethered Cord ☐ Complete or Partial Paralysis

☐ Other ________________________

Current physical disabilities and limitations: ____

Current cognitive disabilities: ____

☐ Surgeries: List any surgeries ____

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☒ **CRANIOFACIAL GROUP** ☐ Primary ☐ Secondary

☐ Cleft Lip ☐ Cleft Palate ☐ Microtia ☐ Craniosynostosis (Metopic, Trigonocephaly, Plagiocephaly)

☐ Microcephaly ☐ Macrocephaly ☐ Larynogmalacia ☐ Tracheomalacia

☐ Eye Defect (e.g., Strabismus, Exotropia, Esotropia) -Specify: ______________________________________

☐ Chiari Malformation (I or II) ☐ Hydrocephalus (without Spina Bifida)

☐ Facial Dysmorphism (Please list the dysmorphic features): ____

☐ Fetal Valproate Syndrome (Please list the group of defects supporting this claim):___________________
____

☐ Other: ____

☐ Surgeries: List any surgeries ____

____

☐ List any physical or cognitive impairment or limitations: ____

____

☐ **HEART DEFECT GROUP** ☐ Primary ☐ Secondary

☐ Atrial Septal Defect (ASD) ☐ Ventricular Septal Defect (VSD) ☐ Patent Foramen Ovale

☐ Patent Ductus Arteriosus ☐ Tetralogy of Fallot ☐ Trunctus Arteriosis

☐ Coarctation of the Aorta ☐ Interrupted Aortic Arch ☐ Heart Murmur

☐ Hypoplastic Left or Right Heart Syndrome ☐ Transposition of the Great Arteries

☐ Double Outlet Left or Right Ventricle

☐ Heart Valve Deformity (e.g., Bicuspid Aortic Valve, Pulmonary Stenosis, Pulmonary Atresia) - Specify:

____

☐ Other: ____

☐ Surgeries: List any surgeries ____

____

☐ List any physical or cognitive impairment or limitations: ____

____

☐ LIMB/SKELETAL GROUP ☐ Primary ☐ Secondary

☐ Club Foot ☐ Club Hand ☐ Radial Ray Anomaly

☐ Spinal Kyphosis ☐ Scoliosis ☐ Sacral Agenesis

☐ Digit Deformities of the Hand or Foot- Specify:____

☐ Hib/Rib or Other Bone Deformity – Specify:____

☐ Other____

☐ Surgeries: List any surgeries ____

____

☐ List any physical or cognitive impairment or limitations: ____

____

☐ UROGENITAL/ABDOMINAL GROUP ☐ Primary ☐ Secondary

☐ Hypospadias ☐ Undescended Testes ☐ Gastrochisis ☐ Omphalocele

☐ Congenital Hernia ☐ Neurogenic Bowel/Bladder (without Spina Bifida)

☐ Other :____

☐ Surgeries: List any surgeries ____

____

☐ List any physical or cognitive impairment or limitations: ____

____

□ **COGNITIVE/BEHAVIORAL IMPAIRMENT** □ Primary □ Secondary
Please describe nature and level of impairment e.g. provide IQ score, what grade is child in, if child has had an IEP, etc. (Must be supported by records linked to this form)_______________________________   ____   ____   ____

CERTIFICATION of MEDICAL RECORDS
□ Plaintiffs' counsel certifies all medical records in counsel's possession for both the biological mother and the injured child, including affidavits of no records, have been produced.   ______________________________   **ATTORNEY SIGNATURE**