

UNITED STATES DISTRICT COURT FOR THE  
SOUTHERN DISTRICT OF OHIO

UNITED STATES	)	
	)	
	)	
v.	)	Docket No. 3:00 CR 77 (Rice, C.J.)
	)	
PAUL F. FULK,	)	
EARNIE S. PHILPOT,	)	
PARA TECH INDUSTRIES, INC.,	)	
THERASYS, INC.	)	
_____	)	

**ECONOMIC CRIME - INDIVIDUAL VICTIM IMPACT STATEMENT**

**[NOTE:** *This Declaration should be completed by any individual or entity (1) that purchased, leased, or refurbished a CTD-Mark I device prior to August 12, 1999, for the purpose of treating patients with carpal tunnel syndrome; AND (2) was not aware that the CTD-Mark I was an unapproved medical device (that is, that it was not approved or cleared by the FDA for any purpose). If you purchased, leased, or refurbished a CTD-Mark I device on or after August 12, 1999, you are not legally entitled to restitution for that activity. Similarly, if you were aware the CTD-Mark I was not approved or cleared by the FDA, you are not legally entitled to restitution.*

*Please type or print. If necessary, you may write on the back of the pages or attach additional pages. If a question or portion of a question does not apply, please indicate. Please initial the lower right corner of each page.]*

**DECLARATION**

**I do solemnly swear/affirm under the penalty of perjury as follows:**

- My name is \_\_\_\_\_  
The name of my business is \_\_\_\_\_  
My address is \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
[Initial here]

My home telephone number is \_\_\_\_\_

My daytime/work telephone number is \_\_\_\_\_

2. I purchased, leased, or had refurbished (*circle whichever applies*) one or more CTD-Mark I devices before August 12, 1999, for the purpose of treating patients with carpal tunnel syndrome with the device(s).

TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

3. At the time of my purchase, lease, and refurbishing of the CTD-Mark I (*as indicated in number 2*), I did not know that the CTD-Mark I was not approved or cleared by the FDA for use as a medical device (that is, I did not know that the CTD-Mark I was not FDA-approved or cleared to be used to treat any medical condition, including, but not limited to, carpal tunnel syndrome).

TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

4. Had I known that the CTD-Mark I was not FDA-approved or cleared as a device to treat carpal tunnel syndrome, I would not have purchased, leased, or refurbished the CTD-Mark I.

TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

***[NOTE: Unless you marked "TRUE" in response to item 2 and you marked "TRUE" in response to both items 3 and 4, you should stop, as you are not entitled to restitution. Please be aware that providing false information or knowingly filing a false claim for restitution is a federal offense and could subject you to prosecution.]***

5. I purchased \_\_\_\_\_ *[number]* of CTD-Mark I device(s). I purchased the CTD-Mark I device(s) on the following date(s), at the following cost:

DATE	COST
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
[Initial here]

6. I leased \_\_\_\_\_ **[number]** of CTD-Mark I device(s). I leased the CTD-Mark I device(s) on the following date(s), at the following cost:

DATE	COST
_____	_____
_____	_____
_____	_____

7. I had \_\_\_\_\_ **[number]** of CTD-Mark I device(s) refurbished by Para Tech or Therasys. These were refurbished on the following date(s), at the following cost:

DATE	COST
_____	_____
_____	_____
_____	_____

8. I have received refunds from Para Tech, Therasys, or others acting on their behalf in the following amount (*please explain the circumstances surrounding any refunds*):

\_\_\_\_\_

\_\_\_\_\_

9. I have been compensated by insurance or another source with respect to all or a portion of my costs associated with the CTD-Mark I, in the amount of \$ \_\_\_\_\_. Please provide details (e.g., name and address of insurance company, and claim number):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
[Initial here]

10. Have you or anyone on your behalf initiated civil action against any party as a result of your purchase, lease, or refurbishing of the CTD-Mark I?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, list case name, docket number, and court of jurisdiction, as well as any compensation received as a result of the civil action:

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11. My total losses associated with the CTD-Mark I devices were \$\_\_\_\_\_. This figure was determined as follows (*you must explain how you determined this loss figure and you must deduct any refunds or compensation from other sources listed in items 8, 9, or 10*):

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12. Please provide any additional information concerning the CTD-Mark I device(s) that you purchased, leased or refurbished that you think is relevant to your claim:

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I declare under penalty of perjury, as provided under 28 United States Code § 1746, that the foregoing is true and correct. Executed on \_\_\_\_\_ *[date]*.

Signature: \_\_\_\_\_

\_\_\_\_\_  
[Initial here]