

Matthew R. Mendelsohn, Esq. (SBN 015582005)
MAZIE SLATER KATZ & FREEMAN, LLC
103 Eisenhower Parkway
Roseland, New Jersey 07068
(973) 228-9898
Attorneys for Plaintiff

FILED
JAN 17 2024
GREGG A. PADOVANO, J.S.C.

IN RE: ALLERGAN BIOCELL
TEXTURED BREAST IMPLANT
PRODUCTS LIABILITY LITIGATION

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: BERGEN COUNTY
DOCKET NO.: BER-L-6152-22

Renee Milan,

MASTER DOCKET NO. BER-L-5064-20
MCL CASE NO. 634

Plaintiff(s),

vs.

Allergan, Inc., Allergan USA, Inc., and
DOES 1-100,

**CONSENT ORDER
PERMITTING PLAINTIFF TO
AMEND THE COMPLAINT**

Defendants.

THIS MATTER having been opened to the Court by plaintiff, with the consent of defendants; and the Court having considered this Consent Order; and for good cause;

WHEREAS plaintiff Renee Milan died on July 6, 2023;

WHEREAS Renee Milan's mother, Judy Orr, has been appointed Personal Representative of the Estate of Renee Milan;

WHEREAS Plaintiff now seeks to file an Amended Complaint to substitute Judy Orr as Personal Representative of the Estate of Renee Milan as the plaintiff, consistent with the proposed First Amended Master Short Form Complaint attached hereto as Exhibit "A";

IT IS on this 17TH day of January, 2024;

ORDERED that plaintiff is permitted to file a First Amended Master Short Form Complaint o substitute Judy Orr as Personal Representative of the Estate of Renee Milan as the plaintiff; and it is further

ORDERED that the posting of this Order on eCourts shall constitute service upon all counsel of record. If applicable, pursuant to R. 1:5-1(a), a copy of this Order shall be served upon all parties who have not been electronically served through an approved Electronic Court System pursuant to R. 1:32-2A, nor personally served in court, within seven (7) days of receipt of this Order.



HON. GREGG A. PADOVANO, J.S.C.

*We hereby consent to the form and
Entry of this Consent Order*

MAZIE SLATER KATZ & FREEMAN, LLC
Attorneys for Plaintiffs

/s/ Matthew R. Mendelsohn
MATTHEW R. MENDELSON

REED SMITH
Attorneys for Defendants

/s/ David E. Stanley
DAVID E. STANLEY

EXHIBIT A

IN RE: ALLERGAN BIOCELL
TEXTURED BREAST IMPLANT
PRODUCTS LIABILITY LITIGATION

**Judy Orr as Personal Representative
of the Estate of Renee Milan,**

Plaintiff(s),

vs.

Allergan, Inc., Allergan USA, Inc., and
DOES 1-100,

Defendants.

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: BERGEN COUNTY
DOCKET NO.: BER-L-6152-22

MASTER DOCKET NO. BER-L-5064-20
MCL CASE NO. 634

**FIRST AMENDED
SHORT-FORM COMPLAINT
AND JURY DEMAND**

1. Plaintiff(s) **Judy Orr as Personal Representative of the Estate of Renee Milan**, hereby state(s) and incorporate(s) by reference all of the allegations contained in Plaintiffs' Master Long Form Complaint and Jury Demand ("Master Complaint"), against Defendants Allergan, Inc., and Allergan USA, Inc. ("Allergan"), which are the sole named Defendants pursuant to the Stipulation of Proper Parties which is incorporated herein by reference, and Does 1-100.
2. If a Complaint was filed in this action prior to the filing of this Short Form Complaint, set forth here the date(s) of filing the prior Complaint(s), and ensure that the correct Bergen County docket number is inserted in the caption above: **not applicable.**

I. IDENTIFICATION OF PLAINTIFFS AND RELATED INTERESTED PARTIES

3. Name and current residence, or residence on date of death, of individual who is alleged to have suffered personal injuries and related damages due to implantation of one or more Allergan Biocell Textured Breast Implant medical devices ("Biocell"): **Renee Milan, 29628 N 44th Pl., Cave Creek, AZ 85331.**
4. Consortium Claim(s): Name and current residence of individual(s) alleging damages for loss of consortium: **not applicable.**
5. If a survival and/or wrongful death claim is asserted, set forth Decedent's date of death due to Biocell-related injuries or conditions: **July 6, 2023.**

6. If this action is filed in a representative capacity, the name and current residence of the individual(s) bringing the claims on behalf of the injured individual or decedent's estate, and the representative capacity (i.e., personal representative, executor, administrator, next of kin, successor in interest, guardian, etc.): **Judy Orr as Personal Representative of the Estate of Renee Milan, 29628 N 44th Pl., Cave Creek, AZ 85331.**

II. DEVICE IDENTIFICATION

7. Plaintiff was implanted with the following Biocell device[s], which Plaintiff contends caused her injuries. Check all that apply and provide all dates of implant and explant:

<input type="checkbox"/> NATRELLE Silicone-filled Breast Implants <input type="checkbox"/> Style 110 <input type="checkbox"/> Style 115 <input type="checkbox"/> Style 120 Date[s] and state of Implant: Date[s] of Explant (if any):	<input type="checkbox"/> NATRELLE Saline-Filled Breast Implants <input type="checkbox"/> Style 163 <input type="checkbox"/> Style 168 <input type="checkbox"/> Style 363 <input type="checkbox"/> Style 468 Date[s] and state of Implant: Date[s] of Explant (if any):
<input type="checkbox"/> NATRELLE 410 Highly Cohesive Anatomically Shaped Silicone-Filled Breast Implants <input type="checkbox"/> Style LL <input type="checkbox"/> Style LM <input type="checkbox"/> Style LF <input type="checkbox"/> Style LX <input type="checkbox"/> Style ML <input type="checkbox"/> Style MM <input type="checkbox"/> Style MF <input type="checkbox"/> Style MX <input type="checkbox"/> Style FL <input type="checkbox"/> Style FM <input type="checkbox"/> Style FF <input type="checkbox"/> Style FX Date and state of Implant: Date[s] of Explant (if any):	<input type="checkbox"/> NATRELLE INSPIRA Silicone-Filled Breast Implants <input type="checkbox"/> Style TRL <input type="checkbox"/> Style TRLP <input type="checkbox"/> Style TRM <input type="checkbox"/> Style TRF <input type="checkbox"/> Style TRX <input type="checkbox"/> Style TSL <input type="checkbox"/> Style TSLP <input type="checkbox"/> Style TSM <input type="checkbox"/> Style TSF <input type="checkbox"/> Style TSX <input type="checkbox"/> Style TCL <input type="checkbox"/> Style TCLP <input type="checkbox"/> Style TCM <input type="checkbox"/> Style TCF <input type="checkbox"/> Style TCX Date[s] and state of Implant: Date[s] of Explant (if any):

<input type="checkbox"/> McGhan BioDIMENSIONAL® Silicone-Filled BIOCELL® Textured Breast Implants, Style 153 Date[s] and state of Implant: Date[s] of Explant (if any):	<input type="checkbox"/> NATRELLE Dual-Gel Breast Implants <input type="checkbox"/> Style LX <input type="checkbox"/> Style MX <input type="checkbox"/> Style FX. Date[s] and state of Implant: Date[s] of Explant (if any):
<input type="checkbox"/> NATRELLE Komuro Breast Implants <input type="checkbox"/> Style KML <input type="checkbox"/> Style KMM <input type="checkbox"/> Style KLL <input type="checkbox"/> Style RLM Date[s] and state of Implant: Date[s] of Explant (if any):	<input type="checkbox"/> NATRELLE Ritz Princess Breast Implants <input type="checkbox"/> Style RML <input type="checkbox"/> Style RMM <input type="checkbox"/> Style RFL <input type="checkbox"/> Style RFM Date[s] and state of Implant: Date[s] of Explant (if any):
<input type="checkbox"/> NATRELLE 150 Full Height and Short Height double lumen implants. Date[s] and state of Implant: Date[s] of Explant (if any):	<input type="checkbox"/> NATRELLE 133 Plus Tissue Expander Date[s] and state of Implant: Date[s] of Explant (if any):
<input type="checkbox"/> NATRELLE 133 Tissue Expander with Suture Tabs Date[s] and state of Implant: Date[s] of Explant (if any):	<input checked="" type="checkbox"/> OTHER (Please describe): McGhan Textured Implants 420cc Date[s] and state of Implant: 1990s - Illinois Date[s] of Explant (if any): 7/27/22

III. PLAINTIFF'S BIOCELL-RELATED INJURIES

8. Has Plaintiff or Plaintiff's decedent ever been diagnosed with BIA-ALCL:

Yes

No

If Yes, date of diagnosis: **Approximately June 2, 2022.**

IV. CAUSES OF ACTION

9. The following claims asserted in the *Master Long Form Complaint and Jury Demand* are herein adopted by Plaintiff(s):

- Count I: Manufacturing Defect
- Count II: Failure to Warn
- Count III: Breach of Express Warranty
- Count IV: Design Defect
- Count V: Negligence
- Count VI: Consumer Fraud
- Count VII: Survivorship and Wrongful Death
- Count VIII: Loss of Consortium

Other Claims (please identify non-Allergan Defendant(s) if applicable, and state causes of action, and short summary of factual and legal bases for other claims not included in the Master Complaint; attach a separate sheet or sheets if necessary):

10. As a proximate result of the foregoing, Plaintiff(s) has/have suffered the injuries and damages set forth in the Master Complaint, and any other injuries and damages that may be proven.

WHEREFORE, Plaintiff(s) request the entry of Judgment awarding relief including compensatory damages, punitive damages, treble damages, attorneys fees, costs of suit, interest, and such further relief as the Court deems equitable and just.

V. JURY DEMAND

Plaintiff(s) demand(s) a trial by jury of all claims set forth herein.

VI. DESIGNATION OF TRIAL COUNSEL

Pursuant to R.4:25-4, Plaintiff(s) hereby designate(s) **Adam M. Slater, Esq.** as trial counsel.

VII. CERTIFICATION OF VALID RETAINER AGREEMENT

Plaintiff(s)'s counsel of record hereby certifies that the retainer agreement utilized in this action fully complies with the New Jersey Court Rules, including R.1:21-7, and that if there is a recovery in this action, any attorney's fees and expenses shall be deducted and paid pursuant to the New Jersey Court Rules, including R.1:21-7.

MAZIE SLATER KATZ & FREEMAN, LLC
Attorneys for Plaintiff(s)

By: 

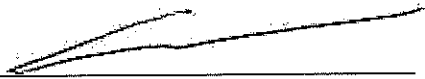
ADAM M. SLATER

Dated: January 17, 2024

VIII. RULE 4:5-1 CERTIFICATION:

I hereby certify that to the best of my knowledge the matter in controversy is the subject of numerous other actions filed in the Superior Court, all of which are consolidated and designated as an MCL under Master Docket Number BER-L-5064-20, Case No. 634, and including similar actions filed in the federal MDL assigned to the District of New Jersey, and potentially other state and federal courts, and that no other parties are necessary to join at this time.

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

By: 
ADAM M. SLATER

Dated: January 17, 2024