

# **EXHIBIT A**

**From:** Wolverton, Caroline (CIV) [mailto:Caroline.Lewis-Wolverton@usdoj.gov]  
**Sent:** Monday, August 31, 2009 8:36 AM  
**To:** Hrvatin, Adriano  
**Subject:** RE: VVA v. CIA, No. 09-0037

Adriano,

As I explained over the phone last Thursday, we are not willing to agree to a protective order which provides for disclosure of Privacy Act-covered information that pertains to individuals other than the named individual plaintiffs, at least at this stage of the litigation. Nor are we willing to agree to a protective order which provides for disclosure of classified information. We are happy to continue discussing the terms of a protective order that limits contemplated disclosures to unclassified information concerning the named individual plaintiffs.

As I also indicated during our phone conversation, another option is for each plaintiff to consent to release of his VA files to you as his attorneys by completing and signing the attached VA "Request For and Consent to Release of Information from Individual's Records" form and "DOJ Certification of Identity" form with the "Optional: Authorization to Release Information to Another Person" section completed. The VA form is available online at <http://www.va.gov/vaforms/va/pdf/VA3288.pdf> and the DOJ form at [http://www.usdoj.gov/oip/forms/cert\\_ind.pdf](http://www.usdoj.gov/oip/forms/cert_ind.pdf).

Caroline

---

**From:** Hrvatin, Adriano [mailto:AHrvatin@mofo.com]  
**Sent:** Friday, August 14, 2009 2:03 PM  
**To:** Wolverton, Caroline (CIV)  
**Subject:** FW: VVA v. CIA, No. 09-0037

Caroline,

Attached please find the draft proposed protective order revised to address, from plaintiffs' point of view, the issues discussed during our telephone conference on Friday, July 31. We incorporated our edits in track changes and provide comment, where appropriate.

As you'll see, the primary changes we made concern the scope of the order to cover material that generally may be produced in this action, beyond just the production defendants have volunteered to make in response to plaintiffs' document demands. Other changes were made to bring the order in line with the Northern District's model form.

Thank you for your time. We look forward to your further comments.  
Adriano

Adriano Hrvatin  
Morrison & Foerster LLP  
425 Market Street  
San Francisco, California 94105  
Tel: 415.268.6207  
Fax: 415.268.7522  
Email: ahrvatin@mofo.com

<<Edgewood Plaintiffs 8.14 Edits to Draft Protective Order - 1.DOC>>

---

To ensure compliance with requirements imposed by the IRS, Morrison & Foerster LLP informs

you that, if any advice concerning one or more U.S. Federal tax issues is contained in this communication (including any attachments), such advice is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

For information about this legend, go to  
<http://www.mofo.com/Circular230.html>

---

---

This message contains information which may be confidential and privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not use, copy or disclose to anyone the message or any information contained in the message. If you have received the message in error, please advise the sender by reply e-mail @mofo.com, and delete the message.

---

---



Department of Veterans Affairs

**REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM INDIVIDUAL'S RECORDS**

**PRIVACY ACT STATEMENT:** The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify. The information may also be disclosed outside VA as permitted by law to include disclosure as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and the respondent is not required to respond, to this collection of information unless it displays a valid OMB Control Number. The Privacy Act of 1974 (5 U.S.C. 552a) and VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b) require individuals to provide written consent before documents or information can be disclosed to third parties not allowed to receive records or information under any other provision of law. The information requested is approved under OMB Control Number 2900-0028 and is necessary to ensure that the statutory requirements of the Privacy Act and VA's confidentiality statute are met.

Responding to this collection of information is voluntary. However, if the information is not furnished, we may not be able to comply with your request. Public reporting burden for this collection is estimated to average 7.5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (005E3), 810 Vermont Avenue, NW, Washington, DC 20420. **Send comments only. Do not send this form or requests for benefits to this address.**

TO	Department of Veterans Affairs	NAME OF INDIVIDUAL <i>(Type or print)</i>	
		VA FILE NO. <i>(Include prefix)</i>	SOCIAL SECURITY NUMBER

NAME AND ADDRESS OF ORGANIZATION OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

**VETERAN'S REQUEST**

I hereby request and authorize the Department of Veterans Affairs to release the following information from the records identified above to the organization, agency, or individual named hereon: <span style="float: right;">▶</span>	NAME
--	------

INFORMATION REQUESTED *(Number each item requested and give the dates or approximate dates - period from and to - covered by each.)*

PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED.

*NOTE: Additional information may be listed on the reverse side of this form.*

SIGNATURE OF INDIVIDUAL OR PERSON AUTHORIZED TO SIGN FOR INDIVIDUAL <i>(Attach authority to sign, e.g., POA)</i>	DATE
--	------



U.S. Department of Justice

**Certification of Identity**

**Privacy Act Statement.** In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to Director, Facilities and Administrative Services Staff, Justice Management Division, U.S. Department of Justice, Washington, DC 20530 and the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester <sup>1</sup> \_\_\_\_\_

Citizenship Status <sup>2</sup> \_\_\_\_\_ Social Security Number <sup>3</sup> \_\_\_\_\_

Current Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature <sup>4</sup> \_\_\_\_\_ Date \_\_\_\_\_

**OPTIONAL: Authorization to Release Information to Another Person**

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

\_\_\_\_\_  
**Print or Type Name**

<sup>1</sup> Name of individual who is the subject of the record sought.

<sup>2</sup> Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

<sup>3</sup> Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

<sup>4</sup> Signature of individual who is the subject of the record sought.