April 3, 2023

11785192



Donhav Noname

1234 Main St

Las Vegas, NV 00000

Dear Donhav Noname,

As discussed, your attorney feel it would be best to move forward with litigation in your case. In an effort to proceed as quickly and efficiently as possible we are sending you the enclosed questions to be answered. Your answers to these interrogatories are a very important part of this litigation and it is necessary that you devote time and attention to fully and truthfully answering these questions.  We prefer that you answer in too much detail rather than in too little detail.  If you don’t know an answer, please contact by direct dial at or by email at .

Please review each question thoroughly so that you can prepare the answers in as great a detail as possible.  Some of the questions have several parts and the law requires that you answer each one fully and completely.  It would be very helpful if you write your answers to the questions on separate sheets of paper, numbering each of your answers.  In the alternative, you can send me an email to pblair@forthepeople.com with your answers to each of the questions.

We ask that these be completed as soon as possible. When the at-fault party has hired an attorney to defend them in this lawsuit they may have additional questions and we will reach out to you at that time. If there are no additional questions, we will then type your answers into the appropriate legal form at that time and return them to you in final form to be signed in front of a Notary Public.

Please answer these questions and return the answers and the requested documents to us by .    
  
If you have any questions, please feel free to call me or . will be assisting Attorney Stefanie Young as the lawsuit progresses. can be reach by direct dial at or my email at pblair@forthepeople.com.

Sincerely,

**MORGAN & MORGAN – MEMPHIS, LLC**

Preston Blair

/PB

Interrogatories/Questionnaire

1. Donhav Noname

Date of Birth: \*\*-\*\*-1900

Location of Birth:

Social Security Number: \*\*\*-\*\*-3333

Address:

1234 Main St

Las Vegas, NV 00000

Who resides with you at your residence and the length of time you have resided there:

Please list your residences for the last ten years:

1. If you are now or have ever been married, as to each marriage, state the name of your spouse, the date and place of the marriage, the date the marriage was terminated, if terminated by divorce, the date and place of the divorce, the name and the location of the Court, and the present or last known address of any divorced spouse.
2. Describe your educational or vocational background, including names and addresses of every school, college, university, or vocational school attended, dates of attendance, and degree obtained, if any.
3. Below is a list of all of the medical providers we have medical records and bills for in relation to your injury claim. Please verify we have every single provider you saw for this incident. If we are missing **anyone** please let us know immediately.

|  |  |
| --- | --- |
| **Providers** | **Date(s) of Service** |
| Coastal Healthcare Partners | 12/06/2022-02/10/2023 |
|  |  |
| AdventHealth Fish Memorial | 12/28/2022- |
|  |  |
| Cynthia Fake | 03/08/2023-03/08/2023 |
|  |  |

1. State the name and address of each physician or other practitioner of the healing arts not named in response to Interrogatory Number 4 who has examined you or who has consulted regarding any other injuries or medical conditions **within the last ten (10) years**, and briefly describe the injury or condition, the approximate date each physician was consulted, and the treatment received. This includes the pharmacy you get prescriptions filled at. (Examples in italics.)

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| --- | --- | --- | --- | --- |
| Provider | Date | Part of the Body | Why? (car wreck, sports injury, ect.) | Attorney Involved? |
| *Dr. Castellaw* | *May 2015- to present* |  | *Treatment for colds, yearly checkups* | *No* |
| *Dr. Cannon/Campbell clinic* | *August 2017* | *Back* | *Fell at home* | *No* |
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1. Please identify any accidents in which you have been involved, excluding the accident which is the subject of this lawsuit. This includes but is not limited to incidents before or after this incident, providing: (Examples in italics.)

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| --- | --- | --- | --- | --- | --- |
| Car Wreck, Slip and Fall, ect. | Date | Location | Where you Injured? | What body part? | Did someone give you money for this? |
| *Car Wreck* | *November 2018* | *Poplar and Highland* | *Yes* | *Neck* | *Yes* |
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1. Have you ever made any claim for any of the following benefits: workers’ compensation, disability insurance, Social Security Disability, payments under any other government or insurance program or employment benefit program for any injury or disability, or any service-connected disability? If so, as to each such claim, state the nature and extent of the injury, approximately when the claim was made, the address at which you were living when the claim was made, and with what company, firm, governmental agency or person the claim was filed. (Examples in italics.)

|  |  |  |  |
| --- | --- | --- | --- |
| What kind of Claim? | Date | Location you Lived | Did someone give you money for this? |
| *Social Security Disability* | *August 2019* | *Memphis, TN* | *I started receiving benefits on August 2020* |
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1. List chronologically all employments you have had in the past ten (10) years up to the present.

Employer:

Title/Position:

Supervisor:

Dates:

Why did you leave?

Employer:

Title/Position:

Supervisor:

Dates:

Why did you leave?

Employer:

Title/Position:

Supervisor:

Dates:

Why did you leave?

Employer:

Title/Position:

Supervisor:

Dates:

Why did you leave?

1. Describe where you had been and what you had been doing for twenty-four (24) hours preceding the accident in this matter, where you were going at the time of the accident, the purpose of such trip and your expected time of arrival there.
2. Provide a narrative statement of how, when, where and why the accident for which you are making this claim occurred. I have included what you originally told us, but please write out at least 5-10 sentences about what happened in as much detail as you can recall.
3. State whether you consumed any intoxicating beverage within twelve (12) hours prior to the incident and if so, specify: The type of beverage or beverages; the quantity of each; the time and place each beverage was consumed; and the identity and location of each person known to you who was present when each beverage was consumed. Also state whether you consumed or took any medication whether prescribed or over the counter. Please list the name of the medication. Remember, everything you tell our firm is confidential. It is very important that you be completely honest with us so we that we can best represent you.
4. Did you consume any illegal drugs within (12) hours prior to the incident? If so please specify the drug. Remember, everything you tell our firm is confidential. It is very important that you be completely honest with us so we that we can best represent you.
5. Fully describe each and every way in which you have been adversely affected by this accident, including but not limited to pain and suffering and the parts of your body affected thereby, loss of enjoyment of life, permanent injury, disfigurement or impairment, loss of mental faculties or capacity, impairment of earning capacity, and modification or cessation of activities. Think about this very carefully and be as detailed and specific as you can, I have included some things that people regularly experience.

☐ Painting the Outside of the House  
☐ Landscaping  
☐ Mowing the Grass  
☐ Trimming the Bushes/Trees  
☐ Washing Windows  
☐ Gardening  
☐ Taking Out the Trash  
☐ Washing the Cars  
☐ Maintaining the Cars  
☐ Maintaining Yard Equipment

☐ Laundry  
☐ Dishwashing  
☐ Vacuuming  
☐ Washing Windows  
☐ Cleaning  
☐ Preparing Meals

☐ Carrying Books  
☐ Sitting in Classes  
☐ Looking Down to Read Textbooks

☐ Mobility/Stability Problems  
☐ Climbing  
☐ Kneeling  
☐ Lifting  
☐ Walking for Long Periods  
☐ Dexterity Problems  
☐ Finger Movements  
☐ Wrist Movements  
☐ Problems with Fatigue  
☐ Postural Difficulties  
☐ Bending  
☐ Sitting for Long Periods  
☐ Standing for Long Periods  
☐ Stooping  
☐ Problems with Anxiety/Depression  
☐ Problems with Vertigo or Spinning Sensations  
☐ Dizziness  
☐ Giddiness  
☐ Sensation of Irregular Motion  
☐ Sensation of Whirling Motion  
☐ Problems with Tinnitus or Ringing in the Ears  
☐ Problems with Reduced Concentration  
☐ Can’t Concentrate  
☐ Can’t Think Properly  
☐ Making Mistakes

1. Please list at least (2) two witnesses who could testify as to how the accident and your injuries have impacted you.

Name:

Address:

The person(s) relation to you:

Telephone number:

Name:

Address:

The person(s) relation to you:

Telephone number:

1. Have you ever been arrested for, charged with, convicted of, or plead guilty to a crime? For example, has anyone ever called the police on you, have you ever been put in handcuffs or the back of a police car, have any officers called you in for questioning, ect. (Examples in italics.)

|  |  |  |  |
| --- | --- | --- | --- |
| Nature of Crime | Date | County/State | Ultimate Disposition |
| *Possession with the Intent to sell* | *January 15, 2019* | *Shelby, TN* | *Dismissed* |
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1. Please state the number of traffic violations received during the ten (10) years preceding this occurrence and give details concerning dates and violations. (Examples in italics.)

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| Type of Ticket | Date | State/County | Ultimate Disposition |
| *Speeding* | *March 2020* | *Shelby/TN* | *Paid Ticket* |
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1. Have you ever been injured in any manner, or have you ever been treated for any injury, malady, disease or other affliction of the body before this accident? (Examples in italics.)

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| --- | --- | --- | --- | --- | --- |
| Car Wreck, Slip and Fall, ect. | Date | Location | Where you Injured? | What body part? | Did someone give you money for this? |
| *Car Wreck* | *November 2018* | *Poplar and Highland* | *Yes* | *Back* | *Yes* |
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1. State whether you have ever been engaged as either a plaintiff or defendant in any other civil or criminal litigation, including, but not limited to, workers’ compensation, bankruptcy, or applications for Social Security or other government benefits, and criminal arrests, citations, convictions, sentences or pleas. If you have, please give the style of the case, the court where the case is or was pending, the docket number, the outcome, if there has been one, and the approximate date(s) the matter was commenced. (Examples in italics.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Other Litigations | Date | State/County | Docket Number | Style of the Case | Outcome? |
| *Civil* | *Lawsuit Filed October 2019* | *TN/Shelby* | *CT-1234-19* | *Jane Rob vs. Eric Lowe* | *Settled without trial* |
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1. If you, have any photographs or videotapes of the scene of the incident, the persons involved, the vehicles involved, or the injuries or treatment sustained, please send them to our office via email to pblair@forthepeople.com.

BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donhav Noname

STATE OF )

):ss

COUNTY OF )

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared Donhav Noname, who is personally known to me or who has produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification and who did / did not take an oath, and who executed the foregoing instrument and acknowledged before me that he/she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2023.

My Commission Expires:

NOTARY PUBLIC