**General Personal Injury Interrogatory Questions**

1. What is your full legal name?
2. Have you been known by a different legal name?
   1. If yes, list all names you were formally known by and the dates you were known by that name
3. What is your current address?
4. When did you move to your current address?
5. List all your addresses for the past 10 years (including month and year you resided in each address)
6. Are you currently married?
   1. If yes, what is your current spouse’s name?
7. Have you been previously married?
   1. If yes, list all previous spouse’s names
8. Have you ever sued anyone or been sued yourself?
   1. If yes, were you sued or did you sue someone else?
   2. If yes, what year were the lawsuit(s) filed?
   3. If yes, what States and Counties was the lawsuit(s) filed in?
9. Have you ever been convicted of a crime as an adult?
   1. If yes, list all crimes you were convicted of and the State, County and year of each conviction
10. Are you aware of any witnesses who could testify as to how the incident happened or how your injuries impacted you (other than a police officer or doctor)?
    1. If yes, list the name and address of the witness(es)
11. Do you have any photographs or videotapes of the scene of the incident, the persons involved, or the injuries or treatment sustained?
    1. If yes, have you already provided these to Morgan & Morgan?
12. Were you suffering from any disability, sickness, or physical infirmity at the time of the incident?
    1. If yes, what was the nature of the infirmity, disability or sickness?
13. Did you consume any alcohol, drugs or medication within 12 hours prior to the incident?
    1. If yes, how much was consumed?
    2. If yes, when was it consumed?
    3. If yes, where were you at the time of consumption?
14. Have you lost more than 2 weeks of work due to the incident? (Not including time missed for doctor’s appointments)
15. Have you received money from any insurance companies (including property damage claims) or other parties for any damages stemming from this incident?
    1. If yes, list every party you have received money from along with the amount
16. List the names, business addresses, dates of employment and rates of pay regarding all employers, including self-employment, for whom you have worked in the past 10 years
17. Other than loss of income or earning capacity, have you had to pay any money, or do you owe any money as a result of the incident?
    1. If yes, please list each item of expense or damage that you claim to have incurred as a result of the incident and the date each item was incurred. List the name and business address of the person or entity to whom each was paid or is owed and the goods or services for which each was incurred.
18. Do you wear glasses, contact lenses or a hearing aid?
    1. If yes, who prescribed the glasses, contact lenses or hearing aid?
19. When was your last eye and/or ear exam?
20. What is the name and address of your current eye and/or ear doctors?
21. List the names and business addresses of each physician who has treated or examined you related to this case?
22. List each medical facility where you have received any treatment or examination for the injuries for which you seek damages in this case
23. List the names and business addresses of all other physicians, medical facilities, or other health care providers by whom or at which you have been examined or treated in the past 10 years; and state as to each the dates of examination or treatment and the condition or injury for which you were examined or treated
24. Describe each injury for which you are claiming damages in this case, specifying the part of your body that was injured, the nature of the injury, and, as to the injuries you contend are permanent, the effects on you that you claim are permanent.
25. Fully describe each and every way in which you have been adversely affected by the accident, including but not limited to pain & suffering and the parrs 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.