user\_fname user\_lname

user\_mailing\_address

user\_email

Attorney for Defendant

defendant\_fname defendant\_lname

SUPERIOR COURT OF THE STATE OF CASE\_STATE

FOR THE COUNTY OF CASE\_COUNTY

PLAINTIFF\_FNAME PLAINTIFF\_LNAME, ) CASE NO. case\_no

)

Plaintiff, ) **INTERROGATORIES TO DEFENDANT**

**defendant\_fname defendant\_lname**

) **TO PLAINTIFF**

v. ) **plaintiff\_fname plaintiff\_lname**

)

DEFENDANT\_FNAME DEFENDANT\_LNAME, )

)

Defendants. )

)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

NOW COMES the Defendant, DEFENDANT\_FNAME DEFENANT\_LNAME, by his attorney, user\_fname user\_lname of user\_firm\_name, and pursuant Federal Rule of Civil Procedure 34, propounds the following interrogatories to the Plaintiff, PLAINTIFF\_FNAME PLAINTIFF\_LNAME to be answered under oath, and delivered to user\_firm\_name, user\_mailing\_address, within thirty days of service:

**INTERROGATORY NO. 1**

**ANSWER:**

**INTERROGATORY NO. 1:** State your full name, address, telephone number, date of birth, social security number, marital status, and any other names by which you have ever been known.

**ANSWER:**

**INTERROGATORY NO. 2**: By whom were you employed, and what were your duties and wages at the time of the occurrence? If you were employed at the time of the occurrence, but you are making a claim for lost income as a result of the occurrence, please give a concise statement of the facts upon which your claim is based, as well as the precise amount you are claiming.

**ANSWER:**

**INTERROGATORY NO. 3**: State the names of all of your employers for the past five (5) years, and the dates and the nature of such employment and your rate of pay and further, if there was any termination of employment within said period, state the reason therefore.

**ANSWER:**

**INTERROGATORY NO. 4**: State the names and addresses of all eyewitnesses to all or part of the occurrence and their precise location at the scene.

**ANSWER:**

**INTERROGATORY NO. 5**: Name or otherwise identify all persons who were at or near the scene of the occurrence while you were present there and those arrived with the next succeeding hour.

**ANSWER:**

**INTERROGATORY NO. 6**: Name all those persons who have given you signed, unsigned, telephonic, recorded or oral statements concerning the occurrence, and the place said statements were taken an/or given and the date and to who said statement were given.

**ANSWER:**

**INTERROGATORY NO. 7**: State whether you have within your possession or control photographs, videotapes, plats, or diagrams of the scene of the occurrence or any object connected with said occurrence; and if so, identify each such photograph, plat or diagram and its present location.

**ANSWER:**

**INTERROGATORY NO. 8**: Please give a concise statement of the facts as to how you contend the occurrence took.

**ANSWER:**

**INTERROGATORY NO. 9**: Identify each person, other than a person intended to be called as an expert witness at trial, having discoverable information that tends to support a position that you have taken or intend to take in this action, including any claims for damages, and state the subject matter of the information processed by that person.

**ANSWER:**

**INTERROGATORY NO. 10**: If you contend that this defendant and/or his agent acted in such manner as to cause or contribute to the occurrence, give a concise statement of the facts upon which you rely. Please be specific as to precisely what this defendant did or failed to do which caused or contributed to the occurrence.

**ANSWER:**

**INTERROGATORY NO. 11**: State with precision the nature and location of all bodily injuries suffered by you and what precise complaints you have as a result of said injuries at the present time.

**ANSWER:**

**INTERROGATORY NO. 12**: Were diagnostic test taken of the parts of your body claimed to have been injured in this occurrence, either before or after, and if so, please specify all diagnostic tests including but not limited to x-rays, CT scans, myelograms, MRI, EMG and nerve conduction studies or any other diagnostic tests.

**ANSWER:**

**INTERROGATORY NO. 13**: State which of your injuries, if any, you contend are permanent and the name, address and specialty of any physician which you propose to call at the trial of this case to substantiate this contention.

**ANSWER:**

**INTERROGATORY NO. 14**: Please itemize all claims of cost and expense that you are making, including but not limited to medical expenses incurred, future medical expenses, lost wages or any claim for future lost wages or income, and any other monetary loss or damage being claimed.

**ANSWER:**

**INTERROGATORY NO. 15**: State the amount reported as earned income in your income tax returns for each of the past five (5) years and the district in which the returns were filed.

**ANSWER:**

**INTERROGATORY NO. 16**: Name all physicians, hospitals, and health care providers of any type which have given treatment to you as a result of the occurrence, and state the dates and nature of such treatments.

**ANSWER:**

**INTERROGATORY NO. 17**: Name all physicians, hospitals and health care providers of any type other than those referred to in your answer to Interrogatory Number 16 which have examined or treated you for any other injury, disability or illness for the past ten (10) years, and the approximate dates and nature of such treatments.

**ANSWER:**

**INTERROGATORY NO. 18**: On what date did you return to your previous employment or if you have not resumed your previous employment, state when you began work after the occurrence, the name of your present employer, your wages and the nature of your work.

**ANSWER:**

**INTERROGATORY NO. 19**: State whether in the past five (5) years you have been absent from your employment due to injuries or illnesses, and the nature and dates of such illness or injuries.

**ANSWER:**

**INTERROGATORY NO. 20**: State whether you have within your control, or have knowledge of any transcripts of testimony in any proceeding arising out of the occurrence. If so, state the date, the subject matter, the name and business address of the person who has present possession of each said transcript of testimony.

**ANSWER:**

**INTERROGATORY NO. 21**: Please state the name, address and specialty of any expert witness (including non-medical) whom you intend to call at the trial of this case and give a brief resume of his/her education, training and/or experience in the filed of his/her expertise. Please state the subject matter on which each expert is expected to testify; and a summary of the grounds for each opinion.

**ANSWER:**

**INTERROGATORY NO. 22**: Please attach hereto copies of all written or typed reports or substance of any oral reports received by you by those experts referred to in your Answer to Interrogatory Number 21.

**ANSWER:**

**INTERROGATORY NO. 23**: If you have submitted to one or more x-ray examinations, CT scans, MRI examinations, EMG examinations, or nerve condition studies as a result of this accident, give the dates of each such examination and the names and addresses of the persons who administered the same.

**ANSWER:**

**INTERROGATORY NO. 24**: State specifically whether you received any injuries in any accident or occurrence previous to the date of this occurrence, or subsequent thereto. If so, state the details, including the date, place of the occurrence, nature of the injuries, names and addresses of the parties involved, names and addresses of your attending physicians, and if said injuries led to the filing of a claim or lawsuit, the name of the Court, the parties involved and the case number and the disposition of same.

**ANSWER:**

**INTERROGATORY NO. 25**: Please state verbatim any conversation has with either defendant or the investigation police officers at the scene or any anytime subsequent thereto. If you cannot recall the exact language of any such conversation, please give the substance of same to the best of your recollection.

**ANSWER:**

**INTERROGATORY NO. 26**: At the time of the happening of the occurrence complained of in this action, if there was in existence any insurance agreement, including umbrella policies, under which any person carrying on an insurance business might be liable to satisfy part or all of the judgment that might be entered in this action, or to indemnify or reimburse for payments made to satisfy that judgment, specify the name of the insurance company, the policyholder, the effective dates, the applicable policy limits, and attach a copy of the declaration sheet.

**ANSWER:**

**INTERROGATORY NO. 27**: Do you contend that any physical, mental or emotional condition was activated or aggravated byte occurrence? If you answer is in the affirmative, please give the particulars as to the nature of the condition, the length of time said condition pre-existed the occurrence and the name and address of any expert witness(es) whom you intend to call at the trial of this case to substantiate said contention.

**ANSWER:**

**INTERROGATORY NO. 28**: If applicable, please state in detail the nature and extent of any loss being claimed by you to the detriment of your marital relationship.

**ANSWER:**

**INTERROGATORY NO. 29**: If you consumed any alcoholic beverages or had taken any medication in the twenty four (24) hours prior to the occurrence, please specify the identity, the amount, and the place consumed or taken.

**ANSWER:**

**INTERROGATORY NO. 30**: State exact time that you allege to have been totally disabled from performing any activities and pursuits on your behalf and state the period of time that you allege to have been partially disabled from performing said activities and pursuits, including the chronological dates and nature thereof.

**ANSWER:**

USER\_FIRM\_NAME

/s/ user\_fname user\_lname

user\_fname user\_lname

Of attorneys for Defendant