

John Smith
State Bar No. 123456
Smith & Associates
123 Main Street, Suite 500
Los Angeles, CA 90012
Telephone: (213) 555-1234
Fax: (213) 555-1235
john@smithlaw.com
Attorney for Plaintiff

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

Jane Doe
Plaintiff,
vs.
ABC Corporation
Defendant.

CASE NUMBER:
23STCV12345

FORM INTERROGATORIES—GENERAL

[Set Number 1]

Propounding Party: Jane Doe
Responding Party: ABC Corporation

INSTRUCTIONS:

The following interrogatories have been checked and are to be answered under oath. You must respond to these interrogatories within 30 days after service (or 35 days if served by mail within California) in accordance with California Code of Civil Procedure section 2030.260.

INTERROGATORIES:

☒ **6.1 Physical, Mental, or Emotional Injuries**

Do you attribute any physical, mental, or emotional injuries to the INCIDENT? (If your answer is "no," do not answer interrogatories 6.2 through 6.7).

☒ **6.2 Physical, Mental, or Emotional Injuries**

Identify each injury you attribute to the INCIDENT and the area of your body affected.

☒ **6.3 Physical, Mental, or Emotional Injuries**

Do you still have any complaints that you attribute to the INCIDENT? If so, for each complaint state: (a) a description; (b) whether the complaint is subsiding, remaining the same, or becoming worse; (c) the frequency and duration.

☒ **6.4 Physical, Mental, or Emotional Injuries**

Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure sections 2034.210-2034.310) or treatment from a HEALTH CARE PROVIDER for any injury you attribute to the INCIDENT? If so, for each HEALTH CARE PROVIDER state: (a) the name, ADDRESS, and telephone number; (b) the type of consultation, examination, or treatment provided; (c) the dates you received consultation, examination, or treatment; (d) the charges to date.

☒ **6.5 Physical, Mental, or Emotional Injuries**

Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the INCIDENT? If so, for each medication state: (a) the name; (b) the PERSON who prescribed it or recommended it; (c) the dates you began and stopped taking it; (d) the cost.

☒ **6.6 Physical, Mental, or Emotional Injuries**

Are there any other medical services necessitated by the injuries that you attribute to the INCIDENT that were not previously listed (for example, ambulance, nursing, prosthetics)? If so, for each service state: (a) the nature; (b) the date; (c) the cost; (d) the name, ADDRESS, and telephone number of each provider.

☒ **10.1 Medical History**

At any time before the INCIDENT did you have complaints or injuries that involved the same part(s) of your body claimed to have been injured in the INCIDENT? If so, for each complaint or injury state: (a) a description of the complaint or injury; (b) the dates it began and ended; (c) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER whom you consulted or who examined or treated you.

☒ **10.2 Medical History**

List all physical, mental, or emotional disabilities you had immediately before the INCIDENT. (You may omit mental or emotional disabilities unless you are claiming damages for mental or emotional injuries.)

☒ **12.1 Investigation—Loss of or Damage to a Vehicle**

State the name, ADDRESS, and telephone number of each PERSON who witnessed the INCIDENT or who witnessed any damages to property as a result of the INCIDENT.

☒ **12.4 Investigation—Loss of or Damage to a Vehicle**

Are you aware of any photographs, films, or videotapes depicting any place, object, or individual concerning the INCIDENT or the injuries or property damage claimed in this action? If so, state: (a) the number and nature of each item; (b) the date each was made; (c) the name, ADDRESS, and telephone number of the PERSON who has each.

Dated: _____

John Smith
Attorney for Plaintiff