

IN THE CIRCUIT COURT FOR BALTIMORE CITY, MARYLAND

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Plaintiff, \*  
v. \* Case No. .  
JOHNS HOPKINS HOSPITAL, *et al.* \*  
Defendants. \*

**DEFENDANT JOHNS HOPKINS COMMUNITY PHYSICIANS, INC.’S  
FIRST SET OF INTERROGATORIES TO PLAINTIFF**

COMES NOW Defendant Johns Hopkins Community Physicians, Inc. (“JHCP”), by and through its undersigned counsel, \_\_\_\_\_, and pursuant to Rule 2-421 of the Maryland Rules of Civil Procedure, requests that Plaintiff (“Plaintiff”) answer the following Interrogatories in writing and under oath, and serve the same upon undersigned counsel within thirty (30) days of service.

**INSTRUCTIONS**

1. All information is to be divulged which is in the possession, custody or control of the Plaintiff, including information in the possession of Plaintiff’s employees, investigators, agents, attorneys and other representatives.
2. Where an individual Interrogatory requires an answer relating to more than one event or person, each part of the answer should be set forth with identification of each such event or person to which it relates.
3. Should any privilege be asserted to all or part of the complete answer to any Interrogatory or subpart, Defendant requests notice and identification of that privilege in the answer to each such Interrogatory and subpart.

4. These Interrogatories are intended as ongoing and continuing Interrogatories in accordance with the Rules of Civil Procedure, requiring you to provide supplemental answers setting forth any information that may hereafter be revealed to or received by Plaintiff on any of the matters within the scope of the Interrogatories following your original answers.

5. If any identified document was, but no longer is, in your possession or under your control, state precisely what disposition was made of it and identify the person who ordered or authorized such disposition.

6. Each Interrogatory should be answered separately and fully in writing under oath, unless it is objected to, in which event the reasons for objection shall be stated in lieu of an answer. The answers are to be signed by you, and any objections are to be signed by the attorney making them. Answers should not be given by reference to the answer to another Interrogatory unless the answer is completely identical to the answer referred to.

7. Unless otherwise indicated, these interrogatories refer to the times, places, and circumstances of occurrences mentioned or complained of in Plaintiff's Complaint.

#### **DEFINITIONS**

1. "Complaint" means the Complaint filed by Plaintiff \_\_\_\_\_ in this action.

2. The terms "you" and "your" as used herein refer to Plaintiff \_\_\_\_\_, as well as her attorneys, agents, employers, accountants, servants, heirs and other representatives.

3. The term "Defendants" refers to Johns Hopkins Hospital and Johns Hopkins Community Physicians, Inc.

4. The term "person" as used herein refers to a natural person as well as corporation, partnership, or other business association or entity, and any government or governmental body, commission, board or agency.

5. The term "documents" as used herein includes all tangible things that record information, regardless of whether they are in your possession, custody, or control and regardless of who prepared or signed them. The term "documents" includes both the original and any copy, and all copies which contain any notation not on the original. Examples of "documents" include, but are not limited to, handwritten, typed, or printed papers; handwritten notations; medical records; hospital records; results of laboratory tests; office notes; calendar entries; diaries; notes of telephone conversations; photographs; X-ray films; reports; electronic recordings; receipts; invoices; memoranda; correspondence; notes; ledger entries; bills; canceled checks; computer printouts, *etc.*

6. The term "identify" when used herein with reference to a natural person shall be construed to mean the person's full name, business and residence addresses, business and residence telephone numbers, occupation and employer.

7. The term "identify" when used herein with reference to an entity shall be construed to mean the entity's full name, principal place of business, address and telephone number.

8. The term "identify" when used herein with reference to a document, shall be construed to mean the document's date, title, author, recipients, type (*e.g.*, letter, memorandum, note, *etc.*), custodian, and a description of the contents with sufficient specificity to be the basis for discovery.

9. "Concerning" or "concern" mean relating to, referring to, describing, evidencing or constituting or to be in any way logically or factually connected with the matter discussed.

10. "Communication" or "communicate" means the transmittal of information in any form (oral or written) of facts, ideas, inquiries or otherwise.

11. "Health care provider" means any Hospital or any person with medical training, including but not limited to medical doctors, interns, residents, fellows, physicians' assistants, dentists, surgeons, radiologists, dermatologists, x-ray technicians, psychologists, psychiatrists, genetic counselors, toxicologists, chiropractors, physical therapists, nutritionists, dieticians, dental hygienists, osteopaths, nurses, nurse practitioners, and nursing home or home health aides.

12. All references to the singular shall be deemed to include the plural, and all references to the plural shall be deemed to include the singular.

13. The use of a verb in any tense shall be construed to include all other tenses wherever necessary to facilitate a complete response.

14. The word "and" includes "or" and "or" includes "and."

15. The words "any" includes "all" and "each" includes "every."

16. The terms "all" and "each" shall be construed as "all and each."

### INTERROGATORIES

1. Please identify yourself fully by stating your name, social security number, residence address(es) for the 10 year period preceding this incident, employer and business address, date of birth, any previous names by which you have been known, and marital status.

2. Identify each person you believe to be the agent, servant, or employee of the Defendants, who owed a duty to you and the specific duty owed, and state the factual basis for how you claim the duty was allegedly breached.

3. State in detail and with specificity what acts or omissions allegedly committed by the Defendants (or the Defendants' agents) were in violation of the standard of care, as generally alleged in your Complaint. In your answer, make specific reference to your medical

record(s), restating verbatim that portion of the record (with reference to Bates number, date, time, health care provider(s), and actions undertaken) which documents serves as the basis for any act or omission which you contend violated the prevailing standard of care, and further stating with particularity what you contend the Defendants (or the Defendants' agents) should have done in order to comply with the prevailing standard of care. Please be sure to include in your answer the identity of the individuals involved in the alleged breach, and the identity of any individual who has provided opinions reflecting the information set forth in your answer to this Interrogatory.

4. Describe in detail any conversations, discussions or statements between Plaintiff and the Defendants (or the Defendants' agents) including those that could be construed as, or admitted as, evidence during the trial of this case as a party admission. As to each such statement, state the substance of each statement, the place and date when the statement was made, the identity of the person making the statement, the identity of those individuals that were present when the statement was made, the person to whom it was made, the substance or content of any response to the statement or admission, who responded, and all documents concerning the statement.

5. Give the names and addresses of all persons who have given statements concerning this occurrence, whether recorded or reduced to writing, the date the statements were given, the name and address of the person who took such statement, the names and addresses of all persons who have custody of the original and copies of these statements. Please attach any copies of the statements identified.

6. Identify every physician, doctor and/or other health care provider who examined and/or treated you in the ten (10) year period preceding the incident and through

the present time, the nature of the condition for which you received treatment, dates of treatment and a description of the care received and/or procedures performed.

7. State whether you have suffered any injury or illness in the fifteen (15) years prior to the incident, and if so, provide a full description of each, the date of each such injury and the identity of each health care provider who treated you.

8. Identify every prescribed medication and treatment you received within the 12 month period prior to, during and subsequent to the incident described in your Complaint, including any medications that you continue to take at the present time.

9. Please describe in detail all injuries, disabilities, infirmities, sickness, ailments, and/or pains which you claim you suffered as a result of the alleged conduct of the Defendants, stating specifically how your physical and mental condition was so affected, the severity of such injuries and or conditions and specifically how such damages were caused by the Defendants. If you claim that any such injuries are permanent, please describe which injuries you claim are permanent, and any medical provider that has advised you which injuries are permanent.

10. Provide a complete itemization of any bills or other economic loss that you have sustained as a result of the incident alleged in the Complaint, including, but not limited to, all hospital bills, all health care provider bills, past/future wage loss and future health care and/or other costs, as well as any other damages that you assert are recoverable as alleged in the Complaint. Please include in your Answer the date on which each expense was incurred, a complete description of all items or services provided, the identity of each individual and/or entity that provided each item or service and the identity of all documents related to each item of economic damages or losses.

11. If you are making a claim for future economic damages, identify and itemize the nature and amount of such future damages, setting forth the item or service over which you will incur expenses in the future, the likely provider of each item or service, and the relationship between the incident and your future need for each item or service.

12. If you are making a claim for past/future wage loss, identify all of your employers during the ten (10) years prior to the incident described in your Complaint and up to and including the present date, and for each employer provide the dates of employment, job title(s), job duties, hourly wage and/or salary, whether she you on a part-time or on a full-time basis, the reason for cessation of employment with each employer, the amount of work you allege was missed as a result of the incident described in your Complaint, and the basis for such claim.

13. For each examination, treatment or care which you received from any doctor, physician, medical practitioner, hospital, clinic, or other institution for any injury or disability which you claim you suffered or sustained as a result of the alleged conduct of the Defendants (or the Defendants' agents), please state:

- a. the date of the examination, treatment, or care,
- b. the name and address of each doctor, physician, practitioner, hospital, clinic, or institution visited,
- c. the nature and extent of the examination, treatment, or care received in the hospital, clinic, institution or from each doctor, physician, or practitioner,
- d. the inclusive dates of each period of confinement at each such hospital, clinic, institution, or other place, including your home, and
- e. each and every diagnosis or prognosis, identifying the doctor making each by name, address and date.

14. Other than your counsel, has anyone ever criticized any manner, method, action, or activity used by the Defendants (or the Defendants' agents) in treating you? If so, please state, for each such criticism, the name, address, profession, and relationship to you, if any, of the person who made the criticism, the substance of the criticism, and the date of the criticism.

15. Identify any person whom you expect to call as an expert witness at the trial of this matter, specifying who will testify that any acts or omissions of the Defendants (or the Defendants') violated the standard of care with respect to the medical care rendered to you. As to each such person identified, provide all information as described in the applicable Rules including, but not limited to the individual's name, residence address and business address; occupation, employer and field of specialization of the witness; the subject matter concerning which the expert is expected to testify; the substance of the findings and opinions to which the expert is expected to testify, a summary of the grounds for each opinion, and the factual basis for the facts given and/or opinion(s) rendered. If such person(s) has prepared a written report concerning his/her findings, please attach such report to your Answers to Interrogatories.

16. As to every witness identified in response to Interrogatory No. 15 above, make specific reference to your medical record(s), restating verbatim that portion of the record (with reference to Bates number, date, time, health care provider(s), and actions undertaken) which documents or serves as the expert's basis for any act or omission which he/she contends violated the prevailing standard of care, stating with particularity what you contend the Defendants (including the Defendants' agents) should have done in order to comply with the prevailing standard of care.



17. For each individual identified herein as an expert witness, list each and every occasion in the past four years when the individual has provided sworn testimony (date, time and place), whether in deposition, hearing or trial, stating as to each occasion whether the expert was a treating health care provider, was retained for purposes of litigation, or both; the subject matter of the testimony; the identity of the person or entity on whose behalf the expert testified; whether a transcript was prepared of the testimony; the identity of the person or entity which retained the expert; and the amounts of any compensation received by the expert.

18. Describe in sufficient detail to identify same, each and every exhibit, X-ray film, model, medical instrument or device any expert witness identified herein has reviewed and/or intends to use in his/her testimony, and any and all texts, journal articles, or other publications (specifying title, author, publication, volume, page, edition and date of publication) which the expert has reviewed and/or intends to rely upon at the trial of this case, whether or not the material will be offered as an exhibit.

19. Identify each person known to you who has personal knowledge of any facts regarding the issues of liability, causation, and/or damages and as to each, stating a brief description of those facts of which the person has knowledge; the basis for the person's knowledge; and whether that person has given a written or recorded statement to anyone.

20. State whether you have entered into any settlements, releases, covenants, loan receipt agreements or similar agreement in connection with the occurrence or injuries for which this suit is brought. If your answer is in the affirmative, state the identities of all parties and dates of all releases, settlements, covenants, loan receipt agreements, or similar agreement, the terms of all such agreements, and if you will do so without a request for production of documents, attach a copy hereto of all such release, settlements or agreements.

21. State whether, at any time during the 10-year period preceding the date of your answers to these interrogatories, you have been convicted of any crime, other than a minor traffic offense. If so, for each conviction, identify the court in which you were convicted and state the amount of any fine and the date and length or any incarceration imposed.

22. State whether you have ever filed any other claim or lawsuit against any individual or company. Please include in your Answer the name of the individual or company, the date of the claim or lawsuit, the court and jurisdiction where suit was filed and the case number, the circumstances of the claim or lawsuit, and the outcome thereof.

23. If you are aware of any person, other than the Defendants (or the Defendants' agents) whom you believe acted in a manner so as to cause or contribute, in part, to the incident, give a concise statement of all facts on which you rely. If you make no such contention, so state. If you know of no such facts at this time, so state.

Dated:

Respectfully submitted,

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*Counsel for Johns Hopkins Hospital and  
Johns Hopkins Community Physicians, Inc.*

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing **Defendant Johns Hopkins Community Physicians Inc.'s First Set of Interrogatories to Plaintiff** was served via first-class mail, postage prepaid, this 10<sup>th</sup> day of \_\_\_\_\_, upon:

Rodney M. Gaston, Esq.  
Miller & Zois, LLC  
Empire Towers, Suite 1001  
7310 Governor Ritchie Highway  
Glen Burnie, MD 21061  
*Counsel for Plaintiff*

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