

[REDACTED]

Plaintiff

v.

[REDACTED] et al.

Defendants

* IN THE
* CIRCUIT COURT

* FOR

* [REDACTED]

* [REDACTED]

* * * * *

INTERROGATORIES

TO: [REDACTED] Plaintiff

FROM: [REDACTED], a Defendant

Instructions

Pursuant to Rule 2-421, you are requested to answer within thirty (30) days the following interrogatories.

(a) In accordance with Rule 2-421(b), your response "shall answer each interrogatory separately and fully in writing under oath, or shall state fully the grounds for refusal to answer any interrogatory." The response shall be signed by you.

(b) Also in accordance with Rule 2-421(b), your answers shall include all information available to you or through agents, representatives or attorneys.

(c) Pursuant to Rule 2-401(e), these interrogatories are continuing in character so as to require you to promptly amend or supplement your answers if you obtain further material information.

(d) If, pursuant to Rule 2-421(c), you elect to specify and produce business records of yours in answer to any interrogatory, then in accordance with that Rule your specification shall be in sufficient detail to permit the interrogating party to locate and identify, as readily as you can, the records from which the answer may be ascertained.

(e) If in answering these interrogatories you encounter any ambiguities in construing a question, instruction or definition, set forth the matter deemed ambiguous and the construction used in answering.

Definitions

(a) Where the name or identity of a person is requested, please state the full name, home address, and also business address, if known.

(b) Unless otherwise indicated, these Interrogatories refer to the time, place and circumstances of the occurrence mentioned or complained of in the pleadings.

(c) Where knowledge of information or possession of a party is requested, such request includes knowledge of the party's agents, representatives and, unless privileged, his attorneys. When answer is made by a corporate defendant, state the name, address and title of the persons supplying the information, and making the affidavit, and the source of his information.

(d) The pronoun "you" refers to the party to whom these Interrogatories are addressed, and the persons mentioned in clause (c).

Interrogatories

1. In your suit you alleged that the Defendant Health Care Provider was negligent in the treatment rendered. You are requested to provide the following information regarding this allegation:

(a) State fully those facts upon which you rely in support of your allegation.

(b) Specify when you contend each act, event or omission which is the basis of your allegation occurred, and set forth the identity of the person you contend is responsible for each.

(c) State fully what you contend was the standard of care which should have been exercised by the Defendant Health Care Provider so that there would not have been the specified failure referred to above.

(d) Identify all persons who have relevant knowledge of the allegations or contentions.

(e) Identify any persons, physicians or otherwise, who you know have expressed an opinion or conclusion, verbal or written, that the Defendant Health Care Provider failed to exercise the required degree of skill or care or reasonable practice, and if you intend to call such person as an expert attach to your answers any report from said expert.

2. If you contend that a person not a party to this action acted in such a manner as to cause or contribute to the occurrence, give a concise statement of the facts upon which you rely.

3. State whether you intend to rely upon or use, either in direct examination, cross-examination or otherwise, any articles, treatises, textbooks, or other publications in the medical field, give the title of each publication, the journal, magazine or series wherein each was published, the name and address of the publisher, the date of the publication, the name and address of the author, and the volume and page or section reference.

4. If you know of the existence of any pictures, diagrams, documents, photographs or other physical objects relative to this occurrence or the damages complained of or the consequences of which you complain, state the nature, subject matter, date produced or obtained, and the name and address of the present custodian of each.

5. State the names and addresses of all persons from whom you have signed or recorded statements, attaching to your answer a copy of any signed or recorded statements in your control given by the Defendant Health Care Provider or any of his alleged agents, servants or employees.

6. State the names, addresses and occupations of all persons who investigated the

cause and circumstances of the complained of occurrence for you.

7. Describe in substance or in words each statement, action, or admission, declaration against interest, or otherwise, whether oral, written, by conduct, silence or otherwise, which you contend was made by the Defendant Health Care Provider or by a person whom you allege to be his agent, servant or employee, identifying the place and date where each statement was made and the person who has personal knowledge of the making of each such statement.

8. Identify and describe all records or other items of physical evidence which you propose to introduce into evidence at the trial of this matter.

9. State the names and addresses of all physicians or other experts whom you propose to call as witnesses, giving their field of expertise, the subject matter and substance of the facts and opinions to which each such expert is expected to testify, and a summary of the grounds or reasons for each opinion which such expert is expected to give, attaching to your answers copies of all written reports received from the same.

10. Name each person other than expert witnesses whom you intend to call as witnesses of any question at the trial of this matter and describe the subject matter of their proposed testimony.

11. If you contend that any of the medical records relevant to this proceeding have been altered, edited, amended, changed, deleted, obscured or otherwise exist in other than their original condition, identify specifically which said records have been so altered, and further state all facts and circumstances in support of said allegation.

12. State the name, address and occupation of each person not heretofore mentioned having personal knowledge of facts material to this case.

13. If you contend that this party violated any statute, ordinance, regulation or codified standard(s), please identify the same, and state in detail all the facts upon which you rely to support this contention.

14. Itemize and set forth any and all elements of economic and non-economic damages for which you are making claim, including all past, present and future damages, setting forth the calculations and the basis of any assumptions you make.

15. State whether any organization or person (other than you) has any interest in this action by way of subrogation. If so, state the name and address of each such organization or person, and the nature and extent of their interest.

16. Set forth in detail the contents and substance of any discussions you had or overheard with any of the Defendant Health Care Providers, stating when and where such discussions took place and who else was present.

17. State your full name, date of birth, Social Security Number and residence and business addresses for the last five (5) years, specifying the dates during which you were at each address.

18. State your age and marital status at the time of the occurrence referred to in the complaint and state the place and date on which the last marriage and all previous marriages (and divorces, if any) took place and the name and address of each person to whom previously married (if applicable). In addition, identify all of your children.

19. Itemize the nature and amount of all expenses made or incurred by you for which you intend to make claims as a result of the Defendant Health Care Provider's alleged negligence, including all hospital and doctor bills. Specify which of the above expenses have been paid, and indicate when and by whom they were paid. If paid by any insurer or medical reimbursement plan, identify such insurer or reimbursement plan.

20. Give the name and address of every physician, dentist, health care practitioner and hospital whom treated you at any time for a period of ten (10) years up to and including the date of the occurrence and give the name and address of every hospital where you were treated or admitted at any time during that period. In each such instance, describe the nature of the treatment or examination, the cause of receiving such treatment and examination and the date, or approximate dates, of each such treatment or examination.

21. Identify any and all pharmacies where you had prescriptions filled from the date of the occurrence up to the present, and, also identify all pharmacies used for five (5) years prior to the occurrence.

22. Describe each treatment or examination which you received as a result of the occurrence complained of. Identify each person and institution that examined or treated you for injuries, disabilities and infirmities that are alleged to have resulted from the occurrence. Specify which individual complaint was treated by each such person and institution. State the dates upon which examination or treatment was rendered. Identify the diagnosis and prognosis made by each such person or institution.

23. If you have ever made claim for any benefits under any insurance policy, or

against any person, firm or corporation for personal injuries or a physical condition which you have not heretofore listed in your answers to these interrogatories, state the injury or condition for which such claim was made, the name and address of the person, firm or corporation to whom or against whom the claim was made, the nature and amount of any payment received therefore and the date any such payment was made.

24. List in detail the amounts and sources of your income for each year during the five (5) years prior to the occurrence.

25. State your full name, date of birth, Social Security Number, driver's license number, marital status and spouse's name (including the names of prior spouses and the dates and locations of all marriages and divorces), and your residence and business addresses for the last 10 years (specifying the dates during which you were at each).

26. If you have entered into any release, covenant not to sue, settlement agreement, or similar agreement with any person, firm or corporation with respect to the occurrence, identify all parties to such agreement, the terms thereof, and identify all documents which refer or relate to any such agreement.

