



**ATTACHMENT\***

**ARIZONA RULES OF CIVIL PROCEDURE**

**Rule 33.1. Uniform and Non-uniform Interrogatories; Limitations; Procedure**

**(a) Presumptive Limitations.** Except as provided in these Rules, a party shall not serve upon any other party more than forty (40) interrogatories, which may be any combination of uniform or non-uniform interrogatories. Any uniform interrogatory and its subparts shall be counted as one interrogatory. Any subpart to a non-uniform interrogatory shall be considered as a separate interrogatory. In the notice of service of uniform interrogatories, a propounding party may specifically limit the scope of the uniform interrogatory to request less information than called for in the uniform interrogatory, such as by requesting information only as to particular persons, events, or issues. Such limiting instructions do not transform the uniform interrogatory into a non-uniform interrogatory.

**(b)-(e)** [No change in text.]

**(f) Uniform Interrogatories.** The interrogatories set forth in the Appendix of Forms following these Rules are denominated as Uniform Interrogatories, and are approved for use as a standard or guide in preparation by counsel of interrogatories under Rule 33 of these Rules. The use of Uniform Interrogatories shall be governed by Rule 33 of these Rules, and this Rule. The use of Uniform Interrogatories is not mandatory. The interrogatories should serve as a guide only, and may or may not be approved as to either form or substance in a particular case. They are not to be used as a standard set of interrogatories for submission in all cases. ~~Each interrogatory should be used only where it fits the particular case.~~ Any uniform interrogatory may be used where it fits the legal or factual issues of the particular case, regardless of how the action or claims are designated. The method of propounding and answering Uniform Interrogatories shall be as follows:

**(1)-(3)** [No change in text.]

**Committee Comment to 2009 Amendment**

The uniform interrogatories stated in the Appendix of Forms under Rule 84 are for use in any litigation brought under the civil rules, and the category heading for each Form is suggestive in nature and not restrictive; no uniform interrogatory is limited by the nature of the cause of action. Further, in light of Rules 26.1 and 26.2 and their comments, use of the uniform interrogatories is presumptively deemed to not be harassing or overly broad, and their language is presumptively not vague or ambiguous. Disputes arising from the use of the interrogatories should be considered in light of the standard stated in Rule 26(b)(1).

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\* Changes or additions in text are indicated by underscoring and deletions from text are indicated by ~~strikeouts~~.

**Rule 84. Forms**

[No change]

**Forms 1 – 3** [No change]

**Form 4. UNIFORM INTERROGATORIES FOR USE IN MEDICAL MALPRACTICE CASES**

**SET A. (~~PLAINTIFF TO DEFENDANT~~ INDIVIDUAL HEALTH CARE PROVIDER)**

I. GENERAL INFORMATION

**Interrogatory No. 1:** Please state:

- A. Your full name.
- B. Any and all other names you have used or by which you have been known.
- C. Date of your birth.
- D. Full name of your spouse, if one.
- E. Your residence and office addresses.
- F. The name of your professional association or corporation, if any.

**Interrogatory No. 2:**

- A. ~~Which of the following is~~ Please state your present marital status: ~~single, married, separated, widowed or divorced?~~ \_\_\_\_\_.
- B. ~~State~~ Please state the name and last known address of your spouse and every former spouse.
- C. ~~State~~ Please state the date of each such marriage.
- D. As to previous marriages, please give the date, place and manner of each termination.
- E. Please state the name, age and address of each of your children.

**Interrogatory No. 3:** Please state:

- A. The name and location of each university, ~~or~~ college, or other post-secondary institution that you have attended, the dates of such attendance, and any degrees you have received.
- B. The name and location of each medical school you attended and the dates of attendance.
- C. The name and location of each institution where you served as an intern and the dates of such internship.
- D. The name and location of each institution where you were a medical resident or resident physician, the dates of each residency and the medical specialty which you studied during each residency.
- E. The name and location of each institution where you have done a medical fellowship or other advanced study, the dates of such fellowship or study and the medical specialty which you studied.

**Interrogatory No. 4:** ~~List~~ Please list each state or other jurisdiction in which you are, or have been, licensed to practice ~~medicine in the healthcare field~~, and in each instance, give:

- A. The date on which you first received your license.
- B. The name of the ~~board or official body which issues~~ entity that issued such license.
- C. The current status of each license.

D. ~~if no longer licensed by any such state, the~~The termination date and reason for termination ~~for each license that is no longer in force~~

**Interrogatory No. 5:** Have you ever held yourself out to ~~the public or to the members of the medical profession~~anyone as being specially qualified in any field of health care? \_\_\_\_\_ If so, please state:

- A. The name of the specialty.
- B. The date you first held yourself out as a specialist.
- C. Whether you are board certified in such specialty.
- D. The board which certified you.
- E. The date you first became board certified.
- F. The date you qualified to take the board certification examination.
- G. The number of times and dates you took the oral and written exams ~~and the dates thereof~~.

**Interrogatory No. 6:** Have you ever ~~been connected in a teaching capacity with~~taught any subject ~~at~~ any medical or healthcare institution? \_\_\_\_\_ If so, please state:

- A. The name and address of the institution.
- B. What position you held if any, and the dates that you held each ~~teaching~~ position.
- C. The name of each subject taught by you.

**Interrogatory No. 7:** Have you ever written or collaborated in writing any treatises, papers or articles on any phase of medical practice or treatment? \_\_\_\_\_ If so, please state:

- A. The title of each writing.
- B. The citation for each writing.
- C. Whether you have a copy of each such writing and, if not, where a copy might be obtained.

**Interrogatory No. 8:** ~~List~~Please list the name of every professional society or organization in which you have held membership, the inclusive dates of your membership, any positions which you have held, and the dates such positions were held.

**Interrogatory No. 9:** ~~List~~Please list the names of each hospital where you have had staff privileges in the last five years, any limitations on your privileges, any hospital staff or committee memberships that you have held, and the dates thereof.

**Interrogatory No. 10:** Have you ever testified in deposition, or in court ~~in a malpractice,~~ or ~~professional~~in another tribunal in a negligence lawsuit? \_\_\_\_\_ If so, please state:

- A. The name of the plaintiff(s).
- B. The name of ~~any and all defendants~~the defendant(s).
- C. The cause number and court or other tribunal where filed.
- D. The names of the lawyers for the parties.
- E. The subject matter of your testimony (e.g., standard of care, causation, damages).
- F. The allegations of negligence in the suit.
- G. The name and address of the person presently having possession of each ~~deposition~~ or transcript of any ~~copy thereof~~testimony you gave.

II. RECORDS OF HEALTH CARE

**Interrogatory No. 11:** With regard to each occasion on which ~~Defendant~~you saw the injured person/decedent in ~~his~~your office, please state the following:

- A. Any history taken.
- B. The precise physical examination performed and a detailed listing of all findings upon this physical examination.
- C. Any other diagnostic aids employed.
- D. Any other diagnoses or diagnostic impressions which were reached.
- E. Any modalities of treatment selected.
- F. Any and all conversations with the injured person/decedent.

**Interrogatory No. 12:** With regard to each occasion on which ~~Defendant~~you saw the injured person/decedent in the hospital, nursing home, or other institution, please state the following:

- A. Any history taken.
- B. The precise examination performed and a detailed listing of all findings upon this physical examination.
- C. Any other diagnostic aids employed.
- D. Any diagnoses or diagnostic impressions which were rendered.
- E. Any modalities of treatment selected.
- F. Any and all conversations with the injured person/decedent.

**Interrogatory No. 13:** Please state whether ~~the Defendant~~you ever indicated or suggested to anyone that the injured person/decedent was an unsatisfactory patient, or made any other critical representations concerning the injured person/decedent. \_\_\_\_\_ If ~~the~~ you answer ~~to the foregoing is in the affirmative~~yes, please state the following with respect to each such representation:

- A. A general description of the representation.
- B. The date and place where it was made.
- C. The name and address of each person to whom this representation was made.

**Interrogatory No. 14:** Do you contend that any entries in the ~~answering Defendant's~~ medical/~~hospital~~ records/chart at issue are incorrect or inaccurate? \_\_\_\_ If so, please state:

- A. The precise entry(ies) that you think are incorrect or inaccurate.
- B. What you contend the correct or accurate entry(ies) should have been.
- C. The name, present or last known address and telephone number and present or last known employer of each and every person who has knowledge pertaining to A and B.
- D. A description, including the author and title, of each and every document that you claim supports your answer to A and B.
- E. The name, present or last known address and telephone number of each and every person you intend to call as a witness in support of your contention.

**Interrogatory No. 15:** Are you aware of any medical records, reports or letters from health care providers, or other written or recorded information or photographs concerning the medical, mental or physical condition of the Plaintiff(s)injured person/decedent prior to the incident in question? \_\_\_\_\_

If so, please state:

- A. The nature and subject of each such item.
- B. The date each item was prepared.
- C. The name ~~and~~, present or last known address of the person or persons preparing each item.
- D. The name ~~and~~, present or last known address of the person who presently has custody or control of each item.
- E. Whether you are in possession of copies of each or any item.

### III. INVESTIGATION

**Interrogatory No. 16:** Are you aware of the existence of any oral, written or recorded statement or admission made or claimed to have been made by any party or witness? \_\_\_\_\_ If so, please state:

- A. The name, present or last known address and telephone number of the person making the statement or admission.
- B. The date of the statement or admission.
- C. The name, present or last known employer, occupation, and present or last known ~~address~~address and telephone number of the person or persons taking or hearing the statement or admission.
- D. The name and present or last known address of the person now in possession of a written or recorded statement or admission.

**Interrogatory No. 17:** Have any drawings, diagrams, photographs, motion pictures, digital images or video-tapes been prepared or taken of any object or person involved in the incident? \_\_\_\_\_ If so, please state:

- A. What is depicted by each drawing, diagram, photograph, motion picture, digital image and/or video-tape.
- B. The date on which each drawing, diagram, photograph, motion picture, digital image or video-tape was taken.
- C. The name ~~and~~, present or last known address of the person preparing the drawing or diagram and/or the photographer of each photograph, motion picture, digital image or video-tape.
- D. The name ~~and~~, present or last known address and telephone number of the person who now has custody of the drawing, diagram, photograph, motion picture, digital image and/or video-tape.

**Interrogatory No. 18:** Please state whether any meetings or hearings were held by any hospital committee, or any other ~~committee or organization~~group, at which the injured person/decedent or any of the ~~occurrences complained of~~incident(s) in ~~this case~~question were discussed. \_\_\_\_\_ If ~~the answer to the foregoing is in the affirmative~~so, please state the following with respect to each such meeting or hearing:

- A. The date and place where it was held.
- B. The name of each person present.

- C. Whether any written memoranda or minutes were made of the meeting.
- D. ~~Please list each~~Each written or documentary item submitted to the committee or organization.
- E. As to each item set forth in ~~subsections (A) and (D)~~ above, please state whether you contend the item is privileged (i.e., not subject to discovery)) and the precise basis of the claim.

#### IV. WITNESSES AND EXHIBITS

**Interrogatory No. 19:** Are you aware of any person you may call as a witness at the trial of this action who may have or claims to have any information concerning the medical, mental, or physical condition of the Plaintiff(s) injured person/decedent prior to the incident(s) in question? \_\_\_\_\_ If so, please state:

- A. The name and present or last known address ~~of each such person~~ and ~~your means of ascertaining the present whereabouts~~telephone number of each such person.
- B. The occupation and present or last known employer of each such person.
- C. The subject and substance of the information each such person claims to have.

**Interrogatory No. 20:** Other than as disclosed above, are you aware of any person who may have or claims to have knowledge of the history or background of the Plaintiff(s) injured person/decedent whom you may call as a witness in this action? (The "history or background of Plaintiff(s) the injured person/decedent" as used in this interrogatory is intended to have the broadest possible reference to the Plaintiff(s) injured person/decedent's background, including, but not limited to any of the following that may apply: Plaintiff(s) the injured person/decedent's personal, employment, academic, military, criminal, financial, religious, social or marital background.) \_\_\_\_\_ If so, please state:

- A. The name and address of each person.
- B. The occupation and employer of each person.
- C. The nature and substance of the information concerning the Plaintiff(s) injured person/decedent of which each person has knowledge.

**Interrogatory No. 21:** Other than as described above, are you aware of any written or recorded information relating to the history or background of the Plaintiff(s) injured person/decedent (as defined in the previous interrogatory) which you may offer as exhibits in this action? \_\_\_\_\_ If so, please state:

- A. The nature of each such item of written or recorded information with sufficient particularity to identify it.
- B. The date of each such item.
- C. The name ~~and~~, present or last known address and telephone number of the author or preparer of each such item.
- D. The name ~~and~~, present or last known address and telephone number of the person presently having possession of each such item or any copy thereof.

**Interrogatory No. 22:** ~~List~~Please list the names, present or last known addresses and telephone number, official titles, if any, and other identification of all persons, not previously identified, who:

- A. Were known to be present at the events in question;
- B. Claimed to have information concerning the events in question;
- C. Were reported to have information concerning the events in question;
- D. Have knowledge of any pre-existing medical problems or medical treatment received by

~~Plaintiff(s)~~ the injured person/decedent prior to the events in question;

E. Have knowledge of the medical problems or medical treatment received by ~~Plaintiff(s)~~ the injured person/decedent from the events in question up to the present time;

F. Participated in any investigation concerning this incident in question of any party or witness thereto;

G. Participated in any surveillance of the ~~Plaintiff(s)~~ injured person/decedent.

As to each such person, please state:

1. ~~Name.~~ His or her name, present or last known address and telephone number.

2. ~~Present or last known address.~~

~~3.~~ Present or last known address of any employer.

~~4. Please set forth the~~ 3. The subject and substance of the information each such person claims to have.

~~5~~ 4. The present whereabouts of such person and the telephone number.

**Interrogatory No. 23:** Do you know of any person who is skilled in any particular field ~~or science~~ whom you may call as a witness at trial of this action and who has expressed an opinion on any issue of this action? \_\_\_\_\_ If so, please state:

A. The name ~~and~~, present or last known address and telephone number of each person.

B. The field ~~or science~~ in which each such person is sufficiently skilled to enable him (or her) to express opinion evidence in this action.

C. A complete list of all ~~medical malpractice~~ actions, in any tribunal, in which each person has rendered an opinion, whether by written report, deposition testimony or trial testimony, including:

1. The name of the case.

2. The court or other tribunal in which filed.

3. The docket number assigned.

4. Whether each person rendered his (or her) opinion by written report, deposition testimony, trial testimony or a combination thereof.

5. Whether you have a copy of such report or testimony and, if not, who you believe would have such copies.

D. Whether such person will base his (or her) opinion:

1. In whole or in part upon the facts acquired personally by him (or her) in the course of an investigation or examination of any of the issues of this case, or

2. Solely upon information as to facts provided him (or her) by others.

E. If your answer to D (above) discloses that any such person has made a personal investigation or examination relating to any of the issues of this case, please state the nature and dates of such investigation or examination.

F. Each and every fact, and each and every document, item, photograph or other tangible object supplied or made available to such person.

G. The general subject upon which each such person may express an opinion.

H. The substance of the facts and opinions to which such person is expected to testify.

I. Whether such persons have rendered written reports. \_\_\_\_\_ If so, please state:

1. The dates of each report.

2. The name ~~and~~, present or last known address and telephone number of the custodian of such reports.

**Interrogatory No. 24:** With respect to every lay witness whom you intend to or may call to testify, please state:

- A. The name, present or last known address and telephone, occupation and present or last known employer of each such person.
- B. What information/documents or facts such person has provided or communicated to you.
- C. ~~What knowledge or information do you believe the witness has with respect to the matters which are at issue in this lawsuit.~~
- D. ~~The subject about which such witness will or may testify, i.e., liability, damages, injuries, etc.~~
- E. ~~The substance of the testimony of each witness such person.~~

**Interrogatory No. 25:** ~~List~~Please list specifically and in detail each and every exhibit you propose to utilize/intend to use, or believe you may use, at trial in this matter. ~~This interrogatory is directed both to exhibits you intend to use at trial and exhibits you may use.~~

**Interrogatory No. 26:** At the time of trial, do you intend to use or refer to any ~~medical~~-textbook, periodical or other ~~medical~~-publication during direct examination of your witnesses. \_\_\_\_\_ If ~~your answer is in the affirmative, so, please~~ provide the citation for any text or periodical you intend to use.

#### V. MISCELLANEOUS

**Interrogatory No. 27:** Is it your contention that the Plaintiff(s)' injured person/decedent's injuries /death was/were caused in whole or in part by the fault of some person or persons other than yourself, whether named as a defendant party in this action or not, or that some such other person or persons may have or share in the legal responsibility for the injuries set forth in Plaintiff(s)' Complaint? injured person/decedent's pleadings? \_\_\_\_\_ If so, please state:

- A. The name and present or last known address and telephone number of each such person or entity.
- B. Each act or omission by which you contend such person is at fault for causing ~~the~~ Plaintiff(s)' injured person/decedent's injuries.
- C. The relationship of each person or entity, if any, to you or to any other party in this action.

**Interrogatory No. 28:** ~~Has this answering Defendant~~Have you entered into any agreement or covenant with any other person or entity in any way compromising, settling, and/or limiting the liability or potential liability for any party to the claim arising out of the occurrence alleged in Plaintiff(s)' Complaint? the injured person/decedent's pleadings? \_\_\_\_\_ If ~~the foregoing is answered in the affirmative so,~~ please set forth the following:

- A. The name and present or last known address and telephone number of each person or entity with whom such agreement or covenant was made.
- B. The date of each such agreement or covenant.
- C. Is the agreement or covenant in writing? \_\_\_\_\_ If so, state the name and present or last known address and telephone number of the individual who has custody and control of a copy of each such agreement or covenant.
- D. The terms of each such agreement or covenant.
- E. The consideration paid for each such agreement or covenant.

F. Whether you claim that the agreement or covenant is confidential and, if so, the legal and factual basis for such claim.

**Interrogatory No. 29:** As to any affirmative defenses you allege, please state the factual basis of and describe each such affirmative defense, the evidence which will be offered at trial concerning any such alleged affirmative defense, including the names, present or last known addresses and telephone numbers of any witnesses who will testify in support ~~thereof~~of the defense, and the descriptions of any exhibits which will be offered to establish each such affirmative defense.

**Interrogatory No. 30:** Have you ever been ~~sued for malpractice~~a party to a civil action or professional negligence/arbitration proceeding? \_\_\_\_\_ If so, please state:

- A. ~~The name of the names and designations (Plaintiff-, Defendant, intervenor, garnishee, etc.) of all parties to each such action;~~
- B. ~~The name of any and all other Defendants.~~
- C. The cause number, state, and court/tribunal where each such action was filed;
- D. The name of the lawyer representing the Plaintiff, if any.
- C. The names and address of any lawyers representing any parties to each such action;
- E. D. The name/general nature of the lawyer representing you, if claims and defenses, including any-
- F. The allegations of negligence made against you; and
- G. The manner in which E. How the claim was claims against you were resolved.

**Interrogatory No. 31:** Please state the name of any insurance company or any other person ~~carrying on any insurance business~~or entity who might be liable to satisfy part or all of a judgment which may be entered in favor of Plaintiff/the injured party/decendent and/or against you, or to indemnify or reimburse for payments made to satisfy the judgment.

With respect to each such ~~insurance company or person carrying on any insurance business~~entity listed above, please state the following:

- A. The date on which ~~the any~~ policy was issued, or other contract executed.
- B. The period for which the policy was issued, or the duration of any contractual obligation of indemnity or reimbursement.
- C. The policy or monetary limits for ~~bodily injury any~~ liability and medical pay coverage.
- D. Whether any person or entity asserts any policy defenses ~~are claimed to be applicable~~or other defenses to its liability to you with regard to any claim made by the Plaintiff/injured party/decendent.
- E. Whether any claim made by the Plaintiff/injured party/decendent is being defended under a reservation of rights.
- F. ~~If any policy of insurance is being defended under any reservation of rights, each~~ Each and every factual basis for ~~the insurance company's defense under a reservation of rights.~~
- G. If any policy of insurance is being defended defense under any reservation of rights, ~~the~~ the
- G. The exact language of the policy which provided the basis for ~~the insurance company's any~~ reservation of rights, or attach a copy of the policy language in question.
- H. ~~If more than one insurance company is listed, state which company carries the primary coverage, and which company or companies carry the secondary coverage.~~ If more than one entity is listed, state whether any entity asserts, by contract or otherwise, that its obligations are "secondary" to any other entity, or otherwise contingent on any event or occurrence.

**SET B: (TO PLAINTIFF TO DEFENDANT INSTITUTIONAL HEALTH CARE PROVIDER)**

**I. INVESTIGATION**

**Interrogatory No. 1:** Please state the name of any and all witnesses or purported witnesses who are believed or understood by you ~~the Defendant~~ to have any knowledge concerning the activities and/or medical treatment received by the injured party/decendent during his/her stay/treatment hospitalization at \_\_\_\_\_ of \_\_\_\_\_. As to each such person, please state the following:

- A. Name, present or last known address and telephone number.
- ~~B. Present or last known address.~~
- C. B. Present or last known ~~address~~ of employer.
- ~~D. C.~~ Please set forth the subject and substance of the information each such person claims to have.
- ~~E. D.~~ The present whereabouts of such person ~~and the telephone number~~.

**Interrogatory No. 2:** Are you aware of the existence of any oral, written or recorded statement or admission made or claimed to have been made by any party or witness? \_\_\_\_\_ If so, please state:

- A. The name, present or last known address and telephone number of the person making the statement or admission.
- B. The date of the statement or admission.
- C. The name, present or last known employer, occupation, and present or last known address and telephone number of the person or persons taking or hearing the statement or admission.
- D. The name and present or last known address and telephone number of the person now in possession of a written or recorded statement or admission.

**Interrogatory No. 3:** Have any drawings, diagrams, photographs, motion pictures, digital images or video-tapes been prepared or taken of any object or person involved in the incident? \_\_\_\_\_ If so, please state:

- A. What is depicted by each drawing, diagram, photograph, motion picture, digital image and/or video-tape.
- B. The date on which each drawing, diagram, photograph, motion picture, digital image or video-tape was taken.
- C. The name, present or last known address and telephone number of the person preparing the drawing or diagram and/or the photographer of each photograph, motion picture, digital image or video-tape.
- D. The name, present or last known address and telephone number of the person who now has custody of the drawing, diagram, photograph, motion picture, digital image and/or video-tape.

**Interrogatory No. 4:** Are you aware of any medical records, reports or letters from health care providers, or other written or recorded information or photographs concerning the medical, mental or physical condition of the injured person/decendent ~~Plaintiff(s)~~ prior to the incident in question? \_\_\_\_\_ If so, please state:

- A. The nature and subject of each such item.
- B. The date each item was prepared.
- C. The name, present or ~~and~~ last known address and telephone number of the person or persons preparing each item.
- D. The name, present or ~~and~~ last known address and telephone number of the person who presently has custody or control of each item.
- E. Whether you are in possession of copies of each or any item.

**Interrogatory No. 5:** Other than as disclosed above, are you aware of any person who may have or claims to have knowledge of the history or background of the injured person/decedent Plaintiff(s) whom you may call as a witness in this action? (The “history or background of injured person/decedent Plaintiff(s)” as used in this interrogatory is intended to have the broadest possible reference to the injured person/decedent’s Plaintiff(s)’ background, including, but not limited to, any of the following that may apply: injured person/decedent Plaintiff(s)’ personal, employment, academic, military, criminal, financial, religious, social or marital background.) \_\_\_ If so, please state:

- A. The name, present or last known address and telephone number of each person.
- B. The occupation and present or last known employer of each person.
- C. The nature and substance of the information concerning the injured person/decedent Plaintiff(s) of which each person has knowledge.

**Interrogatory No. 6:** Other than as described above, are you aware of any written or recorded information relating to the history or background of the injured person/decedent Plaintiff(s) (as defined in the previous interrogatory) which you may offer as exhibits in this action? \_\_\_\_\_ If so, please state:

- A. The nature of each such item of written or recorded information with sufficient particularity to identify it.
- B. The date of each such item.
- C. The name, present or last known ~~and~~ address and telephone number of the author or preparer of each such item.
- D. The name, present or last known ~~and~~ address and telephone number of the person presently having possession of each such item or any copy thereof.

**Interrogatory No. 7:** Please state whether any person engaged in the administration or management of the institution, or engaged in supervision of any staff that provides health care the hospital administrator, the director of nurses, the chief of the medical staff, or any nursing supervisor were was consulted at any time from the date of admission to the date of discharge concerning the injured person/decedent plaintiff. \_\_\_\_\_ If so, please state:

- A. The name, present or last known address and telephone number of the person who was contacted.
- B. The name, address, telephone number and present or last known employer of the person who made the contact.
- C. Whether any written memoranda or minutes were made of this meeting and, if so, the name, present or last known ~~and~~ address and telephone number of the person who presently has custody of such documents.

**Interrogatory No. 8:** Please ~~list~~ list the names, present or last known addresses and telephone numbers, official titles, if any, and other identification of all persons, not previously identified, who:

- A. Were known to be present at the events in question;
- B. Claimed to have information concerning the events in question;
- C. Were reported to have information concerning the events in question;
- D. Have knowledge of any pre-existing medical problems or medical treatment received by injured person/decedent Plaintiff(s) prior to the events in question;
- E. Have knowledge of the medical problems or medical treatment received by injured person/decedent Plaintiff(s) from the events in question up to the present time;
- F. Participated in any investigation concerning this incident in question of any party or witness thereto;
- G. Participated in any surveillance of the injured person/decedent Plaintiff(s).

As to each such person, please state:

- 1. Name, present or last known, address and telephone number.
- 2. ~~Present or last known address.~~
- 3. 2. Present or last known address of any employer.
- 4. ~~3.~~ 3. ~~Please set forth~~ The subject and substance of the information each such person claims to have.
- 5. ~~4.~~ 4. The present whereabouts of such person and the telephone number.

## II. GENERAL

**Interrogatory No. 9:** Please identify by name, present or last known address, telephone number, and present or last known employer each and every registered nurse, licensed practical nurse, nurses's aide, nursing assistant, orderly, or other health care provider or care giver who had anything to do with the care of injured person/decedent plaintiff during the following shifts:

\_\_\_\_\_

**Interrogatory No. 10:** Please state the name, present or last known address and telephone number and present or last known employer of ~~the~~ any person engaged in the supervision of any staff that provided health care nursing supervisor for the shifts set forth in the preceding interrogatory.

**Interrogatory No. 11:** Please state the number of beds at the \_\_\_\_\_ as of the present time.

**Interrogatory No. 12:** Please state the number of beds at the \_\_\_\_\_ as of the time in question.

**Interrogatory No. 13:** Please state the number of beds in the \_\_\_\_\_ [e.g., OB ward] section or unit as of the present time.

**Interrogatory No. 14:** Please state the number of beds in the \_\_\_\_\_ [e.g., OB ward] section or unit as of the time in question.

### III. RECORDS

**Interrogatory No. 15:** Do you contend that any entries in the ~~answering Defendant's~~ ~~medical/hospital records/chart at issue~~ are incorrect or inaccurate? \_\_\_\_\_ If so, please state:

- A. The precise entry(ies) that you think are incorrect or inaccurate.
- B. What you contend the correct or accurate entry(ies) should have been.
- C. The name, present or last known address and telephone number and present or last known employer of each and every person who has knowledge pertaining to A and B.
- D. A description, including the author and title, of each and every document that you claim supports your answer to A and B.
- E. The name, present or last known address and telephone number of each and every person you intend to call as a witness in support of your contention.

**Interrogatory No. 16:** Were any incident reports, quality assurance reports, written memoranda, or other ~~similar~~ reports made which relate to any aspect of the injured person/decedent's Plaintiff's care while the injured person/decedent Plaintiff was a patient or resident of the institution defendant hospital or which concerns the injuries /death or cause of injury /death of the injured person/decedent Plaintiff or concerning an investigation into injured person/decedent's Plaintiff's injury /death? \_\_\_\_\_ If yes, please state for each such report:

- A. The name, present or last known address and telephone number and title of the person who made it.
- B. The date and time it was made.
- C. The name, present or last known address, telephone number and title of each person who has custody of the written report or any copy thereof.

**Interrogatory No. 17:** Please state whether any meetings or hearings were held by any ~~hospital~~ committee, or ~~any other group committee organization~~, at which the injured person/decedent or any of the incident(s) in question-occurrences complained of in this case were discussed. \_\_\_\_\_ If so, ~~the answer to the foregoing is in the affirmative~~, please state the following with respect to each such meeting or hearing:

- A. The date and place where it was held.
- B. The name of each person present.
- C. Whether any written memoranda or minutes were made of the meeting.
- D. Each ~~Please list each~~ written or documentary item submitted to the committee or group. organization.
- E. As to each item set forth in subsections (A) and (D) above, please state whether you contend the item is privileged (i.e., not subject to discovery) and the precise basis of the claim.

### IV. WITNESSES AND EXHIBITS

**Interrogatory No. 18:** Are you aware of any person you may call as a witness at the trial of this action who may have or claims to have any information concerning the medical, mental, or physical condition of the injured person/decedent Plaintiff(s) prior to the incident(s) in question? \_\_\_\_\_ If so, please state:

- A. The name, ~~and~~ present or last known address and telephone number of each such person. ~~and your means of ascertaining the present whereabouts of each such person.~~
- B. The occupation and present or last known employer of each such person.
- C. The subject and substance of the information each such person claims to have.

**Interrogatory No. 19:** Do you know of any person who is skilled in any particular field ~~or science~~ whom you may call as a witness at trial of this action and who has expressed an opinion on any issue of this action? \_\_\_\_\_ If so, please state:

- A. The name, ~~and~~ present or last known address and telephone number of each person.
- B. The field ~~or science~~ in which each such person is sufficiently skilled to enable him (or her) to express opinion evidence in this action.
- C. A complete list of all ~~medical malpractice~~ actions in any tribunal, in which each person has rendered an opinion, whether by written report, deposition testimony or trial testimony, including:
  - 1. The name of the case.
  - 2. The court or other tribunal in which filed.
  - 3. The docket number assigned.
  - 4. Whether each person rendered his (or her) opinion by written report, deposition testimony, trial testimony or a combination thereof.
  - 5. Whether you have a copy of such report or testimony and, if not, who you believe would have such copies.
- D. Whether such person will base his (or her) opinion:
  - 1. In whole or in part upon the facts acquired personally by him (or her) in the course of an investigation or examination of any of the issues of this case, or
  - 2. Solely upon information as to facts provided him (or her) by others.
- E. If your answer to D (above) discloses that any such person has made a personal investigation or examination relating to any of the issues of this case, please state the nature and dates of such investigation or examination.
- F. Each and every fact, and each and every document, item, photograph or other tangible object supplied or made available to such person.
- G. The general subject upon which each such person may express an opinion.
- H. The substance of the facts and opinions to which such person is expected to testify.
- I. Whether such persons have rendered written reports. \_\_\_\_\_ If so, please state:
  - 1. The dates of each report.
  - 2. The name, ~~and~~ present or last known address and telephone number of the custodian of such reports.

**Interrogatory No. 20:** With respect to every lay witness whom you intend to or may call to testify, please state:

- A. The name, present or last known address, telephone number, occupation and present or last known employer of each such person.
- B. What documents ~~information~~ or facts such person has provided or communicated to you.
- ~~C. What knowledge or information do you believe the witness has with respect to the matters which are at issue in this lawsuit.~~
- ~~D. The subject about which such witness will or may testify, i.e., liability, damages, injuries, etc.~~
- E. C. The substance of the testimony of such person ~~each witness~~.

**Interrogatory No. 21:** Please list specifically and in detail each and every exhibit you intend to use, or believe you may use, propose to utilize at trial in this matter. ~~This interrogatory is directed both to exhibits you intend to use at trial and exhibits you may use.~~

**Interrogatory No. 22:** At the time of trial, do you intend to use or refer to any ~~medical~~ textbook, periodical or other ~~medical~~ publication during direct examination of your witness? \_\_\_\_\_. If ~~so your answer is in the affirmative~~, please provide the citation for any text or periodical you intend to use.

## V. MISCELLANEOUS

**Interrogatory No. 23:** Is it your contention that the injured person/decedent's Plaintiff(s) injuries/death were/was caused in whole or in part by the fault of some person or persons other than yourself, whether named as a defendant party in this action or not, or that some such other person or persons may have or share in the legal responsibility for the injuries set forth in Plaintiff(s)' pleadings ~~Complaint~~? \_\_\_\_\_. If so, please state:

- A. The name, ~~and~~ present or last known address and telephone number of each such person or entity.
- B. Each act or omission by which you contend such person is at fault for causing the injured person/decedent's Plaintiff(s) injuries /death.
- C. The relationship of each person or entity, if any, to you or to any other party in this action.

**Interrogatory No. 24:** Have you ~~Has this answering Defendant~~ entered into any agreement or covenant with any other person or entity in any way compromising, settling, and/or limiting the liability or potential liability for any party to the claim arising out of the occurrence alleged in Plaintiff(s)' ~~Complaint~~ pleadings? \_\_\_\_\_. If so, ~~the foregoing is answered in the affirmative~~, please set forth the following:

- A. The name, and present or last known address and telephone number of each person or entity with whom such agreement or covenant was made.

- B. The date of each such agreement or covenant.
- C. Is the agreement or covenant in writing? \_\_\_\_\_. If so, please state the name, ~~and~~ present or last known address and telephone number of the individual who has custody and control of a copy of each such agreement or covenant.
- D. The terms of each such agreement or covenant.
- E. The consideration paid for each such agreement or covenant.
- F. Whether you claim that the agreement or covenant is confidential and, if so, the legal and factual basis for such claim.

**Interrogatory No. 25:** As to any affirmative defenses you allege, please state the factual basis of and describe each such affirmative defense, the evidence which will be offered at trial concerning any such alleged affirmative defense, including the names of any witnesses who will testify in support of the defense, thereof, and the descriptions of any exhibits which will be offered to establish each such affirmative defense.

**Interrogatory No. 26:** Please state whether the institution ~~Defendant Hospital~~ has been sued for ~~malpractice or professional~~ negligence (including but not limited to malpractice or professional negligence) within the past ten years. \_\_\_\_\_. If so, please state:

- A. The name of the Plaintiff(s).
- B. The name of any and all other Defendant(s).
- C. The cause number and court where filed.

**Interrogatory No. 27:** Give the name, ~~and~~ present or last known address and telephone number of every person, physician, staff member or employee of the institution ~~hospital~~ or representative of any insurance company who has been permitted to see, examine, investigate or copy any of the records of the injured person/decendent ~~Plaintiff~~. (This interrogatory does not apply to any persons whose review/copying of the records was conducted as part of peer review, as set forth in A.R.S. § 35-445.01, § 36-2401, et seq., or § 36-441, or as a part of formal quality assurance procedures.)

**Interrogatory No. 28:** Please state the name of any insurance company or any person ~~carrying on any insurance business~~ or entity who might be liable to satisfy part or all of a judgment which may be entered in favor of Plaintiff and/or against you, or to indemnify or reimburse for payments made to satisfy the judgment.

With respect to each such person or entity ~~insurance company or person carrying on any insurance business~~ listed above, please state the following:

- A. The date on which any ~~the~~ policy was issued, or other contract executed.
- B. The period for which the policy was issued, or the duration of any contractual obligation of indemnity or reimbursement.
- C. The policy or monetary limits for any ~~bodily injury~~ liability and medical pay coverage.
- D. Whether any person or entity asserts any policy defenses or other defenses to its liability to you ~~are claimed to be applicable~~ with regard to any claim made by the Plaintiff.
- E. Whether any claim made by the Plaintiff is being defended under a reservation of rights.

F. ~~If any policy of insurance is being defended under any reservation of rights, Each and every factual basis for any the insurance company's defense under a reservation of rights.~~

G. ~~If any policy of insurance is being defended under any reservation of rights, The exact language of the policy which provided the basis for any the insurance company's reservation of rights or attach a copy of the policy language in question.~~

H. ~~If more than one person or entity insurance company is listed, state which company carries the primary coverage, and which company or companies carry the secondary coverage. state whether the person or entity asserts, by contract or otherwise, that its obligations are "secondary" to any other entity, or otherwise contingent on any event or occurrence.~~

**SET C. ~~(DEFENDANT TO PLAINTIFF)(TO AN INDIVIDUAL)~~**

(These interrogatories should be answered to provide information regarding each person claiming damages in this action and also regarding the decedent if a wrongful death action.)

**I. GENERAL INFORMATION & BACKGROUND**

**Interrogatory No. 1:**

A. ~~State~~Please state your full name, address and date of birth.

B. ~~State~~Please state any and all other names which you have ever used or by which you have been known.

**Interrogatory No. 2:**

A. ~~Which of the following is~~Please state your present marital status: ~~single, married, separated, widowed or divorced.~~

B. ~~State~~Please state the name and last known address of your spouse and every former spouse.

C. ~~State~~Please state the date of each such marriage.

D. As to previous marriages, please give the date, place and manner of each termination.

E. ~~State~~Please state the name, age and address of each of your children.

**Interrogatory No. 3:** Have you ~~even~~ever been a party to a civil ~~lawsuit?~~action or arbitration proceeding? \_\_\_\_\_.

If so, please state:

A. ~~Were you plaintiff or defendant.~~

~~B. What was the nature of the plaintiff's claim.~~

~~C. When, where and in what court was the action commenced.~~

~~D. The names and designations (Plaintiff, Defendant, intervenor, garnishee, etc.) of all parties other than yourself to each such action;~~

B. The cause number, state, and tribunal where each such action was filed;

C. The names and address of any lawyers representing any parties to each such action;

D. The general nature of the claims and defenses, including any allegations made against you; and

E. How the claims against you were resolved.

**Interrogatory No. 4:** Have you ever been convicted of a felony? \_\_\_\_\_.

If so, please state:

A. ~~What was the~~The original charge made against you.

B. ~~What was the~~The charge of which you were convicted.

C. ~~Did~~Whether you ~~pleaded~~ guilty to the charge, or were you convicted after trial.

D. ~~What was the~~The name and address of the court where the proceedings took place.

E. Date of conviction or date plea entered.

## II. EDUCATION, EMPLOYMENT, ACTIVITIES AND IMPAIRMENT

**Interrogatory No. 5:** ~~State~~Please state the highest grade of formal schooling completed by you and any certificate or degrees received.

**Interrogatory No. 6:** ~~List~~Please list each job or position of employment, including self-employment, held by you on the date of and since the incident in question, stating as to each:

A. Name and address of employer.

B. Date of commencement and date of termination.

C. Nature of employment and duties performed.

D. Name and address of immediate supervisor.

E. Rate of pay or compensation received.

F. The reason for termination.

**Interrogatory No. 7:** ~~List~~Please list each job or position of employment, including self-employment, held by you for the five (5) years before the incident in question, stating as to each:

A. Name and address of employer.

B. Date of commencement and date of termination.

C. Place of employment.

D. Nature of employment and duties performed.

E. Name and address of immediate supervisor.

F. Rate of pay or compensation received.

G. Reason for termination.

**Interrogatory No. 8:** Do you claim to have lost any time from gainful employment as a result of the incident in question? \_\_\_\_\_.

If so, please state:

A. The specific condition which you claim caused the loss of time.

B. The amount of time lost.

C. The rate of pay or compensation regularly received from each such gainful employment.

D. ~~If you claim damage as a result of the time lost, the~~The total amount and your method of computation of damage, if any, as a result of the time lost.

E. Whether ~~or not~~ you have in your possession or control any records or other written memoranda which show or purport to show any or all of the amount of your income for the five (5) years preceding the incident ~~complained of in question~~ to the present time, including a brief description of each such record or memorandum and the person ~~having possession or control of the same or any copy thereof~~who has it or controls it.

**Interrogatory No. 9:** Do you claim your earning capacity will be impaired as a result of the incident ~~complained of?~~in question? \_\_\_\_\_.

If so, [please](#) state:

A. The manner in which the condition will impair your ability to work.

B. Name and address of each person who had advised you concerning the impairment.

**Interrogatory No. 10:** Have you received any special education or training for any type of work?

\_\_\_\_\_.

If so, [please](#) state:

A. The names and addresses of the training or education institutions attended and the dates of attendance.

B. The names, addresses and inclusive dates of employment by employers from whom you received on-the-job training.

**Interrogatory No. 11:** Do you claim that as a result of the incident [complained of in question](#) you have lost any opportunities for advancement or promotion in your employment? \_\_\_\_\_.

If so, [please](#) state:

A. What opportunities would have been available had the incident [complained of in question](#) not occurred.

B. When would each opportunity have been available.

C. The amount of monetary damages you allege you have lost as a result of said lost opportunity, [and how you calculate those damages](#).

### III. INVESTIGATION

**Interrogatory No. 12:** Have you or [anyone acting on](#) your [attorney's behalf](#) interviewed or spoken with any [defendant party](#), or its agents, servants or employees, about the events in question? \_\_\_\_\_.

If so, [please](#) state who was present, when and where such conversation took place and the substance of any such conversations including, but not limited to, any statement or admission made by a [defendant party](#).

**Interrogatory No. 13:** Are you aware of the existence of any oral, written or recorded statement or admission made or claimed to have been made, by any party or witness? \_\_\_\_\_.

If so, [please](#) state:

A. The name, [present or last known address and telephone number](#) of each person making the

statement or admission.

B. The date of the statement or admission.

C. The name, present or last known employer, occupation and present or last known address of the person or persons taking or hearing the statement or admission.

D. The name and present or last known address and telephone number of the person now in possession of a written or recorded admission.

#### IV. INJURIES & DAMAGES

**Interrogatory No. 14:** ~~Describe~~Please describe in detail all injuries, complaints and symptoms, whether physical, mental or emotional, each person claiming damages in this action has experienced since the ~~alleged~~ incident in question and which is claimed to have been caused, aggravated or otherwise contributed to by the ~~alleged~~ incident in question.

**Interrogatory No. 15:** Do you claim any of your injuries are permanent? \_\_\_\_\_.

If so, please state:

A. What, if any, pains do you contend such injuries will cause in the future.

B. ~~What do you contend will be the course of such pains~~Whether you believe the pains will be alleviated (and if so, when), or whether the pains are permanent.

C. What, if any, disabilities do you contend such injuries will cause.

D. ~~What do you contend will be the course of such disabilities~~Whether you believe the disabilities are permanent or, if not, when they might be resolved.

E. The name, profession and specialty, if any, of any medical practitioner who has provided you with any of the information given in answers (A) through (D).

#### V. PRIOR AND SUBSEQUENT INJURIES/TREATMENT

**Interrogatory No. 16:** Have you been ~~hospitalized~~in a medical institution since the ~~occurrence?~~incident in question? \_\_\_\_\_.

If so, please state:

A. The person.

B. The name and location of each ~~hospital~~medical institution in which each ~~was confined~~person stayed.

C. The dates of each hospitalization stay.

D. The conditions treated during each hospitalization stay.

E. The nature of the treatment rendered during each hospitalization stay.

**Interrogatory No. 17:** Has any health care provider or any person claiming damages in this action criticized Defendant's any medical care or treatment given to you during or after the incident in question? \_\_\_\_\_. If so, for each criticism, please state:

A. A description of the criticism.

B. The name, address and qualifications of the person who made the criticism.

C. The date, time and place it was made.

**Interrogatory No. 18:** List~~Please list~~ each injury, symptom or complaint for which damages are claimed in this action from which you suffered at any time before the incident complained of in question.

**Interrogatory No. 19:**

State~~Please state~~:

A. The name and address of each health care provider who examined or treated you for any physical or emotional condition during the past ten years.

B. The conditions or complaints for which the examination or treatment was performed.

C. The date of each examination or treatment performed.

D. Whether or not the symptoms evidencing the~~caused by~~ conditions described in your answer to paragraph (B) of this interrogatory were completely relieved and, if so, the date of relief.

**Interrogatory No. 20:** Since the incident complained of in question, have you suffered any injuries, accidental or otherwise? \_\_\_\_\_.

If so, please state:

A. The date and place.

B. How the injury was sustained.

C. A detailed description of each injury received.

D. The name and address of each medical practitioner rendering treatment.

E. ~~If The nature and extent of any permanent disability was suffered, its nature and extent.~~

F. ~~If you were compensated in any manner for any such injury, state the~~The name and address of each person or organization against whom a claim was made~~-, and/or from whom payments were received, for any such injury.~~

**Interrogatory No. 21:** Have you ever made any claim for money damages against anyone, group, organization, corporation, industrial commission or any entity for any reason? \_\_\_\_\_.

If so, state:

~~A. If the for each claim was filed as a lawsuit, what was the style of the case, please state:~~

~~B. If the claim was not filed in court, with whom was it filed.~~

~~C. Has the claim been adjudicated or settled as yet.~~

~~D. If the answer to (C) above is in the affirmative, how much money did you receive.~~

A. The complete caption of any lawsuit, arbitration, or other judicial or non-judicial proceeding in which the claim was made.

B. The current status of the claim (pending, settled, on appeal, etc.).

C. The amount of any compensation you received, if any, related to the claim.

**Interrogatory No. 22:** Please identify each health-care provider who has records pertaining to plaintiff(s) for the period of seven (7) years before your health care that was rendered during the seven years prior to the incident ~~giving rise to plaintiff(s)' claims through the present~~in question.

A. With respect to each provider identified above, please state whether plaintiff(s)-you will obtain and produce the records ~~pursuant to Uniform Medical Malpractice 1(b)(1).~~

B. With respect to any records plaintiff(s)-you will not obtain and produce ~~pursuant to Uniform Medical Malpractice Rule 1(b)(1), please~~ state the specific reason or reasons for nonproduction.

## VI. MATTERS CONCERNING THE CONDUCT OF DEFENDANT(S)PARTIES

**Interrogatory No. 23:** In your Complaint this action, you have characterized certain acts or conduct on the part of the defendant(s)other parties as being below the standard of care. As to such acts and conduct, please state:

A. Each specific act or acts, failure or failures to act ~~by the defendant(s) which~~ which you contend fell below the standard of care.

B. Specifically what conduct you claim would have complied with the standard of care.

C. Each and every fact upon which you rely when you claim:

1. That ~~this defendant~~ any health care provider negligently performed its professional duties to you.

2. That ~~this defendant's~~ any health care provider's negligent performance of its professional duties to you proximately caused you injury.

**Interrogatory No. 24:** Do you allege that any agent, servant or employee of ~~this defendant~~ any party violated or failed to follow any rule, regulation, policy or procedure of ~~the hospital~~ health care institution or of some other authority? \_\_\_\_\_. If so, please state:

A. The identity of said rule, regulation, policy or procedure.

B. How and by whom you allege said rule, regulation, policy or procedure was violated.

C. How you allege said violation proximately caused injury to ~~the Plaintiff~~ you.

**Interrogatory No. 25:** Do you contend that any agent, servant or employee of ~~this defendant~~ any party neglected to inform, instruct or warn you as to any matters relating to your condition, care or treatment? \_\_\_\_\_. If so, for each matter, please state:

A. A description of what agent, servant or employee ~~of this defendant~~ neglected to inform, instruct or warn you.

B. Whether such failure or neglect contributed to any injury of which you complain, and if so, in what way and to what extent.

**Interrogatory No. 26:** Do you know of any person who is skilled in any particular field ~~or science~~ whom you may call as a witness at trial of this action and who has expressed an opinion ~~upon~~ any issue of this action? \_\_\_\_\_.

If so, please state:

A. The name ~~and~~ present or last known address and telephone number of each person.

B. The field ~~or science~~ in which each such person is sufficiently skilled to enable him [or her] to express opinion evidence in this action.

C. A complete list of all ~~medical malpractice~~ actions in which each person has rendered an opinion,

whether by written report, deposition testimony or trial testimony, including:

1. The name of the case.

2. The court or other tribunal in which filed.

3. The docket number assigned.

4. Whether each person rendered his [or her] opinion by written report, deposition testimony, trial testimony or a combination thereof.

5. Whether you have a copy of such report or testimony and, if not, who you believe would have such copies.

D. Whether such person will base his [or her] opinion:

1. In whole or in part upon facts acquired personally by him [or her] in the course of an investigation or examination of any of the issues of this case, or

2. Solely upon information as to facts provided him [or her] by others.

E. If your answer to Interrogatory No. 26(G)(D) above discloses that any such person has made a personal investigation or examination relating to any of the issues of this case, please state the nature and dates of such investigation or examination.

F. Each and every fact, and each and every document, item, photograph or other tangible object supplied or made available to such person.

G. The general subject upon which each person may express an opinion.

H. The substance of the facts and opinions to which such person is expected to testify.

I. Whether such persons have rendered written reports.

If so, please state:

1. The dates of each report.

2. The name ~~and~~, present or last known address and telephone number of the custodian of such reports.

## VII. DAMAGES

**Interrogatory No. 27:** StatePlease state each and every expense, debt or obligation you have incurred, amount expended and item of special damage you will claim at trial as a result of the injuries

~~or conditions listed~~incident in ~~your answer to these Interrogatories other than that itemized in your answer to the foregoing Interrogatories.~~question. This Interrogatory ~~inquires as to~~includes, but is not limited to: medical expense, ambulance expense, transportation expense, physiotherapist expense, psychologist fees, psychiatric fees, laboratory charges, hospital costs and x-ray costs.

#### VIII. WITNESSES & EXHIBITS

**Interrogatory No. 28:** With respect to every lay witness whom you intend to or may call to testify, please state:

A. The name, present or last known address and telephone number, occupation and present or last known employer of each such person.

B. What informationdocuments or facts such person has provided or communicated to you.

~~C. What knowledge or information do you believe the witness has with respect to the matters which are at issue in this lawsuit.~~

~~D. The subject about which such witness will or may testify, i.e., liability, damages, injuries, etc.~~

~~E. The substance of the testimony of~~ each witnesssuch person.

**Interrogatory No. 29:** ~~List~~Please list the names, addresses, official titles, if any, and other identification of all witnesses ~~not previously identified who, it is contemplated,~~whom you contemplate will be called upon to testify in support of your claim in this action at trial indicating the nature and substance of the testimony which is expected will be given by each such witness, and stating the relationship, if any, to ~~the plaintiff~~you.

**Interrogatory No. 30:** ~~List~~Please list specifically and in detail each and every exhibit you ~~propose to utilize~~intend to use, or believe you may use, at trial in this matter. ~~This interrogatory is directed both to exhibits you intend to use at trial and exhibits you may use.~~

**Interrogatory No. 31:** At the time of trial, do you intend to use or refer to any ~~medical~~ textbook, periodical or other ~~medical~~ publication during direct examination of your witnesses? \_\_\_\_\_.

~~If your answer is in the affirmative, so, please~~ provide the citation for any text or periodical you intend to use.

#### IX. COLLATERAL SOURCE

**Interrogatory No. 32:** Have you received, are you now receiving, or are you entitled to receive, collateral source benefits as enumerated in A.R.S. § 12-565?

If so, please state:

- A. The amount of each and every payment.
- B. Schedule or frequency of such payments/benefits.
- C. If the payments have stopped, the date and reason the payments stopped.
- D. If the payments are still being received, the length of time you expect to receive these payments.
- E. If the benefits are stopped at some future time, please state when and under what circumstances the payments will terminate.
- F. The amount of payments you expect to receive in the future.

X. MISCELLANEOUS

**Interrogatory No. 33:** ~~Has plaintiff~~Have you entered into any agreement or agreements or covenants with any other person or entity in any way compromising, settling or in any way limiting such persons or entity's liability or potential liability for any claim, or part of ~~the any~~ claim, arising out of the ~~occurrence alleged incident~~ in ~~plaintiff's Complaint?question?~~ \_\_\_\_\_.

If so, please state:

A. The name and address of each person or entity with whom such agreement or covenant was made.

B. ~~State the~~The date of each such agreement or covenant.

C. ~~If~~Whether the agreements or covenants are in writing? \_\_\_\_\_.

\_\_\_\_\_. If so, state the name and address of the individual who has custody and control of a copy of each such agreement or covenant.

D. ~~What are the~~The terms of each such agreement or covenant.

E. ~~What was the~~The consideration paid for each such agreement or covenant.

**Interrogatory No. 34:** ~~Has plaintiff~~Have you asserted any claim against any person or entity, not a named party to this lawsuit, for any part of the loss or damage arising out of the ~~occurrence alleged incident~~ in ~~plaintiff's Complaint?question?~~ \_\_\_\_\_.

If so, state:

A. The name and last known address of each such person or entity.

B. ~~State briefly the~~The basis upon which the claim was asserted.

**Interrogatory No. 35:** Does any insurance company or any other person or organization have any interest in this action or any recovery herein by way of subrogation, assignment, trust receipt or otherwise, or has any such claim been asserted? \_\_\_\_\_. If so, please state the name and address of each such company, other person or organization and the nature and amount of any such claimed interest.

**Interrogatory No. 36:** Do you contend that any ~~of this defendant's~~ entries in the medical records/chart at issue are incorrect or inaccurate? \_\_\_\_\_.

If so, please state:

A. The precise entry (entries) that you think is/are incorrect or inaccurate.

B. What you contend the correct or accurate entry (entries) should have been.

C. The name, present or last known address and telephone number and present or last known employer of each and every person who has knowledge pertaining to (A) and (B).

D. A description, including the author and title of each and every document that you claim supports your answers to (A) and (B).

E. The name, present or last known address and telephone number of each and every person you intend to call as a witness in support of your contention.

**Interrogatory No. 37:** ~~List~~Please list the names, present or last known addresses and telephone numbers, official titles, if any, and other identification of all persons, not previously identified, who:

A. Were present at the events in question.

B. Claim to have information concerning the events in question.

C. Are reported to have information concerning the events in question.

D. Have knowledge of any preexisting medical problems or medical treatment received by ~~plaintiff(s)~~you prior to the events in question.

E. Have knowledge of medical problems or medical treatment received by ~~plaintiff(s)~~you from the events in question up to the present time.

F. Participated in any investigation concerning the incident in question or of any party or witness thereto.

~~Please set forth the~~G. Participated in any surveillance of the injured person/decedent. As to each

such person, please state:

1. His or her name, present or last known address and telephone number
2. Present or last known address of any employer.
3. The subject and substance of the information each such person claims to have.
4. The present whereabouts of such person and the telephone number.

**Form 5. UNIFORM PERSONAL INJURY INTERROGATORIES.  
TO PLAINTIFF(S).**

**INSTRUCTIONS FOR USE**

- A. All information is to be divulged which is in the possession of the individual or corporate party, his attorneys, investigator, agents, employees, or other representative of the named party.
- B. A "medical practitioner" as used in these interrogatories is meant to include any person who practices any form of healing arts.
- C. Where an individual interrogatory calls for an answer which involves more than one party, each part of the answer should be clearly set out so that it is understandable.
- D. Where the terms "you", "your", "plaintiff", or "defendant" are used, they are meant to include every individual party, and separate answers should be given for each responding person ~~named as a~~ or party, if requested.
- E. Where the terms "accident(s)" or "~~the accident~~" "incident(s)" are used, they are meant to mean the incident which is the basis of this lawsuit, unless otherwise specified.

**INTERROGATORIES**

**Interrogatory No. 1:** State your name and address or principal place of business, date of birth, and social security number.

**Interrogatory No. 2:** Have you been convicted of a felony? \_\_\_\_\_ If so, for each felony state:

- A. The original charge made against you.

- B. The charge of which you were convicted.
- C. Did you plead guilty of the charge or were you convicted after trial?
- D. The court and cause number.

**Interrogatory No. 3:** Have you ever been a party to a civil lawsuit? \_\_\_\_\_ If so, state:

- A. Were you plaintiff or defendant?
- B. What was the nature of the plaintiffs' claim
- C. When, where, and in what court was the action commenced?
- D. State the names of all the parties other than yourself.

**Interrogatory No. 4:** State exactly and in ~~what~~ detail ~~plaintiff's~~ your version of how this accident occurred.

**Interrogatory No. 5:** State specifically and in detail the facts upon which ~~plaintiff's~~ your contention is based that the accident was caused by a negligent conduct ~~on the part of the defendant,~~ another party, including former parties, or non-party.

**Interrogatory No. 6:** Was an investigation conducted concerning the accident in question?  
\_\_\_\_\_ If so, state:

- A. The name, address, and occupation of the person or organization conducting the investigation.

- B. The date or dates on which the investigation was conducted.
  
- C. Whether ~~plaintiff~~ you or anyone acting on ~~plaintiff's~~ your behalf has interviewed or spoken with ~~defendant~~ any other party or any of its agents or employees about the event in question. \_\_\_\_ If so, please identify the individual spoken with and the substance of the conversation.
  
- D. The name and address of the person now having custody of any written report made concerning the investigation.

**Interrogatory No. 7:** Do you know of any person who is skilled in any particular field or science, including the field of medicine, whom you may call as a witness upon the trial of this action and who has expressed an opinion upon any issue of this action? \_\_\_\_ If so, state:

- A. The name and address of each person.
  
- B. The field or science in which each such person is sufficiently skilled to enable opinion evidence in this action.
  
- C. Whether such potential witness will base his or her opinion:
  - 1. In whole or in part upon facts acquired personally by him or her in the course of an investigation or examination of any of the issues of this case, or
  - 2. Solely upon information as to the facts provided him or her by others.
  
- D. If your answer to 7(C) discloses that any such witness has made a personal investigation or examination relating to any of the issues of this case, state the nature and dates of such investigation or examination.

- E. Each and every fact, and each and every document, item, photograph, or other tangible object supplied or made available to such person.
  
- F. The general subject upon which each such person may express an opinion.
  
- G. Whether such persons have rendered written reports. \_\_\_\_\_ If so:
  - 1. Give the dates of such report.
  
  - 2. State the name and address of the custodian of such reports.

**Interrogatory No. 8:** Describe in detail all injuries, whether physical, mental, or emotional, experienced since the occurrence and claimed to have been caused, aggravated, or otherwise contributed to by it.

**Interrogatory No. 9:** For all injuries mentioned in the preceding interrogatory, please identify those injuries which are considered by you to be permanent.

**Interrogatory No. 10:** As to each medical practitioner who has examined or treated any of the persons named in your answers to Interrogatory No. 1 above, for any of the injuries or symptoms described, state:

- A. The name, address, and specialty of each medical practitioner.
  
- B. The date of each examination or treatment.

- C. The physical, mental, or emotional condition for which each examination or treatment was performed.

**Interrogatory No. 11:** State as to each item of medical expense attributable to the accident:

- A. The name and address of the person or organization paid or owed ~~therefor~~ for the medical expense.
- B. The amount.
- C. The date of each item of expense (attach copies of the itemized bills, if desired).
- D. The person or organization who paid the medical expense.
- E. The condition for which you incurred the expense.
- F. Will you incur medical expenses in the future as a result of the accident in question? \_\_\_\_\_ If so, state the amount of medical expenses which will be incurred in the future and state in detail the knowledge and source upon which you rely in support of this belief.

**Interrogatory No. 12:** List each injury, symptom, or complaint mentioned in answer to Interrogatory No. 8 from which you suffered at any time before the accident.

**Interrogatory No. 13:** Do you claim to have lost any time from gainful employment as a result of the accident? \_\_\_\_\_ If so, state:

- A. The specific condition which you claim caused the loss of time.

- B. The amount of time lost.
  
- C. The rate of pay or compensation regularly received from each such gainful employment.
  
- D. If you claim any damage as a result of the time lost, the total and your method of computation.

**Interrogatory No. 14:** If your answer to Interrogatory No. 13 is yes, list each job or position of employment including self-employment, held by you on the date of and since the accident, stating as to each, the following:

- A. Name and address of employment.
  
- B. Date of commencement of and date of termination.
  
- C. Place of employment.
  
- D. Nature of employment and duties performed.
  
- E. Name and address of immediate supervisor.
  
- F. Rate of pay or compensation received.

**Interrogatory No. 15:** Do you claim that your ability to engage in any type of gainful employment has been affected by the accident? \_\_\_\_\_ If so, state:

- A. The specific condition which limits your ability to engage in gainful employment.
  
- B. The economic loss caused by your inability to find gainful employment.
  
- C. Your method of computation for computing such loss.

**Interrogatory No. 16:** Provide the identity, and location, ~~and state the facts that support the liability,~~ of any nonparty identified in your response to Interrogatory No. 5 above, who you claim, pursuant to A.R.S. § 12-2506(B) (as amended), was wholly or partially at fault in causing any personal injury, property damage, or wrongful death for which damages are sought in this action.

**Interrogatory No. 17:** Do you have liability insurance or are you aware of any other form of indemnity which you claim is applicable to this accident? \_\_\_\_\_. If the answer is yes, state:

- A. The name of the company or companies, including any excess or umbrella carriers, which you claim provide coverage.
  
- B. The policy number or numbers of any applicable policy.
  
- C. The limit or limits of liability of each policy.
  
- D. The named insured on each policy.
  
- E. Whether the insurance carrier has accepted or denied coverage.
  
- F. Whether you are being defended by the insurance carrier under a reservation of rights.

**Interrogatory No. 18:** State the name, address, and occupation of the owner of ~~the vehicle~~ alleged in the plaintiff's Complaint to have caused any vehicles you allege caused damage to the plaintiff.

**Interrogatory No. 19:** At the time of the alleged accident, was the driver of said vehicle engaged in the business of any other person or entity? \_\_\_\_ If so, please state the name and address of such other person or entity.

**Interrogatory No. 20:** State whether you or anyone else involved in the accident ingested or used any drugs or medications within 48 hours prior to the accident or drank any intoxicating beverages of any kind within the 12 hours prior to the accident or to the occurrence of the accident alleged in the Complaint. \_\_\_\_ If so, state the times, places, amount, and type of drugs or alcoholic beverages.

**Interrogatory No. 21:** Do there exist any liens, including AHCCCS, Medicare, or any liens provided for by A.R.S. § 33-931 et seq., on any recovery you may have or may obtain in this matter? \_\_\_\_ If so, give the amount and entity holding such lien and the nature of said lien.

**Interrogatory No. 22:** If the accident that is the subject of the plaintiff's claim was a automobile accident, please state the following:

- A. Did the vehicle which you were occupying at the time of the accident contain operational seatbelts? \_\_\_\_ If so, were you wearing seatbelts available for your use?  
\_\_\_\_\_
  
- B. If you were not wearing the seatbelts available for your use in the vehicle at the time of the accident, set forth your reasons for failing to do so.

### INSTRUCTIONS FOR USE

A. All information is to be divulged which is in the possession of the individual or corporate party, his attorneys, investigators, agents, employees or other representatives of the named party.

B. When an individual interrogatory calls for an answer which involves more than one part, each part of the answer should clearly set out so that it is understandable.

C. When the terms "you", "Plaintiff" or "Defendant" are used, they are meant to include every individual party and include your agents, employees, your attorneys, your accountants, your investigators, anyone else acting on your behalf. Separate answers should be given for each person named as the party, if requested.

D. When the term "document" is used, it is meant to include every "writing", "recording" and photograph" as those terms are defined in Rule 1001, Ariz. R. Evid.

E. The term "contract(s)" refers to the contract(s) between the parties or to any contract(s) otherwise a subject of the action. ~~Where the term "contract" is used, it is meant to mean or to include the contract between the parties to this action which is the subject of the pleadings.~~

F. Where the terms "claim" or "claims" are used, they are meant to mean or to include a demand, cause of action or assertion for something due or believed to be due.

G. Where the terms "defense" or "defenses" are used, they are meant to mean or to include any justification, excuse, denial or affirmative defense in response to the opposing party's claim.

H. Where the term "negotiation(s)" is used, it is meant to mean or to include conversations, discussions, meeting, conferences and other written or verbal exchanges which relate to the contract.

### GENERAL IDENTIFICATION AND BACKGROUND

**Interrogatory No. 1:** Please state your full name and state any, and all other names which you have ever used or by which you have ever been known.

**Interrogatory No. 2:** If you are a business entity:

A. Please state the name you used, or went by, during your involvement in the events that are the subject of the pleadings;

B. Please state any other names or "d/b/a's" under which you have ever transacted business;

C. Are you a corporation? \_\_\_\_\_ If so, please state:

1. The name stated in the current Articles of Incorporation.

2. All the other names used by the corporation during the last 10 years and the dates each was used.

3. The date and place of the incorporation;

4. The address of the principal place of business; and

5. Whether you are qualified to do business in Arizona.

D. Are you a partnership? \_\_\_\_\_ If so, please state:

1. The current partnership name;

2. All of the names used by the partnership during the past 10 years and the dates each was used;

3. Whether you are a limited partnership and, if so, under the laws of what jurisdiction;
  4. The name and address of each general partner; and
  5. The address of the principal place of business.
- F. Are you a joint venture? \_\_\_\_\_ If so, please state:
1. The current joint venture name;
  2. All the names used by the past joint venture during the past 10 years and the dates each was used;
  3. The name and address of each joint venturer; and
  4. The address of the principal place of business.
- G. Are you an unincorporated association? \_\_\_\_\_ If so, please state:
1. The current unincorporated association name;
  2. All of the name used by the unincorporated association in the past 10 years and the dates each was used; and
  3. The address of the principal place of business.
- H. Are you a limited liability company? \_\_\_\_\_ If so, please state:
1. The name listed in the current articles of organization;
  2. All of the names used by the company during the past 10 years and the dates each was used;
  3. The name and address of each member, if any;
  4. The name and address of each manager, if any;
  5. The date and place of formation;
  6. The address of the principal place of business; and
  7. Whether you are qualified to do business in Arizona.
- I. Are you a business entity of a type (corporation, partnership, etc.) not listed above? \_\_\_\_\_ If so, please state:
1. The current name of the entity;
  2. The type of entity it is, including a statement of the legal authority under which the entity was formed;
  3. All of the names used by the entity during the past 10 years and the dates each was used;
  4. The date and place the entity was formed;
  5. The address of the principal place of business of the entity; and
  6. Whether you are qualified to do business in Arizona.

**Interrogatory No. 3:** Have you done business under a fictitious name during the past 10 years?

\_\_\_\_\_ If so, for each fictitious name, please state:

- A. The name;
- B. The dates ~~each was~~ used;
- C. The state and county where the fictitious name was filed, of each fictitious name and filing; and
- D. The address of the principal place of business.

**Interrogatory No. 4:** During the past 5 years has any public entity registered or licensed your businesses? \_\_\_\_\_ If so, for each license or registration, please:

- A. Identify the license or registration;
- B. State the name of the public entity; and
- C. State the date of the issuance and expiration.

**Interrogatory No. 5:** State whether you have ever been convicted of a felony. If so, for each felony conviction, please provide the following information:

- A. The original charge made against you.
- B. The charge of which you were convicted.
- C. Did you plead to the charge or were you convicted after the trial?
- D. The court and cause (or case) number.

**Interrogatory No. 6:** State whether you have been a party to a civil lawsuit. If so, for each lawsuit, please provide the following information:

- A. ~~Were you the plaintiff or the defendant?~~ How were you named in the lawsuit (e.g. plaintiff, defendant, intervenor, etc.)?
- B. What was the nature of ~~the Plaintiff's~~ each claim and defense?
- C. The date, location, and title of the court in which the action was commenced.
- D. The names of all the parties other than yourself involved in the action.

**Interrogatory No. 7:** Do you have liability insurance, or are you aware of any other form of indemnity or bond, through which you were or might be insured in any manner for the damages, claims, or actions that are the subject of the pleadings? \_\_\_\_\_ If you answered "Yes", please provide the following information for each policy:

- A. The kind of insurance, indemnity or bond;
- B. The name of the company or companies, including any excess or umbrella carriers, which you claim provide coverage;
- C. The policy number or policies numbers of any applicable policy;
- D. The limit or limits of liability of each policy.
- E. The named insured of each policy.
- F. Whether the insurance carrier has accepted or denied coverage.
- G. Whether you are being defended by the insurance carrier under a reservation or rights.

**Interrogatory No. 8:** Please state the name, address and telephone number of all employees and/or agents involved in the transactions and events which are the subject of the pleadings.

**Interrogatory No. 9:** Please identify all persons responsible for furnishing any materials or information used to complete the disclosure statement required by Rule 26.1, Ariz.R.Civ.P.

**Interrogatory No. 10:** Please state the name, address and telephone number of all persons who you believe may have knowledge or relevant information concerning each claim or defense disclosed pursuant to Rule 26.1, Ariz.R.Civ.P. If you have disclosed multiple claims or multiple defenses, state the claim(s) or defense(s) about which you believe the person has information or knowledge ~~about~~.

**Interrogatory No. 11:** Identify and list each document you believe may be relevant to each separate claim or defense disclosed pursuant to Rule 26.1, Ariz.R.Civ.P. If you disclosed multiple claims or multiple defenses, state which claim(s) or defense(s) about which you believe the document bears relevance ~~may be relevant to~~. As to each of the documents identified, please provide the following:

- A. The location of the documents.
- B. The name, address, and telephone number of the individual with the custody or control over the documents.

#### CONTRACT MATTER

**Interrogatory No. 12:** Do you contend that you did not enter the contract(s) ~~which is the subject of these pleadings?~~ \_\_\_\_\_ If your answer was "Yes", please provide the following:

A. Explain in detail the factual support for your position, identifying all documents you believe may be relevant to this issue and identifying the name, addresses, and telephone number of all persons you believe to have knowledge or information relating to your position.

B. Describe in detail the factual support for any contention of lack of contract formation, identifying all documents you believe may be relevant to this issue, and identifying the name, address, and telephone number of all persons you believe have knowledge or information relating to your position.

**Interrogatory No. 13:** With respect to the negotiations leading to the formation of the contract(s), please identify the name, address, and telephone number of all persons involved in those negotiations, and identify all documents that relate to, or were part of, directly or indirectly, the negotiations.

**Interrogatory No. 14:** If you claim that the contract(s) is (are) an oral contract(s), please state what you believe to be the terms and provisions of the contract(s) in detail and state the name, address and telephone number of all persons you believe have knowledge or information relating to the terms or provisions of the oral contract(s).

**Interrogatory No. 15:** Do you contend there was a breach of the contract(s) ~~which is (are) the subject of the pleadings?~~ \_\_\_\_\_ If so, for each breach, please describe and give the date of every act or omission that you claim is a breach of the contract.

**Interrogatory No. 16:** Do you contend there was a failure to pay money or a debt when due? \_\_\_\_\_ If so, for each contention of monies or debt being due, please describe and specifically identify

the monies or amounts due, including the principal amount, the interest, and any other charges in your description.

**Interrogatory No. 17:** Please provide a detailed computation and/or disclosure of the amount you allege you are owed, and/or the contract performance or benefit you believe you are entitled to, and which you have not been provided. Identify all documents that support your calculation and/or disclosure and state the name of the person who has custody and control over the documents.

**Interrogatory No. 18:** Do you contend that you are entitled to an award of attorneys' fees in this matter? \_\_\_\_ If so, please identify each and every basis upon which you believe you are entitled to attorneys' fees (i.e. statute, contract, or otherwise).

**Interrogatory No. 19:** ~~Is any contract alleged in the pleadings~~ Do you contend any contract is ambiguous? \_\_\_\_ If so, please identify each such ~~ambiguous~~ contract, specifically identifying each ambiguous term or provision, and state why it is ambiguous, and identify all documents that support your contention of ambiguity.

**Interrogatory No. 20:** For each contract, please provide the following information: ~~alleged in the pleadings:~~

- A. Identify all documents that are part of the contract and for each state the name, address, and telephone number of each person who has the document;
- B. State each part of the contract not in writing, the name, address, and telephone number of each person agreeing to that provision and the date the part of the contract was made;
- C. Identify all documents that evidence each part of the contract not in writing and for each state the name, address, and telephone number of each person who has the document;
- D. Identify all documents that are part of each modification to the contract, and for each state the name, address, and telephone number of each person who has the document;
- E. State each modification not in writing, the date, and the name, address and telephone number of each person agreeing to the modification, and the date the modification was made; and
- F. Identify all documents that evidence each modification of the contract not in the writing and for each state the name, address, and telephone number of each person who has the document.

**Interrogatory No. 21:** Was performance of ~~any the contract(s) alleged in the pleadings~~ excused or discharged? \_\_\_\_ If so, please identify each contract excused or discharged and state why performance was excused or discharged.

**Interrogatory No. 22:** Was (were) ~~any~~ the contract(s) ~~alleged in the pleadings~~ terminated by mutual agreement, release, accord and satisfaction, or novation? \_\_\_\_\_ If so, please identify each contract terminated and state why it was terminated; including dates.

**Interrogatory No. 23:** Is (Are) ~~the any~~ contract(s) ~~alleged in the pleadings~~ unenforceable? \_\_\_\_\_ If so, please identify each unenforceable contract and state why it is unenforceable