

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:
NAME:	
FIRM NAME:	
STREET ADDRESS:	
CITY:	STATE: ZIP CODE:
TELEPHONE NO.:	FAX NO.:
EMAIL ADDRESS:	
ATTORNEY FOR (name):	

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

<p>FORM INTERROGATORIES—GENERAL</p> <p>Asking Party:</p> <p>Answering Party:</p> <p>Set No.:</p>	<p>CASE NUMBER:</p>
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Sec. 1. Instructions to All Parties

- (a) Interrogatories are written questions prepared by a party to an action that are sent to any other party in the action to be answered under oath. The interrogatories below are form interrogatories approved for use in civil cases.
- (b) For time limitations, requirements for service on other parties, and other details, see Code of Civil Procedure sections 2030.010–2030.410 and the cases construing those sections.
- (c) These form interrogatories do not change existing law relating to interrogatories nor do they affect an answering party’s right to assert any privilege or make any objection.

Sec. 2. Instructions to the Asking Party

- (a) These interrogatories are designed for optional use by parties in unlimited civil cases where the amount demanded exceeds \$35,000. Separate interrogatories, *Form Interrogatories—Limited Civil Cases (Economic Litigation)* (form DISC-004), which have no subparts, are designed for use in limited civil cases where the amount demanded is \$35,000 or less; however, those interrogatories may also be used in unlimited civil cases.
- (b) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that are applicable to the case.
- (c) You may insert your own definition of **INCIDENT** in Section 4, but only where the action arises from a course of conduct or a series of events occurring over a period of time.
- (d) The interrogatories in section 16.0, Defendant’s Contentions—Personal Injury, should not be used until the defendant has had a reasonable opportunity to conduct an investigation or discovery of plaintiff’s injuries and damages.
- (e) Additional interrogatories may be attached.

Sec. 3. Instructions to the Answering Party

- (a) An answer or other appropriate response must be given to each interrogatory checked by the asking party.
- (b) As a general rule, within 30 days after you are served with these interrogatories, you must serve your responses on the asking party and serve copies of your responses on all other parties to the action who have appeared. See Code of Civil Procedure sections 2030.260–2030.270 for details.

- (c) Each answer must be as complete and straightforward as the information reasonably available to you, including the information possessed by your attorneys or agents, permits. If an interrogatory cannot be answered completely, answer it to the extent possible.
- (d) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.
- (e) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.
- (f) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.
- (g) If you are asserting a privilege or making an objection to an interrogatory, you must specifically assert the privilege or state the objection in your written response.
- (h) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form at the end of your answers:

I declare under penalty of perjury under the laws of the State of California that the foregoing answers are true and correct.

(Date) _____ (SIGNATURE)

Sec. 4. Definitions

Words in **BOLDFACE CAPITALS** in these interrogatories are defined as follows:

(a) (Check one of the following):

- (1) **INCIDENT** includes the circumstances and events surrounding the alleged accident, injury, or other occurrence or breach of contract giving rise to this action or proceeding.

(2) **INCIDENT** means (insert your definition here or on a separate, attached sheet labeled "Sec. 4(a)(2)"): _____

(b) YOU OR ANYONE ACTING ON YOUR BEHALF

includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.

(c) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, limited liability company, corporation, or public entity.

(d) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.

(e) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).

(f) **ADDRESS** means the street address, including the city, state, and zip code.

Sec. 5. Interrogatories

The following interrogatories have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

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1.0 Identity of Persons Answering These Interrogatories

1.1 State the name, **ADDRESS**, telephone number, and relationship to you of each **PERSON** who prepared or assisted in the preparation of the responses to these interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

2.0 General Background Information individual—

2.1 State:

- (a) your name;
- (b) every name you have used in the past; and
- (c) the dates you used each name.

2.2 State the date and place of your birth.

2.3 At the time of the **INCIDENT**, did you have a driver’s license? If so, state:

- (a) the state or other issuing entity;
- (b) the license number and type;
- (c) the date of issuance; and
- (d) all restrictions.

2.4 At the time of the **INCIDENT**, did you have any other permit or license for the operation of a motor vehicle? If so, state:

- (a) the state or other issuing entity;
- (b) the license number and type;
- (c) the date of issuance; and
- (d) all restrictions.

2.5 State:

- (a) your present residence **ADDRESS**;
- (b) your residence **ADDRESSES** for the past five years; and
- (c) the dates you lived at each **ADDRESS**.

2.6 State:

- (a) the name, **ADDRESS**, and telephone number of your present employer or place of self-employment; and
- (b) the name, **ADDRESS**, dates of employment, job title, and nature of work for each employer or self-employment you have had from five years before the **INCIDENT** until today.

2.7 State:

- (a) the name and **ADDRESS** of each school or other academic or vocational institution you have attended, beginning with high school;
- (b) the dates you attended;
- (c) the highest grade level you have completed; and
- (d) the degrees received.

2.8 Have you ever been convicted of a felony? If so, for each conviction state:

- (a) the city and state where you were convicted;
- (b) the date of conviction;
- (c) the offense; and
- (d) the court and case number.

2.9 Can you speak English with ease? If not, what language and dialect do you normally use?

2.10 Can you read and write English with ease? If not, what language and dialect do you normally use?

- 2.11 At the time of the **INCIDENT** were you acting as an agent or employee for any **PERSON**? If so, state:
 - (a) the name, **ADDRESS**, and telephone number of that **PERSON**; and
 - (b) a description of your duties.
- 2.12 At the time of the **INCIDENT** did you or any other person have any physical, emotional, or mental disability or condition that may have contributed to the occurrence of the **INCIDENT**? If so, for each person state:
 - (a) the name, **ADDRESS**, and telephone number;
 - (b) the nature of the disability or condition; and
 - (c) the manner in which the disability or condition contributed to the occurrence of the **INCIDENT**.
- 2.13 Within 24 hours before the **INCIDENT** did you or any person involved in the **INCIDENT** use or take any of the following substances: alcoholic beverage, marijuana, or other drug or medication of any kind (prescription or not)? If so, for each person state:
 - (a) the name, **ADDRESS**, and telephone number;
 - (b) the nature or description of each substance;
 - (c) the quantity of each substance used or taken;
 - (d) the date and time of day when each substance was used or taken;
 - (e) the **ADDRESS** where each substance was used or taken;
 - (f) the name, **ADDRESS**, and telephone number of each person who was present when each substance was used or taken; and
 - (g) the name, **ADDRESS**, and telephone number of any **HEALTH CARE PROVIDER** who prescribed or furnished the substance and the condition for which it was prescribed or furnished.

3.0 General Background Information—Business Entity

- 3.1 Are you a corporation? If so, state:
 - (a) the name stated in the current articles of incorporation;
 - (b) all other names used by the corporation during the past 10 years and the dates each was used;
 - (c) the date and place of incorporation;
 - (d) the **ADDRESS** of the principal place of business; and
 - (e) whether you are qualified to do business in California.
- 3.2 Are you a partnership? If so, state:
 - (a) the current partnership name;
 - (b) all other names used by the partnership during the past 10 years and the dates each was used;
 - (c) whether you are a limited partnership and, if so, under the laws of what jurisdiction;
 - (d) the name and **ADDRESS** of each general partner; and
 - (e) the **ADDRESS** of the principal place of business.
- 3.3 Are you a limited liability company? If so, state:
 - (a) the name stated in the current articles of organization;
 - (b) all other names used by the company during the past 10 years and the date each was used;
 - (c) the date and place of filing of the articles of organization;
 - (d) the **ADDRESS** of the principal place of business; and
 - (e) whether you are qualified to do business in California.

- 3.4 Are you a joint venture? If so, state:
 - (a) the current joint venture name;
 - (b) all other names used by the joint venture during the past 10 years and the dates each was used;
 - (c) the name and **ADDRESS** of each joint venturer; and
 - (d) the **ADDRESS** of the principal place of business.
- 3.5 Are you an unincorporated association? If so, state:
 - (a) the current unincorporated association name;
 - (b) all other names used by the unincorporated association during the past 10 years and the dates each was used; and
 - (c) the **ADDRESS** of the principal place of business.
- 3.6 Have you done business under a fictitious name during the past 10 years? If so, for each fictitious name state:
 - (a) the name;
 - (b) the dates each was used;
 - (c) the state and county of each fictitious name filing; and
 - (d) the **ADDRESS** of the principal place of business.
- 3.7 Within the past five years has any public entity registered or licensed your business? If so, for each license or registration:
 - (a) identify the license or registration;
 - (b) state the name of the public entity; and
 - (c) state the dates of issuance and expiration.

4.0 Insurance

- 4.1 At the time of the **INCIDENT**, was there in effect any policy of insurance through which you were or might be insured in any manner (for example, primary, pro-rata, or excess liability coverage or medical expense coverage) for the damages, claims, or actions that have arisen out of the **INCIDENT**? If so, for each policy state:
 - (a) the kind of coverage;
 - (b) the name and **ADDRESS** of the insurance company;
 - (c) the name, **ADDRESS**, and telephone number of each named insured;
 - (d) the policy number;
 - (e) the limits of coverage for each type of coverage contained in the policy;
 - (f) whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and
 - (g) the name, **ADDRESS**, and telephone number of the custodian of the policy.
- 4.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the **INCIDENT**? If so, specify the statute.

5.0 [Reserved]

6.0 Physical, Mental, or Emotional Injuries

- 6.1 Do you attribute any physical, mental, or emotional injuries to the **INCIDENT**? (If your answer is "no," do not answer interrogatories 6.2 through 6.7).
- 6.2 Identify each injury you attribute to the **INCIDENT** and the area of your body affected.

9.0 Other Damages

9.1 Are there any other damages that you attribute to the **INCIDENT**? If so, for each item of damage state:

- (a) the nature;
- (b) the date it occurred;
- (c) the amount; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** to whom an obligation was incurred.

9.2 Do any **DOCUMENTS** support the existence or amount of any item of damages claimed in interrogatory 9.1? If so, describe each document and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

10.0 Medical History

10.1 At any time before the **INCIDENT** did you have complaints or injuries that involved the same part of your body claimed to have been injured in the **INCIDENT**? If so, for each state:

- (a) a description of the complaint or injury;
- (b) the dates it began and ended; and
- (c) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** whom you consulted or who examined or treated you.

10.2 List all physical, mental, and emotional disabilities you had immediately before the **INCIDENT**. (*You may omit mental or emotional disabilities unless you attribute any mental or emotional injury to the **INCIDENT**.*)

10.3 At any time after the **INCIDENT**, did you sustain injuries of the kind for which you are now claiming damages? If so, for each incident giving rise to an injury state:

- (a) the date and the place it occurred;
- (b) the name, **ADDRESS**, and telephone number of any other **PERSON** involved;
- (c) the nature of any injuries you sustained;
- (d) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** who you consulted or who examined or treated you; and
- (e) the nature of the treatment and its duration.

11.0 Other Claims and Previous Claims

11.1 Except for this action, in the past 10 years have you filed an action or made a written claim or demand for compensation for your personal injuries? If so, for each action, claim, or demand state:

- (a) the date, time, and place and location (closest street **ADDRESS** or intersection) of the **INCIDENT** giving rise to the action, claim, or demand;
- (b) the name, **ADDRESS**, and telephone number of each **PERSON** against whom the claim or demand was made or the action filed;

- (c) the court, names of the parties, and case number of any action filed;
- (d) the name, **ADDRESS**, and telephone number of any attorney representing you;
- (e) whether the claim or action has been resolved or is pending; and
- (f) a description of the injury.

11.2 In the past 10 years have you made a written claim or demand for workers' compensation benefits? If so, for each claim or demand state:

- (a) the date, time, and place of the **INCIDENT** giving rise to the claim;
- (b) the name, **ADDRESS**, and telephone number of your employer at the time of the injury;
- (c) the name, **ADDRESS**, and telephone number of the workers' compensation insurer and the claim number;
- (d) the period of time during which you received workers' compensation benefits;
- (e) a description of the injury;
- (f) the name, **ADDRESS**, and telephone number of any **HEALTH CARE PROVIDER** who provided services; and
- (g) the case number at the Workers' Compensation Appeals Board.

12.0 Investigation—General

12.1 State the name, **ADDRESS**, and telephone number of each individual:

- (a) who witnessed the **INCIDENT** or the events occurring immediately before or after the **INCIDENT**;
- (b) who made any statement at the scene of the **INCIDENT**;
- (c) who heard any statements made about the **INCIDENT** by any individual at the scene; and
- (d) who **YOU OR ANYONE ACTING ON YOUR BEHALF** claim has knowledge of the **INCIDENT** (except for expert witnesses covered by Code of Civil Procedure section 2034).

12.2 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** interviewed any individual concerning the **INCIDENT**? If so, for each individual state:

- (a) the name, **ADDRESS**, and telephone number of the individual interviewed;
- (b) the date of the interview; and
- (c) the name, **ADDRESS**, and telephone number of the **PERSON** who conducted the interview.

12.3 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** obtained a written or recorded statement from any individual concerning the **INCIDENT**? If so, for each statement state:

- (a) the name, **ADDRESS**, and telephone number of the individual from whom the statement was obtained;
- (b) the name, **ADDRESS**, and telephone number of the individual who obtained the statement;
- (c) the date the statement was obtained; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original statement or a copy.

12.4 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** know of any photographs, films, or videotapes depicting any place, object, or individual concerning the **INCIDENT** or plaintiff's injuries? If so, state:

- (a) the number of photographs or feet of film or videotape;
- (b) the places, objects, or persons photographed, filmed, or videotaped;
- (c) the date the photographs, films, or videotapes were taken;
- (d) the name, **ADDRESS**, and telephone number of the individual taking the photographs, films, or videotapes; and
- (e) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of the photographs, films, or videotapes.

12.5 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** know of any diagram, reproduction, or model of any place or thing (except for items developed by expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310) concerning the **INCIDENT**? If so, for each item state:

- (a) the type (i.e., diagram, reproduction, or model);
- (b) the subject matter; and
- (c) the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

12.6 Was a report made by any **PERSON** concerning the **INCIDENT**? If so, state:

- (a) the name, title, identification number, and employer of the **PERSON** who made the report;
- (b) the date and type of report made;
- (c) the name, **ADDRESS**, and telephone number of the **PERSON** for whom the report was made; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of the report.

12.7 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** inspected the scene of the **INCIDENT**? If so, for each inspection state:

- (a) the name, **ADDRESS**, and telephone number of the individual making the inspection (except for expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310); and
- (b) the date of the inspection.

13.0 Investigation—Surveillance

13.1 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** conducted surveillance of any individual involved in the **INCIDENT** or any party to this action? If so, for each surveillance state:

- (a) the name, **ADDRESS**, and telephone number of the individual or party;
- (b) the time, date, and place of the surveillance;
- (c) the name, **ADDRESS**, and telephone number of the individual who conducted the surveillance; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of any surveillance photograph, film, or videotape.

13.2 Has a written report been prepared on the surveillance? If so, for each written report state:

- (a) the title;
- (b) the date;
- (c) the name, **ADDRESS**, and telephone number of the individual who prepared the report; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy.

14.0 Statutory or Regulatory Violations

14.1 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** contend that any **PERSON** involved in the **INCIDENT** violated any statute, ordinance, or regulation and that the violation was a legal (proximate) cause of the **INCIDENT**? If so, identify the name, **ADDRESS**, and telephone number of each **PERSON** and the statute, ordinance, or regulation that was violated.

14.2 Was any **PERSON** cited or charged with a violation of any statute, ordinance, or regulation as a result of this **INCIDENT**? If so, for each **PERSON** state:

- (a) the name, **ADDRESS**, and telephone number of the **PERSON**;
- (b) the statute, ordinance, or regulation allegedly violated;
- (c) whether the **PERSON** entered a plea in response to the citation or charge and, if so, the plea entered; and
- (d) the name and **ADDRESS** of the court or administrative agency, names of the parties, and case number.

15.0 Denials and Special or Affirmative Defenses

15.1 Identify each denial of a material allegation and each special or affirmative defense in your pleadings, and for each:

- (a) state all facts on which you base the denial or special or affirmative defense;
- (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts; and
- (c) identify all **DOCUMENTS** and other tangible things that support your denial or special or affirmative defense, and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

16.0 Defendant's Contentions—Personal Injury

16.1 Do you contend that any **PERSON**, other than you or plaintiff, contributed to the occurrence of the **INCIDENT** or the injuries or damages claimed by plaintiff? If so, for each **PERSON**:

- (a) state the name, **ADDRESS**, and telephone number of the **PERSON**;
- (b) state all facts on which you base your contention;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
- (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

16.2 Do you contend that plaintiff was not injured in the **INCIDENT**? If so:

- (a) state all facts on which you base your contention;
- (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
- (c) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

- 16.3 Do you contend that the injuries or the extent of the injuries claimed by plaintiff as disclosed in discovery proceedings thus far in this case were not caused by the **INCIDENT**? If so, for each injury:
- identify it;
 - state all facts on which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.4 Do you contend that any of the services furnished by any **HEALTH CARE PROVIDER** claimed by plaintiff in discovery proceedings thus far in this case were not due to the **INCIDENT**? If so:
- identify each service;
 - state all facts on which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.5 Do you contend that any of the costs of services furnished by any **HEALTH CARE PROVIDER** claimed as damages by plaintiff in discovery proceedings thus far in this case were not necessary or unreasonable? If so:
- identify each cost;
 - state all facts on which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.6 Do you contend that any part of the loss of earnings or income claimed by plaintiff in discovery proceedings thus far in this case was unreasonable or was not caused by the **INCIDENT**? If so:
- identify each part of the loss;
 - state all facts on which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.7 Do you contend that any of the property damage claimed by plaintiff in discovery Proceedings thus far in this case was not caused by the **INCIDENT**? If so:
- identify each item of property damage;
 - state all facts on which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.8 Do you contend that any of the costs of repairing the property damage claimed by plaintiff in discovery proceedings thus far in this case were unreasonable? If so:
- identify each cost item;
 - state all facts on which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.9 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** have any **DOCUMENT** (for example, insurance bureau index reports) concerning claims for personal injuries made before or after the **INCIDENT** by a plaintiff in this case? If so, for each plaintiff state:
- the source of each **DOCUMENT**;
 - the date each claim arose;
 - the nature of each claim; and
 - the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 16.10 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** have any **DOCUMENT** concerning the past or present physical, mental, or emotional condition of any plaintiff in this case from a **HEALTH CARE PROVIDER** not previously identified (except for expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310)? If so, for each plaintiff state:
- the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER**;
 - a description of each **DOCUMENT**; and
 - the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 17.0 Responses to Request for Admissions**
- 17.1 Is your response to each request for admission served with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission:
- state the number of the request;
 - state all facts on which you base your response;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts; and
 - identify all **DOCUMENTS** and other tangible things that support your response and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 18.0 [Reserved]**
- 19.0 [Reserved]**
- 20.0 How the Incident Occurred—Motor Vehicle**
- 20.1 State the date, time, and place of the **INCIDENT** (closest street **ADDRESS** or intersection).
- 20.2 For each vehicle involved in the **INCIDENT**, state:
- the year, make, model, and license number;
 - the name, **ADDRESS**, and telephone number of the driver;

- (c) the name, **ADDRESS**, and telephone number of each occupant other than the driver;
- (d) the name, **ADDRESS**, and telephone number of each registered owner;
- (e) the name, **ADDRESS**, and telephone number of each lessee;
- (f) the name, **ADDRESS**, and telephone number of each owner other than the registered owner or lien holder; and
- (g) the name of each owner who gave permission or consent to the driver to operate the vehicle.
- 20.3 State the **ADDRESS** and location where your trip began and the **ADDRESS** and location of your destination.
- 20.4 Describe the route that you followed from the beginning of your trip to the location of the **INCIDENT**, and state the location of each stop, other than routine traffic stops, during the trip leading up to the **INCIDENT**.
- 20.5 State the name of the street or roadway, the lane of travel, and the direction of travel of each vehicle involved in the **INCIDENT** for the 500 feet of travel before the **INCIDENT**.
- 20.6 Did the **INCIDENT** occur at an intersection? If so, describe all traffic control devices, signals, or signs at the intersection.
- 20.7 Was there a traffic signal facing you at the time of the **INCIDENT**? If so, state:
- (a) your location when you first saw it;
- (b) the color;
- (c) the number of seconds it had been that color; and
- (d) whether the color changed between the time you first saw it and the **INCIDENT**.
- 20.8 State how the **INCIDENT** occurred, giving the speed, direction, and location of each vehicle involved:
- (a) just before the **INCIDENT**;
- (b) at the time of the **INCIDENT**; and
- (c) just after the **INCIDENT**.
- 20.9 Do you have information that a malfunction or defect in a vehicle caused the **INCIDENT**? If so:
- (a) identify the vehicle;
- (b) identify each malfunction or defect;
- (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who is a witness to or has information about each malfunction or defect; and
- (d) state the name, **ADDRESS**, and telephone number of each **PERSON** who has custody of each defective part.
- 20.10 Do you have information that any malfunction or defect in a vehicle contributed to the injuries sustained in the **INCIDENT**? If so:
- (a) identify the vehicle;
- (b) identify each malfunction or defect;
- (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who is a witness to or has information about each malfunction or defect; and
- (d) state the name, **ADDRESS**, and telephone number of each **PERSON** who has custody of each defective part.
- 20.11 State the name, **ADDRESS**, and telephone number of each owner and each **PERSON** who has had possession since the **INCIDENT** of each vehicle involved in the **INCIDENT**.
- 25.0 [Reserved]**
- 30.0 [Reserved]**
- 40.0 [Reserved]**
- 50.0 Contract**
- 50.1 For each agreement alleged in the pleadings:
- (a) identify each **DOCUMENT** that is part of the agreement and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
- (b) state each part of the agreement not in writing, the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to that provision, and the date that part of the agreement was made;
- (c) identify all **DOCUMENTS** that evidence any part of the agreement 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 any modification to the agreement, 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;
- (f) identify all **DOCUMENTS** that evidence any modification of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**.
- 50.2 Was there a breach of any agreement alleged in the pleadings? If so, for each breach describe and give the date of every act or omission that you claim is the breach of the agreement.
- 50.3 Was performance of any agreement alleged in the pleadings excused? If so, identify each agreement excused and state why performance was excused.
- 50.4 Was any agreement alleged in the pleadings terminated by mutual agreement, release, accord and satisfaction, or novation? If so, identify each agreement terminated, the date of termination, and the basis of the termination.
- 50.5 Is any agreement alleged in the pleadings unenforceable? If so, identify each unenforceable agreement and state why it is unenforceable.
- 50.6 Is any agreement alleged in the pleadings ambiguous? If so, identify each ambiguous agreement and state why it is ambiguous.
- 60.0 [Reserved]**

1 PAUL SAMPLE
123 ANYSTREET
2 SACRAMENTO, CA, 95814
916-555-1234
3 Defendant, In Pro Per

4
5
6
7
8 SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO

9
10 ACME, INC.

11 Plaintiff(

12 vs.

13 PAUL SAMPLE

14 Defendant(s)

Name and party designation of party making these requests

Case No.: 34-2010-00099999

DEFENDANT PAUL SAMPLE'S SPECIAL INTERROGATORIES TO PLAINTIFF ACME, INC'S

Name and party designation of party responding to these requests

SET ONE

Set number

15
16
17 PROPOUNDING PARTY: PAUL SAMPLE
RESPONDING PARTY: ACME, INC.
SET NUMBER: ONE (1)

The "propounding party" is the party asking the questions.

Responding party

To plaintiff, Acme, Inc. and to its attorney:

19 Defendant, Paul Sample, requests that Plaintiff, Acme, Inc. respond to the following
20 interrogatories separately and fully in writing and under oath, pursuant to Section 2020.010 et
21 seq. of the Code of Civil Procedure, and that the response be signed by them
22 and be served on Defendant, Paul Sample within 30 days (35 days if they were
23 served by mail within California) from the date of service.

These instructions must appear at the beginning of your Special Interrogatories.

24 In answering these interrogatories, furnish all information that is available to you. If you
25 cannot answer an interrogatory completely, answer it to the extent possible. If you do not have
26 personal knowledge sufficient to respond fully to an interrogatory, so state, but make a
27 reasonable and good faith effort to obtain the information by inquiry to other natural persons or
28 organizations, unless the information is equally available to the propounding party.

Define terms that will be used throughout the interrogatories. Be as specific as possible. Consider using the definitions found in the Form Interrogatories, if appropriate.

1 Definitions:

2 ACCIDENT means the motor vehicle accident of May 2, 2007 alleged in the Plaintiff's

3 Complaint.

4
5 Interrogatory No. 1:

6 What was the weather at the time of the ACCIDENT?

7
8 Interrogatory No. 2:

9 How fast was Acme, Inc.'s delivery truck traveling in the
10 ACCIDENT?

11
12 Interrogatory No. 3:

13 At the time of the ACCIDENT was the driver of the delivery truck owned by Acme, Inc.
14 talking on a cellular phone?

15
16 Interrogatory No. 4:

17 During the year prior to the ACCIDENT, were there any complaints made by any individual or
18 entity to the Plaintiff regarding the driving of the Acme, Inc. driver involved in the ACCIDENT?

19
20 Interrogatory No. 5:

21 Describe any and all times within the last year that the delivery truck involved in the
22 ACCIDENT owned by Acme, Inc. was serviced or maintained, including the dates of the service
23 and a description of the services performed.

24
25 By: _____

26 Paul Sample, Defendant, In Pro Per

Each question is numbered sequentially. Whenever you use a term for which you've provided a definition, type the term in all capital letters.

Each question should establish a point you need to prove your case or disprove a point the other side must establish to win theirs. All questions must be reasonably calculated to discover relevant admissible evidence.

Your questions may not contain subparts, and may not be compound, conjunctive or disjunctive. Do not include any continuing interrogatories. Consult the resources listed at the end of the guide for sample interrogatory questions.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State & Address):
Paul Sample
123 Any Street
Sacramento, CA 95814
 TELEPHONE NO.: **916-555-1234** FAX NO. (Optional):
 E-MAIL ADDRESS (Optional):
 ATTORNEY FOR (Name): **In Pro Per**

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF **Sacramento**
 STREET ADDRESS: **720 Ninth Street**
 MAILING ADDRESS: **720 Ninth Street**
 CITY AND ZIP CODE: **Sacramento, CA 95814**
 BRANCH NAME: **Civil**

Court name, address, and branch.

SHORT TITLE:
Acme, Inc. v. Sample

REQUESTS FOR ADMISSION
 Truth of Facts Genuineness of Documents
 Requesting Party: **Paul Sample**
 Responding Party: **Acme, Inc.**
 Set No.: **One**

CASE NUMBER: **34-2012-12345678**
 Case number.

Your name, address, and phone number. In Pro Per means you're representing yourself.

Court name, address, and branch.

Case number.

Check the box for the type of request you are making. Check both boxes if you wish to make both types of requests simultaneously.

Names of the Requesting and Responding parties, and the set number of these requests. Use the name of the party, not the party's attorney.

Do not sign here. This is part of the instructions, not a space for your signature.

INSTRUCTIONS

Requests for admission are written requests by a party to an action requiring that the other party admit or deny the truth of certain facts or the genuineness of certain documents. For more information regarding requests for admission, including the manner of service, responses to requests, and other details, see Code of Civil Procedure sections 437.01 through 437.05.

The answering party should consider carefully whether to admit or deny the truth of facts or the genuineness of documents. With limited exceptions, the answering party will not be allowed to change an answer to a request for admission. There may be penalties if an answering party fails to admit the truth of any fact or the genuineness of any document when requested to do so and the requesting party proves that the fact or document is true or genuine. These penalties may include, among other things, payment of costs and attorney's fees. Otherwise, the answering party must respond in writing to requests for admission within 30 days after service in an unlawful detainer action. There may be significant penalties if an answering party fails to respond to each request for admission. These penalties may include, among other things, an order of summary judgment or summary judgment that the documents in issue are deemed genuine for purposes of the case.

Answers to *Requests for Admission* must be given under oath. The answering party should use the following language at the end of the response:

~~I declare under penalty of perjury under the laws of the State of California that the foregoing answers are true and correct.~~

(DATE) (SIGNATURE)

These instructions are only a summary and are not intended to provide complete information about requests for admission. This *Requests for Admission* form does not change existing law relating to requests for admissions, nor does it affect an answering party's right to assert any privilege or to make any objection.

REQUESTS FOR ADMISSION

You are requested to admit within 30 days after service of this *Request for Admission* that:

1. Each of the following facts is true (if more than one fact is listed, the facts must be stated consecutively):

2. The original of each of the following documents (if more than one document is listed, the documents must be attached, in the order listed, consecutively):

Continued on Attachment 1
 Continued on Attachment 2

If requesting Truth of Facts, check box 1. If requesting Genuineness of Documents, check box 2.

List the facts or documents you want the other party to admit. There is not likely enough room here, so check the box "Continued on Attachment 1" or "Continued on Attachment 2" and attach a sheet of pleading paper labeled accordingly. If asking for admissions of genuineness of documents, copies of each document must also be attached.

Paul Sample (TYPE OR PRINT NAME) **Paul Sample** (SIGNATURE OF PARTY OR ATTORNEY)

ATTACHMENT 1

1. Admit that you were involved in a vehicle collision with the Plaintiff on June 20, 2008.
2. Admit that on June 20, 2008, you were driving a red 2008 Toyota Prius automobile, California license 6ABC123.
3. Admit that you are the owner of the 2008 Toyota Prius automobile California license 6ABC123.
4. Admit that the accident on June 20, 2008 was caused when your rear bumper of a 2005 Ford Taurus, California license 5XYZ987
5. Admit that the Plaintiff was the driver of the 2005 Ford Taurus.
6. Admit that the collision on June 20, 2008, was caused by your n
7. Admit that as a result of the collision June 20, 2008, the Plaintiff experienced damages in the amount of \$4,500.00
8. Admit that as a result of the collision June 20, 2008, the Plaintiff injuries resulting in \$18,532.28 in medical expenses.

If you checked "Truth of Facts" and the box for paragraph 1 on the DISC-020 form, label a page "Attachment 1."

Each request must be consecutively numbered. If you will be asking about the genuineness of documents in a separate attachment, you may want to label these requests more descriptively, (e.g., "Request for Admission No. 1"), to avoid confusion in the responses.

Write out each fact you wish the other party to admit is true. When writing these facts, be as clear and concise as possible. Each request must be for a single fact; do not include multiple facts, compound questions, or subparts. If you find that you are using "and," "or," or lots of commas or semi-colons, your request probably includes more than one fact.

It is often easiest to phrase each request as "Admit that..." This can help ensure that you are asking the other party to admit or deny a fact, rather than to provide new information.

Use your Requests for Admission to establish the elements of your cause of action or affirmative defense, or to disprove the other party's causes of action or affirmative defenses.

To determine what facts you will need to prove in your case, consult:
Judicial Council of California Civil Jury Instructions (CACI) KFC 1047 .A65 W48
Electronic Access: www.courts.ca.gov/partners/juryinstructions.htm.

For more information, see the Legal Research Guide on Jury Instructions on our website at saclaw.org/jury-instructions.

ATTACHMENT 2

- 1
- 2
- 3 9. Admit that the photograph attached as Exhibit A is a true depiction of
- 4 9th and F Street in Sacramento.
- 5 10. Admit that the document attached as Exhibit B is a true copy of the handwritten note that
- 6 you provided to the plaintiff on June 20, 2008.
- 7 11. Admit that the photograph attached as Exhibit C is a true depiction of
- 8 2008 Toyota Prius California license 6ABC123, as it looked on
- 9 immediately after the vehicle collision that is the subject of this

If you checked "Genuineness of Documents" and the box for paragraph 2 on the DISC-020 form, label a page "Attachment 2."

Each request must be consecutively numbered. Do not duplicate any numbers used in another attachment. If you asked for admissions in a separate attachment, you may want to label these requests more descriptively, (e.g., "Request for Genuineness of Documents No. 1"), to avoid confusion in the responses.

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17 Identify each document you wish the other side to admit is genuine. Each request must be for a single document; do not include compound requests or subparts. If you find that you are using "and," "or," or lots of commas or semi-colons, your request probably needs to be re-phrased. Each document must be attached as an Exhibit.

18

19

20 It is often easiest to phrase each request as "Admit that..." This can help ensure that you are asking the other party to admit or deny a fact, rather than to provide new information.

21

22 If a party admits that a document is genuine, the genuineness of that document does not need to be proven at trial, but the facts stated in the document are not established. For example, admitting a contract is genuine does not admit that the clauses of the contract are enforceable, or admitting that a written statement by a person is a genuine copy of that statement does not admit that the facts in the statement are true.

23

24

25 When attaching exhibits, place a sheet of pleading paper with "Exhibit A" (or "B," or however the Exhibit is identified) typed near the bottom in front of each exhibit.

26

27

28