

[YOUR NAME]  
[YOUR ADDRESS]  
Telephone: [YOUR PHONE NUMBER]  
[YOUR E-MAIL ADDRESS]  
Fax: [YOUR FAX NUMBER]

STATE OF ARIZONA  
MARICOPA COUNTY SUPERIOR COURT

\_\_\_\_\_, a [single/married  
man/woman],

Plaintiff,

v.

[Name of Defendant] and Jane Doe [last  
name of defendant], husband and wife;  
JOHN DOES 1-5; JANE DOES 1-5;  
BLACK CORPORATIONS 1-5; and  
WHITE PARTNERSHIPS 1-5,

Defendants.

Case No. CV \_\_\_\_\_

PLAINTIFF'S ANSWERS TO  
DEFENDANT'S UNIFORM  
INTERROGATORIES

(Assigned to the Honorable  
[name of the judge])

TO: Defendant and his attorney of record

Pursuant to Rule 33, *Ariz.R.Civ.P.*, Plaintiff hereby submits her answers to Defendant's  
Uniform Interrogatories as follows:

**ANSWERS TO UNIFORM INTERROGATORIES**

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

**Name:**

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**Date of Birth:**

**Social Security No.:**

**Interrogatory No. 2:** Have you been convicted of a felony? No 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? No 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 detail your version of how this accident occurred.

**See Plaintiff's Disclosure Statement**

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

**See Plaintiff's Disclosure Statement**

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

3 B. The date or dates on which the investigation was conducted.

4 C. Whether you or anyone acting on your behalf has interviewed or spoken with any other  
5 party or any of its agents or employees about the event in question. \_\_\_ If so, please identify the  
6 individual spoken with and the substance of the conversation.

7 D. The name and address of the person now having custody of any written report made  
8 concerning the investigation.

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

12 **See Plaintiff's Disclosure Statement. This will be supplemented as discovery continues.**

13 A. The name and address of each person.

14 B. The field or science in which each such person is sufficiently skilled to enable  
15 opinion evidence in this action.

16 C. Whether such potential witness will base his or her opinion:

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

19 2. Solely upon information as to the facts provided him or her by others.

20 D. If your answer to 7(C) discloses that any such witness has made a personal  
21 investigation or examination relating to any of the issues of this case, state the nature and dates of  
22 such investigation or examination.

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

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

26 G. Whether such persons have rendered written reports. \_\_\_ If so:

27 1. Give the dates of such report.

28 2. State the name and address of the custodian of such reports.

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

4 **See Plaintiff's Disclosure Statement and records attached to Plaintiff's Response to**  
5 **Request for Production.**

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

8 **None.**

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

13 A. The name, address, and specialty of each medical practitioner.

14 **See Plaintiff's Disclosure Statement**

15 B. The date of each examination or treatment.

16 **See Plaintiff's Disclosure Statement**

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

20 **See Plaintiff's Disclosure Statement, and records attached to Plaintiff's**  
21 **Response to Request for Production.**

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

25 **See Plaintiff's Disclosure Statement**

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27 A. The name and address of the person or organization paid or owed for the medical  
28 expense.

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- 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?

**Unknown.** 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.

**See Plaintiff's answer to Non-Uniform Interrogatory #13.**

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

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- 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? No 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. 19:** At the time of the alleged accident, was the driver of said vehicle engaged in the business of any other person or entity? Unknown. 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 12 hours prior to the accident or to the occurrence alleged in the Complaint. No 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? Yes If so, give the amount and entity holding such lien and the nature of said lien.

**Unknown at this time.**

1 **Interrogatory No. 22:** If the accident that is the subject of the Plaintiff's claim was an  
2 automobile accident, please state the following:

3 A. Did the vehicle which you were occupying at the time of the accident contain  
4 operational seatbelts? **Yes** If so, were you wearing seatbelts available for your use? **Yes**

5 B. If you were not wearing the seatbelts available for your use in the vehicle at the time  
6 of the accident, set forth your reasons for failing to do so. **n/a**

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8 DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

9 **[YOUR NAME]**

10 By: \_\_\_\_\_

11 [Your name]  
12 [Your address]  
13 *Pro per*

14 **ORIGINAL** of the foregoing emailed  
15 this \_\_\_\_\_ day of \_\_\_\_\_, 2015, to:

16 *Attorneys for Defendant*  
17 *[Name of attorney]*  
18 *[Name of attorney's firm]*  
19 *[Address of firm]*  
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