

[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 _____

PLAINTIFFS' RESPONSES TO
DEFENDANT'S REQUEST FOR
ADMISSIONS AND ANSWER TO NON-
UNIFORM INTERROGATORIES

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

TO: Defendant and his attorney of record

Pursuant to Rule 33 and 36, *Ariz.R.Civ.P.*, Plaintiff hereby responds to Defendant's Request for Admissions and Non-Uniform Interrogatories as follows:

RESPONSE TO REQUEST FOR ADMISSIONS AND

ANSWERS TO NON-UNIFORM INTERROGATORIES

1. Admit that Plaintiff is not claiming any future medical care or expenses as a result of this incident.

ADMIT X DENY _____.

Non-Uniform Interrogatory #1

1 If you have denied or refused to admit the immediately preceding request for
2 admission, identify each health care professional who will testify with a reasonable degree
3 of probability that Plaintiff is in need of future medical care or expenses as a result of this
4 incident.

5 **N/A**

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8 2. Admit that Plaintiff is not alleging an aggravation of any pre-existing
9 condition.

10 ADMIT X DENY .

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13 **Non-Uniform Interrogatory #2**

14 If you have denied or refused to admit the immediately preceding request for
15 admission, identify which injuries or conditions are aggravations, describe the pre-existing
16 conditions, and give the name and address of all medical practitioners or providers who
17 treated the pre-existing conditions and each health care professional who will testify to a
18 reasonable degree of probability that Plaintiff sustained an aggravation of any pre-existing
19 injury as a result of the subject accident.

20 **N/A**

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24 3. Admit that Plaintiff suffered no permanent physical injury or permanent
25 physical impairment as a result of this accident.

26 ADMIT DENY X .

27 **Non-Uniform Interrogatory #3**

1 If you have denied or refused to admit the immediately preceding request for
2 admission, identify each health care professional who will testify with a reasonable degree
3 of probability that Plaintiff sustained a permanent injury or permanent physical impairment
4 from the subject accident.

5 [Your answer]
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9 4. Admit that Plaintiff is not claiming lost wages or income loss as the result of
10 the accident in question.

11 ADMIT _____ DENY **X** _____.
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13 **Non-Uniform Interrogatory #4**
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15 If you have denied or refused to admit the immediately preceding request for
16 admission, identify each health care professional who will testify to a reasonable degree of
17 probability that Plaintiff was unable to work as a result the subject accident.

18 [Your answer]
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23 5. Admit that Plaintiff is not claiming any permanent impairment to her earning
24 capacity as the result of the accident in question.

25 ADMIT **X** _____ DENY _____.
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27 **Non-Uniform Interrogatory #5**
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1 If you have denied or refused to admit the immediately preceding request for
2 admission, identify each health care professional who will testify to a reasonable degree of
3 probability what physical limitations Plaintiff has that would result in impairment to her
4 earning capacity from the subject accident.
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6 **N/A**

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8 6. Admit that Plaintiff suffered no psychological or emotional injury as a result of
9 this accident.

10 ADMIT X DENY .

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13 **Non-Uniform Interrogatory #6**

14 If you have denied or refused to admit the immediately preceding request for
15 admission, identify each health care professional who will testify to a reasonable degree of
16 probability that Plaintiff sustained a psychological or emotional injury as a result of this
17 accident.
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19 **N/A**

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23 **Non-Uniform Interrogatory #7**

24 State the name, address, date of treatment, and type of test, treatment, or
25 examination, for each medical practitioner or medical or mental health providers who
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1 tested, examined, or treated you for any mental or physical condition during the past ten
2 years.

3 **See doctors listed on Plaintiff's Disclosure Statement for injuries sustained in**
4 **this accident. This will be supplemented.**
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7 **Non-Uniform Interrogatory #8**

8 If you have suffered any injuries **prior** to the incident, including areas of your body
9 alleged to have been injured in this case, please state the date and place of the accident/
10 incident and a description of the injury(ies), as well as the names and addresses of any
11 medical practitioners or providers rendering treatment.
12

13 **N/A**
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15 **Non-Uniform Interrogatory #9**

16 If you have suffered any other injuries **since** the incident, please state the date, the
17 place, and a description of the injury(ies), how the injury was sustained, as well as the
18 names and addresses of any medical practitioners or providers rendering treatment.
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20 **N/A**
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25 **Non-Uniform Interrogatory #10**

26 If you have ever received disability or workers' compensation payments, please
27 state the reason for these payments, the amount, from whom received, and the date(s) of
28

1 injury and from whom it was received (including the name, claim number, and address of
2 the insurance carrier).

3 **N/A**
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6 **Non-Uniform Interrogatory #11**

7 If you have ever asserted a claim for damages or for compensation of personal
8 injuries, please state the date of the injury, the nature of the injury, the amount of damages
9 or compensation received, the cause of action number and jurisdiction (if suit was filed),
10 and from whom it was received (including the name, claim number, and address of the
11 insurance carrier).

12 **N/A**
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15 **Non-Uniform Interrogatory #12**

16 If you have ever been treated for any behavioral problems (including alcoholism
17 and/or drug abuse) or mental illness, please state when and where you were treated, the
18 nature of the problem, as well as the name and address of the persons treating you.

19 **N/A**
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25 **Non-Uniform Interrogatory #13**
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1 List the names, addresses, telephone numbers, periods of employment, positions
2 held, general duties, rates of pay or compensation, and physical requirements of all
3 employers you have had in the past ten (10) years.

4 **[Your list]**

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7 **Non-Uniform Interrogatory #14**

8 For each employer listed in non-uniform interrogatory number 13, give the date,
9 location, name and address of any doctor, nurse, or other medical professional who
10 conducted a physical or mental examination related to said employment (including
11 employment physicals, work injury examinations, etc.).

12 **N/A**

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15 **Non-Uniform Interrogatory #15**

16 Pursuant to Section 111 of the Medicare, Medicaid and SCHIP Extension ACT
17 (MMSEA) of 2007, please provide the following:

18 (a) Whether Plaintiff is a Medicare beneficiary; **No**

19 (b) Whether Plaintiff is eligible for Medicare benefits; **No**

20 (c) Whether Plaintiff has ever received Medicare benefits; **No**

21 (d) Plaintiff's Social Security Number, full name (including use of other names and
22 aliases); and **N/A**

23 (e) Plaintiff's Medicare Health Insurance Claim Number/Policy Number (if one
24 exists). **N/A**

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DATED this _____ day of _____, 2015.

[YOUR NAME]

By: _____

[Your name]
[Your address]
Pro per

ORIGINAL of the foregoing emailed
this _____ day of _____, 2015, to:

Attorneys for Defendant
[Name of attorney]
[Name of attorney's firm]
[Address of firm]