

DEFENDANT'S APPROVED SLIP AND
FALL INTERROGATORIES
TO PLAINTIFF

IN THE CIRCUIT COURT OF THE CITY OF ST. LOUIS
STATE OF MISSOURI

)	
_____)	
Plaintiff,)	
)	Cause No. _____
vs.)	
)	Division No. _____
)	
_____)	
Defendant.)	

DEFENDANT'S INTERROGATORIES DIRECTED TO PLAINTIFF

Comes now defendant, and in accordance with the Missouri Rules of Civil Procedure, exhibits the following interrogatories, to be answered by plaintiff under oath within twenty (20) days.

- 1. Please state:
 - (a) The name and address of the person or persons answering these interrogatories;
 - (b) His/her relationship to plaintiff; and
 - (c) His/her position of employment.

ANSWER:

2. BACKGROUND INFORMATION

- Please state:
- (a) Plaintiff's full name;
 - (b) Name of plaintiff's spouse and date of marriage;
 - (c) Plaintiff's maiden name, if applicable;
 - (d) Plaintiff's age and date of birth;
 - (e) Plaintiff's social security number;
 - (f) Plaintiff's present address;
 - (g) Any other addresses at which plaintiff has lived during the past five years;
 - (h) Plaintiff's present employer's name and position of employment;
 - (i) Previous employers' names for the past five (5) years and the dates of your employment there.

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- (j) State any other names which plaintiff has ever used;
- (k) Name and address of all employers since occurrence up to the present date.

ANSWER:

3. STATEMENTS

State whether or not, following the date of the occurrence mentioned in the petition in this case, a statement, interview, or report, or stenographic, mechanical, electrical, audio, video, motion picture, photograph, or other recording, or transcription thereof, of the defendant or defendant's agents, servants or employees, or if a statement made by the defendant or defendant's agents, servants or employees and contemporaneously recorded, has been secured and, if so, state the following:

- (a) Date, place, and time taken;
- (b) Name and addresses of all persons connected with taking it;
- (c) Names and addresses of all persons present at the time it was taken;
- (d) Whether the statement was oral, written, shorthand, recorded, taped, etc.;
- (e) Was it signed:
- (f) Names and addresses of the persons or organizations under whose direction and upon whose behalf it was taken or made;
- (g) Please attach an exact copy of the original of the statement, interview, report, film, or tape to your answers to these interrogatories; if oral, please state verbatim the contents thereof.
- (h) Name and addresses of person from whom a statement was obtained.

ANSWER:

4. PHOTOGRAPHS, ETC.

State whether there exist photographs, videotapes, or movies with respect to the scene of the occurrence or premises or of plaintiff depicting any of plaintiff's alleged injuries mentioned in the petition. If so, state the following:

- (a) Describe each photograph, video or movie;
- (b) State the date each was taken;
- (c) State the name and address of the person taking each such photo, video, or movie;
- (d) State the name, address, employer, insurer and job title of the person presently having control or custody of each photograph, video or movie.

ANSWER:

5. EXPERTS

List and identify:

- (a) Each person this plaintiff expects to call as an expert witness at trial, stating for each such expert:
 - (i) Name;
 - (ii) Address;
 - (iii) Occupation;
 - (iv) Place of Employment;
 - (v) Qualifications to give an opinion (if such information is available on an expert's curriculum vitae you may attach a copy thereof in lieu of answering this interrogatory subpart);
- (b) With respect to each expert listed, please state the subject matter on which the expert is expected to testify and the expert's hourly deposition fee.
- (c) Identify each non-retained expert witness, including a party, who the plaintiff expects to call at trial who may provide expert witness opinion testimony by providing the expert's name, address and field of expertise. State also any opinions the expert will testify to at trial.

ANSWER:

6. WITNESSES

State the names and addresses of every person known by plaintiff, plaintiff's representatives or plaintiff's attorney to have witnessed the occurrence mentioned in the petition, or who was present at the scene within sixty (60) minutes of the occurrence. Designate which of such people actually claim to have witnessed the occurrence.

ANSWER:

7. WITNESS STATEMENTS

State whether or not written or recorded statements have been obtained from any persons mentioned in the answers to Interrogatory Number 6 above with regard to the facts or circumstances surrounding the occurrence mentioned in these pleadings. If so, state the following:

- (a) The names, addresses and employers of persons whose statements were obtained;
- (b) Name, address, employer and job title of the person presently having control or custody of each statement.

ANSWER:

8. CRIMINAL RECORD

State whether the plaintiff has ever been convicted of any felony or misdemeanor (state or federal) or has ever pleaded guilty to an offense arising out of the facts alleged in the petition. If your answer is in the affirmative, please state:

- (a) The date of any such conviction or plea:
- (b) The state where the conviction or plea occurred;
- (c) The offense for which the plaintiff was convicted or pleaded guilty.

ANSWER:

9. ALCOHOL, ETC.

State whether the plaintiff consumed alcoholic beverages, medication, or drugs within a eight hour period prior to the incident in question, and if so, state the names and addresses of the places where said alcoholic beverages, medication, or drugs were consumed and describe the quantity and type of drinks, medication or drugs which were consumed in said period of time.

ANSWER:

10. INJURIES

State the parts of plaintiff's body, if any, injured in the occurrence mentioned in the petition

ANSWER:

11. OTHER ILLNESSES OR INJURIES

His plaintiff had any illnesses, impairment or injuries to the parts of the body injured in the occurrence mentioned in the petition, either before or after the accident which is the subject of this lawsuit?

ANSWER:

If you answered "YES" to this question, please state the following for each injury:

- (a) The date sustained or suffered;
- (b) The parts of the body involved;
- (c) The nature or type;
- (d) The name and address of each health care provider who treated or examined plaintiff.

ANSWER:

12. CLAIMS AND LAWSUITS

Has plaintiff ever filed another lawsuit, made a claim for bodily injury, or filed a workers. compensation claim?

ANSWER:

If you answered "YES" to this question, please state the following for each claim or lawsuit:

- (a) The date filed or lodged;
- (b) The nature or type of lawsuit or claim;
- (c) The name of the court, commission or other body in which the claim or lawsuit was brought;
- (d) The illnesses, injuries or physical condition alleged;
- (e) State whether any money was received, whether by settlement or trial, and if so, the amount;
- (f) The names and addresses of all health care providers who treated plaintiff or examined plaintiff for the claim or lawsuit.

ANSWER:

13. SETTLEMENTS

Has plaintiff received any settlement monies or other thing of value from any person, company, firm, corporation or association involved in this occurrence as a settlement, in whole or in part, of your claim?

ANSWER:

If you answered "YES" to this question, please state the following:

- (a) The name and address of the person, firm, association, company or corporation from whom any such settlement was made;
- (b) The name and address of the person, firm, association, company or corporation on whose behalf any such settlement was made;
- (c) The amount or value of any such settlement;
- (d) Whether any forms or papers (settlement documents) were executed, excluding statements of the facts, and describe and identify the nature of any such papers or documents;
- (e) If you do not possess or have access to the papers or forms (settlement documents) mentioned in Number (d) above, then state the name and address of the person, firm, association, company or corporation that has possession of said papers or forms (settlement documents).

ANSWER:

14. AMOUNT CLAIMED

Pursuant to RSMo 509.050, what dollar amount of damages is plaintiff seeking as compensation for his/her injuries for each count in your petition?

ANSWER:

15. MEDICAL CARE

State the names and addresses of all doctors, hospitals or health care providers who have treated, examined or attended plaintiff since the occurrence in question and because of it, and for each listed, please state:

- (a) The amount of the bill from each such health care provider for services rendered because of the occurrence in question.

ANSWER:

- (b) The number of visits and the specific dates of each visit plaintiff has made to each of these health care providers because of the occurrence.

ANSWER:

- (c) The conditions for which plaintiff was examined or treated.

ANSWER:

- (d) If you claim that plaintiff received a medical examination, care or treatment because of the occurrence mentioned in the petition, please sign and return the attached medical authorization, after inserting the names and addresses of the doctors, hospitals or health care providers.

ANSWER:

16. LOST WAGES

Does plaintiff claim a loss of earnings, wages or income as a result of the occurrence? If so, please state:

- (a) The name and address of plaintiff's employer at the time of the occurrence.

ANSWER:

- (b) The rate of pay with that employer.

ANSWER:

- (c) The amount of plaintiff's claim, and show exactly how that amount was calculated.

ANSWER:

- (d) List each day, by specific date, that plaintiff claims he/she has been unable to work because of the occurrence.

ANSWER:

- (e) If plaintiff had a loss of income other than missing time from work, state the amount of the loss, the nature of the loss, and how the amount of the loss was calculated.

ANSWER:

- (f) Please sign the attached employer authorization and insert the name and address of the employer.

ANSWER:

17. DISABILITY APPLICATION

Please state whether or not plaintiff has ever applied for any type of disability benefit from any entity (governmental, insurance, employer, ect.), and if so, please state:

- (a) The date of each application.
- (b) The name and address of the entity.
- (c) The reason for the application (i.e., the nature of the injury causing the disability).
- (d) Whether or not any disability benefits were actually received from medicare or medicaid and if so, state the dates received and the amounts.
- (e) When payment of the benefits began and when it ended.

ANSWER:

18. State whether you know of any witnesses who claim to have statements or heard any statements or comments made by this defendant or any employee or agent of this defendant concerning any aspect of the alleged incident as described in plaintiff's petition. If our answer is "YES", please state the name and addresses of all such persons and state verbatim all such statements or comments.

ANSWER:

19. State the names and addresses of all doctors, physicians, chiropractors, osteopaths, hospitals, clinics, or other persons or institutions from which you have received any treatment or examination for any illness, injury, ailment, or complaint as referred to in your petition prior to the occurrence mentioned in your petition.

ANSWER:

20. Have you ever sustained a fall before or after the date of the occurrence wherein you injured any portion of your body necessitating medical treatment and, if so, state:

- (a) The date of the fall;
- (b) The location of the fall;
- (c) The name and address of any medical providers who treated you for the fall.

ANSWER:

21. State the names and telephone numbers of all person known to you, your attorneys or representatives who have knowledge concerning the condition of the (insert place where plaintiff fell) mentioned in your petition as it existed before, at the time thereof or after the date of the occurrence mention in your petition:

ANSWER: