

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA  
IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY**

PLAINTIFF'S NAME	:	Civil Trial Division
	:	
	:	Compulsory Arbitration Program
	:	
vs.	:	
	:	_____ Term, 20__
	:	
DEFENDANT'S NAME	:	No. _____

**Defendant's Interrogatories Addressed To Plaintiff**  
*Premises Liability Cases*

Defendant(s) hereby make demand that the Plaintiff(s) answer the following Interrogatories pursuant to the Pennsylvania Rules of Civil Procedure 4001 et seq. These Interrogatories must be answered as provided in Pa. R.C.P. 4006 and the Answers must be served on all other parties within thirty (30) days after the Interrogatories are deemed served.

These Interrogatories are deemed to be continuing as to require the filing of Supplemental Answers promptly in the event Plaintiff(s) or their representatives (including counsel) learn additional facts not set forth in its original Answers or discover that information provided in the Answers is erroneous. Such Supplemental Answers may be filed from time to time, but not later than 30 days after such further information is received, pursuant to Pa. R.C.P. 4007.4.

These Interrogatories are addressed to you as a party to this action; your answers shall be based upon information known to you or in the possession, custody or control of you, your attorney or other representative acting on your behalf whether in preparation for litigation or otherwise. These Interrogatories must be answered completely and specifically by you in writing and must be verified. The fact that investigation is continuing or that discovery is not complete shall not be used as an excuse for failure to answer each interrogatory as completely as possible. The omission of any name, fact, or other item of information from the Answers shall be deemed a representation that such name, fact, or other item was not known to Plaintiff(s), their counsel, or other representatives at the time of service of the answers.

1. State:

- (a) Your full name (maiden name, if applicable), alias(es), date of birth, marital status (name of spouse) at the time of the cause of action and currently, residence and business addresses at the time the cause of action arose and currently and Social Security Number.

2. Describe in detail how the accident/incident giving rise to this lawsuit occurred, including but not limited to the date, time, location, weather conditions and lighting conditions of the area where the accident/incident occurred.
  
3. State the names and addresses of all persons whom you or anyone acting on your behalf, know or believe:
  - (a) Actually witnessed the accident/incident;
  
  - (b) Were present at the scene of the accident/incident, immediately after its occurrence;
  
  - (c) Were within sight or hearing of the accident/incident;
  
  - (d) Witnessed any of the events leading up to the accident/incident, subsequent to the accident/incident, or of the subsequent investigation; and
  
  - (e) Those who have any knowledge or information as to any facts pertaining to the circumstances and/or manner of the happening of the alleged accident or the nature of the injuries sustained in the alleged accident.
  
4. Describe in detail all injuries sustained by you as a result of the alleged accident/incident, including but not limited to the nature, extent and duration of such injuries.

5. State:

- (a) The identity, by name and address, of each hospital or university medical center where you were examined and/or treated and whether you were admitted;
- (b) The identity of any person(s) who examined, evaluated or treated you, noting their name, address and specialty;
- (c) The identity, by name and address, of any diagnostic test center that provided services and what tests were performed;
- (d) The date(s) of all examination(s), evaluation(s), treatment(s) and/or confinement(s) by healthcare professionals and their corresponding charges.
- (e) Identify any healthcare professional(s) you are currently consulting and/or treating with for any of the injuries and/or damages you sustained as a direct result of the alleged accident and what symptoms you still allegedly suffer from.

6. If you contend that the alleged accident aggravated a pre-existing condition(s), state:

- (a) The nature and extent of such pre-existing condition;
- (b) The date upon which you believe you recovered from symptomatology of the pre-existing condition(s), prior to the accident date;
- (c) The name and address of the healthcare professional(s) who treated you for the pre-existing condition(s); and
- (d) The date of and circumstances causing you to incur the pre-existing condition(s).

7. If you have fully recovered from the injuries you allege to have sustained in the present accident, state the approximate date you recovered. If you have not fully recovered from your injuries, then describe any pain, ailment, complaint, injury or disability that you allege you still suffer from as a direct result of the alleged accident.
8. State whether you sustained any injuries or suffered from any disease, deformity, or impairment, prior to or subsequent to the accident herein, which in any way affected those parts of your body claimed to have been injured as a direct result of the instant accident. If so, state:
- (a) The nature and extent of any such injury, disease, deformity or impairment;
  - (b) The date of the occurrence or diagnosis of such injury, disease, deformity or impairment;
  - (c) The names and address(es) of the healthcare professional(s) you have consulted and/or treated with and the corresponding dates thereof, for such injury, disease, deformity or impairment.
9. If you are currently employed, were employed at the time of the alleged accident and/or employed for five (5) years before the accident date, state as to each time period:
- (a) By whom;
  - (b) Your stated title or position and accompanying duties and responsibilities;
  - (c) The length of your employment;
  - (d) Number of hours worked per week and/or number of days worked per week;

(e) Hourly wage and/or salary, as well as supplemental wages (i.e. bonuses, overtime etc.).

10. State the dates you have been absent from work since the date of the alleged accident for reasons relating to the injuries, damages and/or losses you sustained in the accident. If you have returned to your employment, state the date you returned and whether there had been any change in your stated title or position, accompanying duties and responsibilities and your wage, salary or supplemental wages and identify by name and address the employment you returned to.
11. Describe in detail any future lost wage claim and/or impairment of earning capacity and/or power you believe you will have as a direct result of the alleged accident and the basis thereof.
12. State all economic as well as non-economic damages and/or losses you believe you sustained as a direct result of the alleged accident. Describe in detail all injuries you sustained, including their nature, extent and duration.
13. State whether you had any conversation with the defendant(s) or a representative of the defendant(s). If so, state, in detail, the subject matter of the conversation and the dates thereof.
14. If you have obtained any Statement(s) from the defendant(s) or defendant's representative(s) or from any other person relating to the subject accident/incident, state the date of such Statement(s), by whom it was taken and the context of such Statement(s).

15. If you allege that the Defendant(s) violated any Statute, law, ordinance or regulation which contributed to the happening of the alleged accident, cite the Title and Section of said law and describe the basis for such allegation.
16. If you have engaged, or expect to engage, healthcare professionals and/or other expert witnesses (i.e. accident reconstructionists), whom you intend to have testify at trial on your behalf on any matter pertaining to this action, state:
- (a) The name of the expert;
  - (b) The expert's professional address;
  - (c) The expert's occupation;
  - (d) The expert's specialty;
  - (e) The expert's qualifications (i.e. Curriculum Vitae);
  - (f) The topic or subject matter upon which the expert is expected to testify;
  - (g) The substance of the facts to which the expert is expected to testify;
  - (h) The substance of the opinion to which the expert is expected to testify;
  - (i) A summary of the grounds or foundation for each opinion the expert is expected to testify.

17. State whether you have been convicted of any crime(s) in the past ten (10) years, and if so, state the nature of such conviction.
18. State the name and address of the photographer and/or videographer who took any photos or videos relating to the alleged accident/incident, if any, and the date that they were taken.
19. If you have ever been involved in any prior litigation as a party or witness, describe the nature of the lawsuit, the Commonwealth or State, County, court term and number of the lawsuit, as well as the outcome of the lawsuit, if you were a party thereto.

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**Name of Attorney**  
Attorney for Plaintiff(s)  
Identification No.:  
Address  
Telephone No.:  
Fax No.:  
e-mail address:

I \_\_\_\_\_, subject to the penalties of 18 Pa C.S.A. §4904, relating to unsworn falsification to authorities, state the attached answers and/or documents are submitted in response to the foregoing Interrogatories and/or Requests for Production of Documents and that to the best of my knowledge, information and belief they are true and complete.

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Signature