

\_\_\_\_\_, : \_\_\_\_\_ JUDICIAL DISTRICT COURT  
VERSUS : DOCKET NO. \_\_\_\_  
\_\_\_\_\_: PARISH OF \_\_\_\_\_  
\_\_\_\_\_: STATE OF LOUISIANA

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**ANSWERS TO INTERROGATORIES**

NOW INTO COURT, through undersigned counsel, comes \_\_\_\_\_,  
Plaintiff, who answers Defendant's, \_\_\_\_\_, interrogatories with respect  
shows:

1.

Plaintiff's full name is \_\_\_\_\_, and address is  
\_\_\_\_\_, \_\_\_\_\_, Louisiana. His date of birth is \_\_\_\_\_,  
Social Security No. \_\_\_\_\_; Plaintiff is married.

2.

Plaintiff has a \_\_\_\_\_ degree in \_\_\_\_\_ from  
\_\_\_\_\_, which he attended from \_\_\_\_\_ to \_\_\_\_\_.

3.

Plaintiff has not been convicted or plead guilty to any crime.

4.

A. An eyewitness to the incident was \_\_\_\_\_ (last name unknown)  
who was the host at \_\_\_\_\_. The address and telephone number of this  
witness is unknown by the Plaintiffs.

B. See answer to Interrogatory No. 4-A.

C. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Louisiana, Phone No. \_\_\_\_\_.

D. See answer to Interrogatory No. 7.

5.

Plaintiffs are not in possession of any written or recorded statements of any person.

6.

No statements were obtained from any employee.

7.

1. \_\_\_\_\_, Physical Therapist, \_\_\_\_\_, \_\_\_\_\_,  
Louisiana, Phone No. \_\_\_\_\_. Medical Testimony.

2. Dr. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Louisiana,

Phone No. \_\_\_\_\_. Medical Testimony.

3. Dr. \_\_\_\_\_, Phone No. \_\_\_\_\_. Medical Testimony.

4. Dr. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Louisiana,  
Phone No. \_\_\_\_\_. Medical Testimony.

5. Dr. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Louisiana,  
Phone No. \_\_\_\_\_. Medical Testimony.

6. Dr. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Louisiana,  
Phone No. \_\_\_\_\_. Medical Testimony.

7. \_\_\_\_\_, PT, \_\_\_\_\_, \_\_\_\_\_,  
Louisiana. Medical Testimony.

8. \_\_\_\_\_ (last name unknown), last known address is  
\_\_\_\_\_ (eye-witness).

9. \_\_\_\_\_, address has been provided.

10. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Louisiana, Phone  
No. \_\_\_\_\_ (eyewitness).

11. Other witnesses that may become known in the future, and these answers will be  
timely supplemented if and when additional witnesses are known.

8.

A. All medical witnesses will testify as to the pain and suffering and general diagnoses  
of \_\_\_\_\_.

B. The eyewitnesses will testify as to what they saw at the time of the accident.

9.

All medical bills incurred by the Plaintiffs, receipt from \_\_\_\_\_, any  
and all medical reports, and additional exhibits that may be developed in the future.

Respectfully Submitted,

\_\_\_\_\_

\_\_\_\_\_  
Attorney for Plaintiff

\_\_\_\_\_, LA \_\_\_\_

(\_\_\_\_)\_\_\_\_\_

LA. Bar Roll No. \_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Attorney for Plaintiff

\_\_\_\_\_, LA \_\_\_\_

(\_\_\_\_) \_\_\_\_  
L.A. Bar Roll No. \_\_\_\_

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy of the above and foregoing has been forwarded by U.S. Mail, postage prepaid, and correctly addressed to opposing counsel of record.

\_\_\_\_\_, Louisiana, this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

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