

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY  
STATE OF \_\_\_\_\_

_____	)	
	)	
	)	
<b>Petitioner/Plaintiff,</b>	)	
	)	
	)	
<b>Vs.</b>	)	<b>NO.</b> _____
	)	
_____	)	
<b>Respondent/Defendant</b>	)	
	)	

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**REQUESTS FOR ADMISSION**

Comes now, \_\_\_\_\_, Inc., the Defendant in the above-styled cause and, pursuant to Rule \_\_, \_\_. R.Civ.P., propounds the following Requests for Admission to the Plaintiff:

(1) Admit that the attached medical records from Dr. \_\_\_\_\_ (Exhibit 1) are a true and accurate copy of your treatment with this physician. In the event you deny this statement, please explain the reason for your denial.

RESPONSE:

(2) Admit that the attached medical records from \_\_\_\_\_ Hospital (Exhibit 2) are a true and accurate copy of your treatment at this medical facility. In the event you deny this statement, please explain the reason for your denial.

RESPONSE:

(3) Admit that you were aware of the presence of the water on the floor of the store

prior to the time you fell.

RESPONSE:

(4) Admit that there were “wet floor” signs posted in the area where you fell.

RESPONSE:

Respectfully submitted,

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

Title:

Address:

Address:

City, State, Zip:

Phone:

Fax:

E-Mail:

Attorney No.:

### **CERTIFICATE OF SERVICE**

I, \_\_\_\_\_, do hereby certify that I have this day mailed,  
U.S. Mail, postage prepaid, a true and correct copy of the above and foregoing to  
\_\_\_\_\_, at the following address;

\_\_\_\_\_

THIS the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_