

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

SHORT TITLE OF CASE:

FORM INTERROGATORIES—GENERAL

CASE NUMBER:

Asking Party:

Answering Party:

Set No.:

Sec. 1. Instructions to All Parties

(a) Interrogatories are written questions prepared by a party to an action that are sent to any other party in the action to be answered under oath. The interrogatories below are form interrogatories approved for use in civil cases.

(b) For time limitations, requirements for service on other parties, and other details, see Code of Civil Procedure sections 2030.010-2030.410 and the cases construing those sections.

(c) These form interrogatories do not change existing law relating to interrogatories nor do they affect an answering party's right to assert any privilege or make any objection.

Sec. 2. Instructions to the Asking Party

(a) These interrogatories are designed for optional use by parties in unlimited civil cases where the amount demanded exceeds \$25,000. Separate interrogatories, *Form Interrogatories—Economic Litigation* (form FI-129), which have no subparts, are designed for use in limited civil cases where the amount demanded is \$25,000 or less; however, those interrogatories may also be used in unlimited civil cases.

(b) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that are applicable to the case.

(c) You may insert your own definition of **INCIDENT** in Section 4, but only where the action arises from a course of conduct or a series of events occurring over a period of time.

(d) The interrogatories in section 16.0, Defendant's Contentions—Personal Injury, should not be used until the defendant has had a reasonable opportunity to conduct an investigation or discovery of plaintiff's injuries and damages.

(e) Additional interrogatories may be attached.

Sec. 3. Instructions to the Answering Party

(a) An answer or other appropriate response must be given to each interrogatory checked by the asking party.

(b) As a general rule, within 30 days after you are served with these interrogatories, you must serve your responses on the asking party and serve copies of your responses on all other parties to the action who have appeared. See Code of Civil Procedure section 2030.260-2030.270 for details.

(c) Each answer must be as complete and straightforward as the information reasonably available to you, including the information possessed by your attorneys or agents, permits. If an interrogatory cannot be answered completely, answer it to the extent possible.

(d) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.

(e) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.

(f) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.

(g) If you are asserting a privilege or making an objection to an interrogatory, you must specifically assert the privilege or state the objection in your written response.

(h) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form at the end of your answers:

I declare under penalty of perjury under the laws of the State of California that the foregoing answers are true and correct.

(DATE)

(SIGNATURE)

Sec. 4. Definitions

Words in **BOLDFACE CAPITALS** in these interrogatories are defined as follows:

(a) (Check one of the following):

- (1) **INCIDENT** includes the circumstances and events surrounding the alleged accident, injury, or other occurrence or breach of contract giving rise to this action or proceeding.

2.11 At the time of the **INCIDENT** were you acting as an agent or employee for any **PERSON**? If so, state:

- (a) the name, **ADDRESS**, and telephone number of that **PERSON**; and
- (b) a description of your duties.

2.12 At the time of the **INCIDENT** did you or any other person have any physical, emotional, or mental disability or condition that may have contributed to the occurrence of the **INCIDENT**? If so, for each person state:

- (a) the name, **ADDRESS**, and telephone number;
- (b) the nature of the disability or condition; and
- (c) the manner in which the disability or condition contributed to the occurrence of the **INCIDENT**.

2.13 Within 24 hours before the **INCIDENT** did you or any person involved in the **INCIDENT** use or take any of the following substances: alcoholic beverage, marijuana, or other drug or medication of any kind (prescription or not)? If so, for each person state:

- (a) the name, **ADDRESS**, and telephone number;
- (b) the nature or description of each substance;
- (c) the quantity of each substance used or taken;
- (d) the date and time of day when each substance was used or taken;
- (e) the **ADDRESS** where each substance was used or taken;
- (f) the name, **ADDRESS**, and telephone number of each person who was present when each substance was used or taken; and
- (g) the name, **ADDRESS**, and telephone number of any **HEALTH CARE PROVIDER** who prescribed or furnished the substance and the condition for which it was prescribed or furnished.

3.0 General Background Information — Business Entity

3.1 Are you a corporation? If so, state:

- (a) the name stated in the current articles of incorporation;
- (b) all other names used by the corporation during the past 10 years and the dates each was used;
- (c) the date and place of incorporation;
- (d) the **ADDRESS** of the principal place of business; and
- (e) whether you are qualified to do business in California.

3.2 Are you a partnership? If so, state:

- (a) the current partnership name;
- (b) all other names used by the partnership during the past 10 years and the dates each was used;
- (c) whether you are a limited partnership and, if so, under the laws of what jurisdiction;
- (d) the name and **ADDRESS** of each general partner; and
- (e) the **ADDRESS** of the principal place of business.

3.3 Are you a limited liability company? If so, state:

- (a) the name stated in the current articles of organization;
- (b) all other names used by the company during the past 10 years and the date each was used;
- (c) the date and place of filing of the articles of organization;
- (d) the **ADDRESS** of the principal place of business; and
- (e) whether you are qualified to do business in California.

3.4 Are you a joint venture? If so, state:

- (a) the current joint venture name;
- (b) all other names used by the joint venture during the past 10 years and the dates each was used;
- (c) the name and **ADDRESS** of each joint venturer; and
- (d) the **ADDRESS** of the principal place of business.

3.5 Are you an unincorporated association?

If so, state:

- (a) the current unincorporated association name;
- (b) all other names used by the unincorporated association during the past 10 years and the dates each was used; and
- (c) the **ADDRESS** of the principal place of business.

3.6 Have you done business under a fictitious name during the past 10 years? If so, for each fictitious name state:

- (a) the name;
- (b) the dates each was used;
- (c) the state and county of each fictitious name filing; and
- (d) the **ADDRESS** of the principal place of business.

3.7 Within the past five years has any public entity registered or licensed your business? If so, for each license or registration:

- (a) identify the license or registration;
- (b) state the name of the public entity; and
- (c) state the dates of issuance and expiration.

4.0 Insurance

4.1 At the time of the **INCIDENT**, was there in effect any policy of insurance through which you were or might be insured in any manner (for example, primary, pro-rata, or excess liability coverage or medical expense coverage) for the damages, claims, or actions that have arisen out of the **INCIDENT**? If so, for each policy state:

- (a) the kind of coverage;
- (b) the name and **ADDRESS** of the insurance company;
- (c) the name, **ADDRESS**, and telephone number of each named insured;
- (d) the policy number;
- (e) the limits of coverage for each type of coverage contained in the policy;
- (f) whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and
- (g) the name, **ADDRESS**, and telephone number of the custodian of the policy.

4.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the **INCIDENT**? If so, specify the statute.

5.0 [Reserved]

6.0 Physical, Mental, or Emotional Injuries

6.1 Do you attribute any physical, mental, or emotional injuries to the **INCIDENT**? (If your answer is "no," do not answer interrogatories 6.2 through 6.7).

6.2 Identify each injury you attribute to the **INCIDENT** and the area of your body affected.

- 6.3 Do you still have any complaints that you attribute to the **INCIDENT**? If so, for each complaint state:
 - (a) a description;
 - (b) whether the complaint is subsiding, remaining the same, or becoming worse; and
 - (c) the frequency and duration.

- 6.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure section 2034.210–2034.310) or treatment from a **HEALTH CARE PROVIDER** for any injury you attribute to the **INCIDENT**? If so, for each **HEALTH CARE PROVIDER** state:
 - (a) the name, **ADDRESS**, and telephone number;
 - (b) the type of consultation, examination, or treatment provided;
 - (c) the dates you received consultation, examination, or treatment; and
 - (d) the charges to date.

- 6.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the **INCIDENT**? If so, for each medication state:
 - (a) the name;
 - (b) the **PERSON** who prescribed or furnished it;
 - (c) the date it was prescribed or furnished;
 - (d) the dates you began and stopped taking it; and
 - (e) the cost to date.

- 6.6 Are there any other medical services necessitated by the injuries that you attribute to the **INCIDENT** that were not previously listed (for example, ambulance, nursing, prosthetics)? If so, for each service state:
 - (a) the nature;
 - (b) the date;
 - (c) the cost; and
 - (d) the name, **ADDRESS**, and telephone number of each provider.

- 6.7 Has any **HEALTH CARE PROVIDER** advised that you may require future or additional treatment for any injuries that you attribute to the **INCIDENT**? If so, for each injury state:
 - (a) the name and **ADDRESS** of each **HEALTH CARE PROVIDER**;
 - (b) the complaints for which the treatment was advised; and
 - (c) the nature, duration, and estimated cost of the treatment.

7.0 Property Damage

- 7.1 Do you attribute any loss of or damage to a vehicle or other property to the **INCIDENT**? If so, for each item of property:
 - (a) describe the property;
 - (b) describe the nature and location of the damage to the property;

- (c) state the amount of damage you are claiming for each item of property and how the amount was calculated; and
- (d) if the property was sold, state the name, **ADDRESS**, and telephone number of the seller, the date of sale, and the sale price.

- 7.2 Has a written estimate or evaluation been made for any item of property referred to in your answer to the preceding interrogatory? If so, for each estimate or evaluation state:
 - (a) the name, **ADDRESS**, and telephone number of the **PERSON** who prepared it and the date prepared;
 - (b) the name, **ADDRESS**, and telephone number of each **PERSON** who has a copy of it; and
 - (c) the amount of damage stated.

- 7.3 Has any item of property referred to in your answer to interrogatory 7.1 been repaired? If so, for each item state:
 - (a) the date repaired;
 - (b) a description of the repair;
 - (c) the repair cost;
 - (d) the name, **ADDRESS**, and telephone number of the **PERSON** who repaired it;
 - (e) the name, **ADDRESS**, and telephone number of the **PERSON** who paid for the repair.

8.0 Loss of Income or Earning Capacity

- 8.1 Do you attribute any loss of income or earning capacity to the **INCIDENT**? (If your answer is "no," do not answer interrogatories 8.2 through 8.8).

- 8.2 State:
 - (a) the nature of your work;
 - (b) your job title at the time of the **INCIDENT**; and
 - (c) the date your employment began.

- 8.3 State the last date before the **INCIDENT** that you worked for compensation.

- 8.4 State your monthly income at the time of the **INCIDENT** and how the amount was calculated.

- 8.5 State the date you returned to work at each place of employment following the **INCIDENT**.

- 8.6 State the dates you did not work and for which you lost income as a result of the **INCIDENT**.

- 8.7 State the total income you have lost to date as a result of the **INCIDENT** and how the amount was calculated.

- 8.8 Will you lose income in the future as a result of the **INCIDENT**? If so, state:
 - (a) the facts upon which you base this contention;
 - (b) an estimate of the amount;
 - (c) an estimate of how long you will be unable to work; and
 - (d) how the claim for future income is calculated.