In the circuit court of jackson county, missouri

at KANSAS CITY

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| --- | --- |
| Sally G. Hurt,Street AddressCity, State, ZipPlaintiff,v.John doeServe at: Street AddressCity, State, ZipDefendant. | Case No. Division  |

**plaintiff’s first interrogatories to defendant**

 Pursuant to Rule 57.01, and Local Rule 32.2.1, Form 802, Plaintiff hereby propounds the following interrogatories to Defendant to be answered by the Defendant in writing under oath within forty-five days (45) days after service hereof with the Petition. If information sought by these Interrogatories is learned or obtained after said Interrogatories have been answered, or if answers for any reason should later become incorrect or incomplete, there shall be a continuing duty to the time of trial on the party answering said Interrogatories to formally supplement answers previously permitted pursuant to Rule 56.01(e) of the Missouri Rules of Civil Procedure.

NAME

1. State your full name, date of birth and place of birth:

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

 Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Place of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Operator’s/Chauffeur’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Issuing State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENCE

1. State your present residence address and the period during which you have resided at said address:

 Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the present date.

MARRIAGE

1. Are you married at the present time? ( ) Yes ( ) No

 If “Yes”, state:

 (a) Your spouse’s first name and maiden name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CRIMES OR IMPRISONMENT

1. Have you ever pleaded guilty to or been convicted of a felony or misdemeanor?

 (This does not include municipal court convictions) ( ) Yes ( ) No

 If your answer is “Yes”, state:

 (a) The nature of the offense:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (b) The date and court: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGENCY

1. Were you at the time of the occurrence or occurrences forming the basis of this suit performing any job, task or undertaking for any person, firm or corporation other than yourself? ( ) Yes ( ) No

 If your answer is “Yes”, state:

 (a) The name and address of the person, firm or corporation for whom you were performing some job, task, or undertaking:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (b) The nature of the job, task, or undertaking you were performing for such person, firm or corporation:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (c) Whether or not you were at such time employed by or on the payroll of such person, firm or corporation:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (d) Whether or not you were receiving any compensation from such other person, firm or corporation for the performance of the said job, task or undertaking:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE AND TIME

1. State the date and time of occurrence of the incident mentioned in the petition:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE

1. State the exact location of the occurrence mentioned in the petition, giving the name of the street or streets, road, alley or highway on which it occurred or the distances from other identifiable landmarks or points of reference:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISABILITY

1. Were you suffering from any physical disability or impairment at the time of the occurrence mentioned in the petition? ( ) Yes ( ) No

 If your answer is “Yes”, explain:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATEMENTS

1. Attach a copy of any recital or statement that you have from Plaintiff, if individuals, whether it be in writing, reduced to writing, steno type, recorded or otherwise. In the case of a court reporter’s transcript, Plaintiff must advance fifty percent (50%) of the cost of the same.

 Do you have a statement: ( ) Yes ( ) No

 Attached: ( ) Yes ( ) No

1. Please state what, if anything, Plaintiff said to you or any other persons in your presence about the occurrence mentioned in the petition concerning how the occurrence happened and what injuries Plaintiff suffered:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESSES

1. State the name and present or last known addresses and employment of all persons known to you or reported to you, your agents, attorneys, or other acting on your behalf.

 (a) To have witnessed the occurrence mentioned in the pleadings:

 Name Address and Employment

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (b) To have been present at the scene of the occurrence within thirty (30) minutes before and within thirty (30) minutes thereafter:

 Name Address and Employment

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (c) If any of the above witnesses are an acquaintance or relative, please indicate:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHOTOGRAPHS

1. State whether any photographs were made at the scene of the occurrence, or of any persons involved by anyone other than you, your attorney or agent in anticipation or preparation for litigation. ( ) Yes ( ) No

 If your answer is “Yes”, give the following:

 Date Taken Name of Photographer Address of Photographer

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ALCOHOL OR DRUGS

1. Did you consume any alcoholic beverage of any type, or any sedative, tranquilizer or other drug, medicine or pill during the twelve (12) hours immediately preceding the occurrence referred to in the petition?

( ) Yes ( ) No

INSURANCE

1. Do you have any insurance agreements which will indemnify you, in whole, or in part, against any judgment Plaintiff may obtain in the instant action?

 ( ) Yes ( ) No

 If your answer is “Yes”, state:

 (a) The name and address of the company or companies issuing such insurance agreements:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (b) The policy number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (c) The limits of Personal Injury, Property Damage and Medical Payments Coverage on the date of the occurrence mentioned in Plaintiff’s Petition:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (d) Attach a copy of the Declaration Page or Certificate of Coverage of such policy of insurance to your answer to these interrogatories.

PHOTOGRAPHS, VIDEOTAPES, AND MOTION PICTURES OF PLAINTIFF

1. Have any photographs, videotapes or motion pictures of Plaintiff been taken by you or anyone acting on your behalf? If your answer is “yes,” please state for each:

The date or dates each photograph, videotape or motion picture was taken;

 (a) The name, address and job capacity of each person taking any such photograph, videotape or motion picture;

 (b) The location where each photograph, videotape, or motion picture was taken; and

 (c) The present custodian(s) of the negatives of photographs and the original videotape or motion picture.

 ANSWER:

EXPERT WITNESSES

1. As to each and every person whom you expect to call as an expert witness at trial, please state the following:
2. Full name and address, including street, city, state and zip code;
3. Occupation;
4. Place of employment;
5. Qualifications to give an opinion, or if such is available on the expert’s curriculum vitae, such curriculum vitae may be attached to these interrogatory answers;
6. The general nature of the subject matter on which the expert is expected to testify; and
7. The expert’s hourly deposition fee.

 ANSWER:

NON-RETAINED EXPERT WITNESSES

17. Please identify each non-retained expert witness, including defendant, whom you expect to call at trial who may provide expert witness opinion testimony. Please provide the expert’s name, address and field of expertise.

ANSWER:

Respectfully submitted,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Jared A. Rose, Mo. Bar #60128

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**DEFENDANT’S SWORN SIGNATURE**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 ) SS.

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 The below named person, being duly sworn on oath states that he/she read the foregoing interrogatories and the answers given are true to the best of affiant’s knowledge and belief.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Party or Guardian

 (NOT TO BE SIGNED BY ATTORNEY)

 The foregoing answers to interrogatories were subscribed and sworn to before me this \_\_\_\_\_\_\_\_ date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2014.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

My Commission expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_