In the circuit court of jackson county, missouri

at KANSAS CITY

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| Sally G. Hurt,  Street Address  City, State, Zip  Plaintiff,  v.  John Doe  Serve at:  Street Address  City, State, Zip  Defendant. | Case No.  Division |

**plaintiff’s second interrogatories to defendant**

Pursuant to Rule 57.01, Plaintiff hereby propounds the following interrogatories 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.

18. Have you or your agents obtained any medical or employment records concerning the Plaintiff other than those provided to you by the Plaintiff’s attorney? If “yes” state:

1. description of the records obtained sufficient to identify the nature and location of the records; and
2. The name, address, and phone number of each person who was involved in the obtaining of these records.

ANSWER:

19. Did you own or use a cell phone on the date of the incident described in Plaintiff’s Petition? Yes ( ) No ( ) If yes, please state the following:

1. The name of the cell phone provider:
2. The cell phone number:
3. The name and address of the person who receives the bill for the cell phone:

ANSWER:

20. Was there was a cell phone in your vehicle at the time of the incident described in Plaintiff’s Petition? Yes ( ) No ( ) If yes, please state the following:

(a) The name of the cell phone provider:

(b) The cell phone number:

(c) The name and address of the person who receives the bill for the cell phone:

ANSWER:

21. Was a cell phone in use in your vehicle at the time of the incident described in Plaintiff’s Petition? Yes ( ) No ( ) If yes, please state the following:

1. The name and address of the person who was using the cell phone at the time of the described in Plaintiff’s Petition:

(b) The name of the owner of the cell phone:

(c) The name of the cell phone provider:

(d) The cell phone number:

(e) The name and address of the person who receives the bill for the cell phone:

(f) The name and address of the person(s) or entities for which the cell phone was being used to communicate with:

ANSWER:

1. If you consumed 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, please state the name and address of the place or person from where you purchased, were given, or took the alcoholic beverage, sedative, tranquilizer, drug, medicine or pill.

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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.

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Notary Public

My Commission expires:

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