

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY**

**TRIAL DIVISION ADMINISTRATIVE DOCKET
No. 2005-02**

*In re: Standard Interrogatories In Compulsory Arbitration Cases
Motor Vehicle Liability and Premises Liability Cases*

ORDER

AND NOW, this 8th day of April, 2005, upon consideration of the stated purposes of the *Compulsory Arbitration Program*, which is designed to enable the Court and the litigants to equitably, fairly, and expeditiously dispose of certain types of cases, see 42 Pa.C.S. § 7361, Pa.R.C.P. 1301 *et seq.*, and Phila.Civ.R. *1301 *et seq.*, and upon review and consideration of Pa.R. C.P. 4005, which authorizes the Court to adopt, and limit, the number of standard interrogatories as justice may require, it is hereby ORDERED, ADJUDGED, and DECREED that as to *Motor Vehicle Liability* and *Premises Liability* cases assigned to the *Compulsory Arbitration Program*:

1) The following “Standard” Interrogatories are adopted by the Court:

- a) Plaintiff’s Interrogatories Addressed to Defendant – Motor Vehicle Liability, Exhibit “A”
- b) Defendant’s Interrogatories Addressed to Plaintiff – Motor Vehicle Liability, Exhibit “B”
- c) Plaintiff’s Interrogatories Addressed to Defendant – Premises Liability, Exhibit “C”
- d) Defendant’s Interrogatories Addressed to Plaintiff – Premises Liability, Exhibit “D.”

2) The following Requests for Production of Documents are adopted by the Court:

- a) Plaintiff’s Request for Production of Documents, Exhibit “E” and
- b) Defendant’s Request for Production of Documents, Exhibit “F.”

3) Objections. The Court will not entertain objections to the standard interrogatories or document requests. Parties who serve objections may be subject to appropriate sanctions, including imposition of counsel fees.

4) Service of Standard Interrogatories and Requests for Production of Documents.

At any time after the filing of an Answer to the Complaint, a party may request any other party to answer standard interrogatories and/or respond to standard document request by serving on all other parties a **Notice to Answer or Respond To Standard Written Discovery**, substantially in the form attached hereto as Exhibit “G”. Answers and responses shall be provided to all parties within thirty days of the service of the Notice, but shall not be filed with the Court or Prothonotary unless relevant to a motion or other pretrial proceeding, ordered by the court or required by statute. Once the Notice is served on any party, all other parties, including the parties serving the Notice, shall answer the standard interrogatories applicable to them within thirty days of the service of the original Notice. Only the standard interrogatories and document requests approved herein shall be served and answered by the parties, except as provided in paragraph (6) hereunder.

5) A copy of the standard interrogatories or document requests need not be attached to the Notice served on attorneys, but must be provided to unrepresented parties. Copies of the above documents may be obtained on the court's website, at <http://courts.phila.gov>.

6) Additional Written Discovery

(a) **General Rule.** No additional interrogatories or document requests will be permitted as to Motor Vehicle and Premises Liability cases filed in the Compulsory Arbitration Program unless the answering or responding party agrees, or as further provided hereunder.

(b) **Limited Supplementation.** Any party may serve up to five (5) additional interrogatories or document requests that are specifically tailored to the case and are not duplicative of the standard interrogatories or document requests. Each subpart shall be considered a separate interrogatory or request for purposes of this limitation.

(c) **Arbitrational Appeals.** Any party may serve up to ten (10) additional interrogatories, within thirty days of the filing of an appeal from an Arbitration Award. Each subpart shall be considered a separate interrogatory for purposes of this limitation.

(d) **Leave of Court.** Upon receipt of answers to standard interrogatories or responses to standard document requests, any party may file an appropriate discovery motion under Phila. Civ.R. *208.3, seeking leave of court to serve additional interrogatories or document requests. The moving party must allege and show good cause why the additional standard interrogatories or document requests are reasonably necessary to prepare its case for trial.

7) **Dead Man's Rule.** In the event that any party wishes to invoke the Dead Man's Rule, that party shall notify the opposing party, in writing, of its intention to invoke said Rule, within twenty (20) days of the time the Notice to Answer or Respond to Standard Written Discovery was served. In such a case, the party who is invoking the Dead Man's Rule shall have no obligation to answer the standard interrogatories or produce the documents requested, until otherwise ordered by the Court.

8) **Effective Date.** This Administrative Order will become effective on June 6, 2005.

This Administrative Order is promulgated in accordance with the April 11, 1986, Order of the Supreme Court of Pennsylvania, Eastern District, No. 55 Judicial Administration, Docket No. 1, Pa.R.C.P. 4005 and Pa.R.Civ.P. 239. As required by Pa.R.Civ.P. 239, the original Administrative Order shall be filed with the Prothonotary in a docket maintained for Administrative Orders issued by the Administrative Judge of the Trial Division, and copies shall be submitted to the Administrative Office of Pennsylvania Courts, the Legislative Reference Bureau and the Supreme Court Civil Procedural Rules Committee. Copies of the Regulation shall also be submitted to *American Lawyer Media*, *The Legal Intelligencer*, Jenkins Memorial Law Library and the Law Library for the First Judicial District of Pennsylvania, and posted on the website of the First Judicial District at: <http://courts.phila.gov>.

BY THE COURT:

/s/ *HON. JAMES J. FITZGERALD, III*

HON. JAMES J. FITZGERALD, III
Administrative Judge, Trial Division

EXHIBIT “A”

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY**

PLAINTIFF'S NAME	:	Civil Trial Division
	:	
	:	Compulsory Arbitration
	:	Program
vs.	:	
	:	_____ Term, 20
	:	
DEFENDANT'S NAME	:	No. _____

PLAINTIFF'S INTERROGATORIES DIRECTED TO DEFENDANT(S)
Motor Vehicle Liability Cases

Plaintiff(s) hereby make demand that the Defendant(s) answer the following Interrogatories pursuant to the Pennsylvania Rules of Civil Procedure 4001 et seq. These Interrogatories must be answered as provided in Pa. R.C.P. 4006 and the Answers must be served on all other parties within thirty (30) days after the Interrogatories are deemed served.

These Interrogatories are deemed to be continuing as to require the filing of Supplemental Answers promptly in the event Defendant(s) or their representatives (including counsel) learn additional facts not set forth in its original Answers or discover that information provided in the Answers is erroneous. Such Supplemental Answers may be filed from time to time, but not later than 30 days after such further information is received, pursuant to Pa. R.C.P. 4007.4.

These Interrogatories are addressed to you as a party to this action; your answers shall be based upon information known to you or in the possession, custody or control of you, your attorney or other representative acting on your behalf whether in preparation for litigation or otherwise. These Interrogatories must be answered completely and specifically by you in writing and must be verified. The fact that investigation is continuing or that discovery is not complete shall not be used as an excuse for failure to answer each interrogatory as completely as possible. The omission of any name, fact, or other item of information from the Answers shall be deemed a representation that such name, fact, or other item was not known to Defendant(s), their counsel, or other representatives at the time of service of the Answers. If another motor vehicle was not involved in the alleged accident, then interpret any questions to include a non-motor vehicle (i.e. pedestrian, bicycle, etc.).

1. State:
 - (a) If an individual: Full name (maiden name, if applicable), alias(es), date of birth, marital status (name of spouse) at the time the cause of action arose and currently, residence and business addresses at time of cause of action and currently and Social Security Number.

(b) If a corporation: registered corporation name, principal place of business and registered address for service of process at the time the cause of action arose and currently.

(c) If a partnership: registered partnership name, principal place of business and registered address for service of process at the time the cause of action arose and currently as well as the identities and residence addresses of each partner at the time the cause of action arose and currently.

2. If you (and/or your operator) were/are employed, state:

(a) By whom, at the time the cause of action arose and currently;

(b) Your title or position and accompanying duties and responsibilities at the time the cause of action arose and currently;

(c) The length of your employment as of the time the cause of action arose and currently.

3. If at the time of the alleged accident, you (or your operator) possessed a valid license to operate a motor vehicle, state:
 - (a) The Commonwealth or State issuing it;
 - (b) The issuance date and expiration date;
 - (c) The operator's number of such license;
 - (d) The nature of any restriction(s) on said license.

4. Identify:
 - (a) Your applicable motor vehicle insurance carrier at the time the cause of action arose;
 - (b) Your applicable liability insurance benefits coverage limits;
 - (c) Your applicable umbrella and/or excess liability insurance benefits coverage limits at the time the cause of action arose.

5. If you (or your operator) ever had a driver's license suspended or revoked, state:
- (a) When, where and by whom it was suspended or revoked;

 - (b) The reason(s) for such suspension or revocation;

 - (c) The period of such suspension or revocation;

 - (d) Whether such suspension or revocation was lifted and if so, when.
6. If you (or your operator) have had a claim made against you for the negligent operation of a motor vehicle within the last five (5) years, state:
- (a) Your applicable motor vehicle liability insurance benefits carrier at the time that cause of action arose;

 - (b) The Commonwealth or State, County, Court, Term and Number of any lawsuits arising from that cause of action.
7. State the purpose of the motor vehicle trip you (or your operator) were on at the time of

- (a) The type of control(s)(i.e. stop sign, traffic light, policeman, etc.);
 - (b) Your distance from the site of the collision when you first observed the control;
 - (c) Whether or not the traffic control was functioning properly;
 - (d) To which street or byway the signal was controlling or designed to control.
15. Describe the streets or other byways involved in the alleged accident, as follows:
- (a) In terms of traffic lanes (i.e. parking, travel, turn-only lanes), the width of the streets or other byways;
 - (b) Type of road surface (i.e. concrete, black top, dirt, gravel, etc.);
 - (c) Roadway surface condition(s) (i.e. dry, wet, muddy, etc.);
 - (d) Any defects in the roadway which you believe contributed to the happening of the alleged accident.
16. State in detail the manner in which the alleged accident occurred, specifying the speed, position, direction and location of each motor vehicle involved, just before, at the time of,

and immediately after the alleged accident.

17. State:

(a) In which lane the respective motor vehicles were traveling before the alleged accident occurred and in which lane the alleged accident occurred;

(b) When you first observed the other motor vehicle (or pedestrian, bicycle, etc.) involved in the alleged accident, stating the distance at that moment from the ultimate point of contact and the respective speeds of the motor vehicles at that time;

(c) The speed of your vehicle;

(1) At 100 feet from the point of contact;

(2) At 50 feet from the point of contact;

(3) At the point of contact.

(d) Whether your (or your operator's) view was clear or what obstruction, if any, existed at the time of the alleged accident;

(e) What you (or your operator) did in an attempt to avoid the alleged accident;

- (f) The exact point of contact of the motor vehicles, in terms of distance from the various curb lines or other significant landmarks and their final resting positions;
 - (g) Whether the responding and/or investigating police officers cited any of the drivers involved in the alleged accident for a violation(s) of any statute, law, ordinance or regulation and if so, describe.
18. If there was any physical evidence of the alleged accident at the scene, describe what it was and where it was located in relation to the curb lines or other significant landmarks.
19. If after the alleged accident, there were any skid marks or yaw marks remaining on the roadway, describe their dimensions (length and width) and identify the motor vehicle which created the markings.
20. If a Police investigation was conducted, state the control number, the incident number and/or the report number, thereof.
21. If you (or your operator) appeared before any Traffic Court, Municipal Court or District Court, state the date and location and whether testimony was offered.

22. Do you admit that you (or your operator) were negligent in the operation and/or control and/or entrustment of a motor vehicle at the time of the alleged accident?
23. If you contend that Plaintiff was guilty of comparative/contributory negligence, then fully and specifically describe upon what conduct, acts or omissions of Plaintiff you base your contention.
24. If you and/or other occupants of your motor vehicle sustained any injuries in the alleged accident, state the nature of those injuries and identify any and all healthcare professionals you/they consulted and/or treated with.
25. If you have made any claim for benefits under the Pennsylvania Motor Vehicle Financial Responsibility Law, or any similarly applicable State Statute or Act, state:
- (a) The name of the insurance company to whom the claim was submitted;
 - (b) The applicable claim number;

- (c) The name of the individual at the company who supervised your claim;
 - (d) The total amount of healthcare professionals charges (i.e. medical bills) claimed;
 - (e) The total amount of wage-loss claimed;
 - (f) The total amount of any other economic losses and/or damages claimed (i.e. property damage);
 - (g) The total amount of healthcare professionals charges, wage loss and/or other economic losses and/or damages actually paid pursuant to such law, Statute or Act.
26. If you made any claim, or you contemplate making any claim, for damages and/or losses sustained as a direct result of the alleged accident, state the damages and/or losses claimed, the insurance carrier to whom such claim was made and the Commonwealth or State, County, Court, Term and Number of any lawsuit filed in this regard. If the matter was amicably resolved (i.e. settled), identity with whom and for what amount of compensation.
27. If you have engaged, or expect to engage, healthcare professionals and/or other expert

witnesses (i.e. accident reconstructionists), whom you intend to have testify or whose report you intend to submit at trial on your behalf on any matter pertaining to this action, state:

- (a) The name of the expert;

- (b) The expert's professional address;

- (c) The expert's occupation;

- (d) The expert's specialty;

- (e) The expert's qualifications (i.e. Curriculum Vitae);

- (f) The topic or subject matter upon which the expert is expected to testify;

- (g) The substance of the facts to which the expert is expected to testify;

- (h) The substance of the opinion to which the expert is expected to testify;

- (i) A summary of the grounds or foundation for each opinion the expert is expected to testify.
28. If you, your attorney or any representative of yours, conducted any sound, photographic, motion picture film, personal sight or any other type of surveillance of the Plaintiff(s), state:
- (a) By whom (name and address of company and individual);
 - (b) The date(s) of such surveillance;
 - (c) The time(s) of such surveillance;
 - (d) The location(s) of such surveillance;
 - (e) The method by which such surveillance was made;
 - (f) A summary of what such surveillance reveals.

29. State the name, home and business addresses of the following:
- (a) Those who actually witnessed the alleged accident;

 - (b) Those who were present at or near the scene at the time of the alleged accident;

 - (c) Those who have any knowledge or information as to any facts pertaining to the circumstances and/or manner of the happening of the alleged accident and/or the nature of the injuries sustained in the alleged accident.
30. At the time of the alleged accident or immediately thereafter, did you (or your operator) have any conversation(s) with or make any statement(s) to any of the parties or witnesses, or did any of them make any statement(s) to you or in your presence. If so, state the substance of any such conversation(s) or statement(s) and identify in whose presence it/they occurred.
31. State the name and address of the person answering these Interrogatories and their relationship with the Defendant.

Name of Attorney
Attorney for Plaintiff(s)
Identification No.:
Address
Telephone No.:
Fax No.:
e-mail:

I _____, subject to the penalties of 18 Pa C.S.A. §4904, relating to unsworn falsification to authorities, state the attached answers and/or documents are submitted in response to the foregoing Interrogatories and/or Requests for Production of Documents and that to the best of my knowledge, information and belief they are true and complete.

Signature

EXHIBIT “B”

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY**

PLAINTIFF'S NAME : **Civil Trial Division**
:
:
:
vs. : **Compulsory Arbitration**
:
:
:
DEFENDANT'S NAME : **Program**
:
:
:
: _____ **Term, 20**
:
:
:
: **No. _____**

DEFENDANT'S INTERROGATORIES ADDRESSED TO PLAINTIFF(S)
Motor Vehicle Liability Cases

Defendant(s) hereby make demand that the Plaintiff(s) answer the following Interrogatories pursuant to the Pennsylvania Rules of Civil Procedure 4001 et seq. These Interrogatories must be answered as provided in Pa. R.C.P. 4006 and the Answers must be served on all other parties within thirty (30) days after the Interrogatories are deemed served.

These Interrogatories are deemed to be continuing as to require the filing of Supplemental Answers promptly in the event Plaintiff(s) or their representatives (including counsel) learn additional facts not set forth in its original Answers or discover that information provided in the Answers is erroneous. Such Supplemental Answers may be filed from time to time, but not later than 30 days after such further information is received, pursuant to Pa. R.C.P. 4007.4.

These Interrogatories are addressed to you as a party to this action; your answers shall be based upon information known to you or in the possession, custody or control of you, your attorney or other representative acting on your behalf whether in preparation for litigation or otherwise. These Interrogatories must be answered completely and specifically by you in writing and must be verified. The fact that investigation is continuing or that discovery is not complete shall not be used as an excuse for failure to answer each interrogatory as completely as possible. The omission of any name, fact, or other item of information from the Answers shall be deemed a representation that such name, fact, or other item was not known to Plaintiff(s), their counsel, or other representatives at the time of service of the answers. If another motor vehicle was not involved in the alleged accident, then interpret any questions to include a non-motor vehicle (i.e. pedestrian, bicycle, etc.).

1. State:
 - (a) Your full name (maiden name, if applicable), alias(es), date of birth, marital status (name of spouse) at the time the cause of action and currently, residence and business addresses at the time the cause of action arose and currently and Social

Security Number.

- (b) Identify all other persons residing at your address at the time of the alleged accident;
 - (c) Identify all persons, by name and address, who had motor vehicles registered to the address you resided at, at the time of the alleged accident.
2. Identify, by name and address, at the time of the alleged accident and currently, the driver and owner of your motor vehicle involved in the alleged accident, and state:
- (a) The date of issuance and each Commonwealth or State in which the driver has been licensed to operate a motor vehicle;
 - (b) Any and all restrictions on any of the aforementioned driver's license(s). If corrective lenses were required, state whether or not you (or they) were wearing them at the time of the alleged accident;
 - (c) Whether any such license(s) have ever been suspended or revoked, and, if so, when, where, by whom and the reason(s) therefore;
 - (d) The nature, extent and duration of any physical and/or mental defects you suffered from at the time of and prior to the alleged accident.

3. Identify all Commonwealths or States in which you were the registered owner of a motor vehicle on the date of the alleged accident. Identify the financial responsibility upon such motor vehicles, as defined by 75 Pa. C.S. Section 1702.

4. State in detail the manner in which the alleged accident occurred, specifying the speed, position, direction and location of each motor vehicle involved, just before, at the time of, and immediately after the alleged accident.

5. Describe the lighting conditions, weather conditions and the condition of the road(s) surface(s) existing at the time and place of the alleged accident.

6. Describe the streets or other byways involved in the alleged accident, as follows:
 - (a) In terms of traffic lanes (i.e. parking, travel, turn-only lanes), the width of the streets or other byways;

 - (b) Type of road surface (i.e. concrete, black top, dirt, gravel, etc.);

 - (c) Roadway surface condition(s) (i.e. dry, wet, muddy, etc.);

 - (d) Any defects in the roadway which you believe contributed to the happening of the

alleged accident.

7. State:

- (a) In which lane the respective motor vehicles were traveling before the alleged accident and in which lane the alleged accident occurred;

- (b) When you first observed the other motor vehicle involved in the alleged accident, stating the distance at that moment from the ultimate point of contact and the respective speeds of the motor vehicles at that time;

- (c) The speed of your vehicle;
 - (1) At 100 feet from the point of contact;

 - (2) At 50 feet from the point of contact;

 - (3) At the point of contact.

- (d) Whether your (or your operator's) view was clear, or what obstruction, if any, existed at the time of the alleged accident;

- (e) What you (or your operator) did in an attempt to avoid the alleged accident;

- (f) The exact point of contact of the motor vehicles, in terms of distance from the various curb lines or other significant landmarks and their final resting positions;

- (g) Whether the responding and/or investigating police officers cited any of the drivers involved in the alleged accident for a violation(s) of any statute, law, ordinance or regulation and if so, describe.
-
- 8. Describe any and all damage to the motor vehicle in which you were an occupant or driver as a direct result of the alleged accident.

 - 9. Identify the person and/or company who repaired and/or evaluated your motor vehicle to prepare a repair estimate.

 - 10. If the motor vehicle you were the owner and/or driver or occupant of has been sold since the time of the accident, state the date of the sale, identify by name and address the person who purchased the motor vehicle and the sale price of the motor vehicle.

 - 11. State your address of departure and intended destination during your route of travel at the time of the alleged accident.

 - 12. State the name, home and business address of the following:
 - (a) Those who actually witnessed the alleged accident;

- (b) Those who were present at or near the scene at the time of the alleged accident;
 - (c) Those who have any knowledge or information as to any facts pertaining to the circumstances and manner of the happening of the alleged accident or the nature of the injuries sustained in the alleged accident.

- 13. List by company name, claim address and policy number(s) all policies of motor vehicle and/or health/medical insurance (including HMOs and health and welfare funds) providing coverage to you on the date of the accident for any portion of your injuries/damages which you contend are related to the accident. Provide copies of the "declaration sheets" of all such policies in your possession, custody and/or control. With respect to any motor vehicle policy issued in the Commonwealth of Pennsylvania, indicate your Tort Option selection (i.e. "Full Tort" or "Limited Tort").

- 14. State all economic as well as non-economic damages and/or loses you believe you sustained as a direct result of the alleged accident. Describe in detail all injuries you sustained, including their nature, extent and duration.

- 15. State:
 - (a) The identity, by name and address, of each hospital or university medical center where you were examined and/or treated and whether you were admitted;

- (b) The identity of any person(s) who examined, evaluated or treated you, noting their name, address and specialty;
 - (c) The identity, by name and address of any diagnostic test center that provided services and what test were performed;
 - (d) The date(s) of all examination(s), evaluation(s), treatment(s) and/or confinement(s) by healthcare professionals and their corresponding charges.
 - (e) Identify any healthcare professional(s) you are currently consulting and/or treating with for any of the injuries and/or damages you sustained as a direct result of the alleged accident and what symptoms you still allegedly suffer from.
16. If you contend that the alleged accident aggravated a pre-existing condition(s), state:
- (a) The nature and extent of such pre-existing condition;
 - (b) The date upon which you believe you recovered from symptomatology of the pre-existing condition(s), prior to the accident date;
 - (c) The name and address of the healthcare professional(s) who treated you for the pre-existing condition(s); and
 - (d) The date of and circumstances causing you to incur the pre-existing condition(s).

17. If you have fully recovered from the injuries you allege to have sustained in the present accident, state the approximate date you recovered. If you have not fully recovered from your injuries, then describe any pain, ailment, complaint, injury or disability that you allege you still suffer from as a direct result of the alleged accident.

18. State whether you sustained any injuries or suffered from any disease, deformity, or impairment, prior to or subsequent to the accident herein, which in any way affected those parts of your body claimed to have been injured as a direct result of the instant accident. If so, state:
 - (a) The nature and extent of any such injury, disease, deformity or impairment;

 - (b) The date of the occurrence or diagnosis of such injury, disease, deformity or impairment;

 - (c) The names and address(es) of the healthcare professional(s) you have consulted with and/or treated with and the corresponding dates thereof, for such injury, disease, deformity or impairment.

19. If you are currently employed, were employed at the time of the alleged accident and/or employed for five (5) years before the accident date, state as to each time period:
 - (a) By whom;

 - (b) Your stated title or position and accompanying duties and responsibilities;

 - (c) The length of your employment;

- (d) Number of hours worked per week and/or number of days worked per week;
 - (e) Hourly wage and/or salary as well as supplemental wages (i.e. bonuses, overtime, etc.).
20. State the dates you have been absent from work since the date of the alleged accident for reasons relating to the injuries, damages and/or losses you sustained in the accident. If you have returned to your employment, state the date you returned and whether there had been any change in your stated title or position, accompanying duties and/or responsibilities and/or your wage, salary or supplemental wages and identify by name and address the employment you returned to.
21. Describe in detail any future lost wage claim and/or impairment of earning capacity and/or power you believe you will have as a direct result of the alleged accident and the basis thereof.
22. If you have ever been involved in any prior litigation as a party or witness, describe the nature of the lawsuit, the Commonwealth or State, County, court term and number of the lawsuit, as well as the outcome of the lawsuit, if you were a party thereto.
23. If you allege that the Defendant(s) violated any Statute, law, ordinance or regulation which contributed to the happening of the alleged accident, cite the Title and Section of said law and describe the basis for such allegation.

24. If you have engaged, or expect to engage, healthcare professionals and/or other expert witnesses (i.e. accident reconstructionists), whom you intend to have testify or whose report you intend to submit at trial on your behalf on any matter pertaining to this action, state:
- (a) The name of the expert;
 - (b) The expert's professional address;
 - (c) The expert's occupation;
 - (d) The expert's specialty;
 - (e) The expert's qualifications (i.e. Curriculum Vitae);
 - (f) The topic or subject matter upon which the expert is expected to testify;
 - (g) The substance of the facts to which the expert is expected to testify;
 - (h) The substance of the opinion to which the expert is expected to testify;

- (i) A summary of the grounds or foundation for each opinion the expert is expected to testify.

25. State whether you have been convicted of any crime(s) in the past ten (10) years, and if so, state the nature of such conviction.

Name of Attorney
Attorney for Plaintiff(s)
Identification No.:
Address
Telephone No.:
Fax No.:
e-mail:

I _____, subject to the penalties of 18 Pa C.S.A. §4904, relating to unsworn falsification to authorities, state the attached answers and/or documents are submitted in response to the foregoing Interrogatories and/or Requests for Production of Documents and that to the best of my knowledge, information and belief they are true and complete.

Signature

EXHIBIT “C”

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY**

PLAINTIFF'S NAME	:	Civil Trial Division
	:	
	:	Compulsory Arbitration
	:	Program
vs.	:	
	:	_____ Term, 20
	:	
DEFENDANT'S NAME	:	No. _____

PLAINTIFF'S INTERROGATORIES TO DEFENDANTS
PREMISES LIABILITY CASES

Plaintiff(s) hereby make demand that the Defendant(s) answer the following Interrogatories pursuant to the Pennsylvania Rules of Civil Procedure 4001 et seq. These Interrogatories must be answered as provided in Pa. R.C.P. 4006 and the Answers must be served on all other parties within thirty (30) days after the Interrogatories are deemed served.

These Interrogatories are deemed to be continuing as to require the filing of Supplemental Answers promptly in the event Defendant(s) or their representatives (including counsel) learn additional facts not set forth in its original Answers or discover that information provided in the Answers is erroneous. Such Supplemental Answers may be filed from time to time, but not later than 30 days after such further information is received, pursuant to Pa. R.C.P. 4007.4.

These Interrogatories are addressed to you as a party to this action; your answers shall be based upon information known to you or in the possession, custody or control of you, your attorney or other representative acting on your behalf whether in preparation for litigation or otherwise. These Interrogatories must be answered completely and specifically by you in writing and must be verified. The fact that investigation is continuing or that discovery is not complete shall not be used as an excuse for failure to answer each interrogatory as completely as possible. The omission of any name, fact, or other item of information from the Answers shall be deemed a representation that such name, fact, or other item was not known to Defendant(s), their counsel, or other representatives at the time of service of the Answers.

1. Identify, by name, title, residence and business address(es)(if employed by defendant, so state, as well as in what capacity) the following individuals:
 - (a) All persons known to defendant (or known to any person acting on behalf of the defendant) who actually witnessed all or any part of the accident;
 - (b) All persons known to defendant (or known to any person acting on behalf of the defendant) who were present at or near the scene at the time of the accident;
 - (c) All persons who last examined or inspected the place where the accident occurred, prior to the accident;

- (d) All persons who first examined or inspected the place where the accident occurred, subsequent to the accident;

 - (e) As to Statements obtained by or on behalf of defendant, or any other Statements known or believed by defendant to have been obtained from any of the persons identified in (a),(b),(c), and/or (d) above, identify all persons providing such Statements; whether the said Statements were written or oral, and identify all persons in possession, custody and/or control of such Statements
2. Except as set forth in 1 above, identify, by name, title, residence and business address(es) and their employers, all persons, including potential expert witnesses (and their field of expertise), from whom defendant or anyone acting on defendant's behalf has obtained any information as to how the accident happened, the cause of the accident or alleged resulting injuries.
3. Did defendant, or anyone acting on behalf of the defendant, receive any reports or complaints from any source during the six (6) months prior to the accident, concerning the conditions of the place where the accident occurred? If so, state:
- (a) When:

 - (b) From whom received:

 - (c) The nature of each such report or complaint:

 - (d) Any action(s) taken by defendant in response thereto:

 - (e) The name, address and job title of the person(s) who has custody, possession and/or control of such reports or complaints.

4. Were any repairs or changes made to the place where the accident occurred (or instrumentality involved in the accident) after the accident occurred? If so, state when they were made, the kind of repairs or changes made, and identify who made such repairs or changes, as well as whose decision it was to initiate the repairs or changes.

5. Set forth the names and addresses of all persons, other than the plaintiff, who have made a claim against the defendant(s) for injuries or damages allegedly occurring in substantially the same area or manner, during the two (2) year period preceding this accident. If lawsuits have been filed concerning any of those claims, state the Commonwealth or State, County, court term and number.

6.
 - (a) At the time of the accident, were the premises where the accident occurred possessed, controlled and/or maintained by the defendant(s)? If not, identify who did possess, control and/or maintain them.

 - (b) Identify, including name, title, residence and business address(es) the person(s) who last maintained and/or cleaned the premises (or instrumentality) where the accident occurred.

7. Are the premises where the accident occurred owned or leased by the defendant(s). If leased, state:
 - (a) From whom said premises are leased:

 - (b) Dates of said lease:

8. State any violations of City Ordinances or Codes for which defendant or anyone acting on defendant's behalf were cited regarding the alleged accident as well as the dates of said violations.

9. Were there any signs, barriers or anything else at or near the scene of the alleged accident (or instrumentality) warning of the conditions existing thereon? If so, state:

- (a) When said warnings were placed at the scene and by whom:
 - (b) Describe exactly what the warning was and the exact dimensions of said warning:
 - (c) The exact location of said warning.
10. State whether or not the defendant(s) (or anyone acting on behalf of the defendant(s)) are in the possession, custody and/or control of or know of the existence of any photographs, sketches, reproductions, charts, maps or diagrams of the scene of the accident, and if so, state:
- (a) The date(s) they were taken or made:
 - (b) The name, title, residence and business address of the person(s) taking them and in the possession, custody and/or control of them:
 - (c) The subject or object of the particular site or view of each of them.
11. Is defendant's name correct as it appears in the complaint? If not, provide the correct name for purposes of litigation.
12. State the weather conditions on the day of and the day before the accident and whether you allege that the weather conditions contributed to the happening of Plaintiff's accident.
13. Identify, by name, title, residence and business address(es), the persons supplying the answers to these Interrogatories and whether they do so from personal knowledge. Otherwise, state the sources from which the information was obtained.
14. Was/were defendant(s) insured by any carrier for liability and/or excess (i.e. "umbrella")

benefits applicable to Plaintiff's accident? If so, identify by name and address the insurance carrier and the exact name of the insured and the amount of applicable liability insurance benefits. If self-insured, for all or any monetary part of a liability claim, so state (including the limits).

15. Was any videotaping performed on the day of this accident at the location where the accident occurred? If so, was there any type of log, record, compilation or other documentation of the videotaping performed; identify by name, title, residence and business address, the person who is charged with the care, custody, possession and/or control of the recording(s).

16. If you contend that plaintiff was guilty of comparative/contributory negligence, then fully and specifically describe upon what conduct, acts or omissions of plaintiff you base your contention. If you contend that any other party, person and/or entity is responsible for the plaintiff's injuries, damages and/or losses, then fully and specifically describe upon what conduct, acts or omissions of such party, person and/or entity you base your contention.

17. If you have engaged, or expect to engage, healthcare professionals and/or other expert witnesses (i.e. accident reconstructionists), whom you intend to have testify or whose report you intend to submit at trial on your behalf on any matter pertaining to this action, state:
 - (a) The name of the expert;

 - (b) The expert's professional address;

 - (c) The expert's occupation;

- (d) The expert's specialty;
- (e) The expert's qualifications (i.e. Curriculum Vitae);
- (f) The topic or subject matter upon which expert is expected to testify;
- (g) The substance of the facts to which the expert is expected to testify;
- (h) The substance of the opinion to which the expert is expected to testify;
- (i) A summary of the grounds for each opinion the expert is expected to testify.

18. If you, your attorney or any representative of yours, conducted any sound, photographic, motion picture film, personal sight or any other type of surveillance of the Plaintiff(s), state:

- (a) By whom (name and address of company and individual);

- (b) The date(s) of such surveillance;
- (c) The time(s) of such surveillance;
- (d) The location(s) of such surveillance;
- (e) The method by which such surveillance was made;
- (f) A summary of what such surveillance reveals.

19. At the time of the alleged accident or immediately thereafter, did you (or your agent(s), servant(s), worker(s) and/or employee(s)) have any conversation(s) with or make any statement(s) to any of the parties or witnesses, or did any of them make any statement(s) to you or in your presence. If so, state the substance of any such conversation(s) or statement(s) and identify in whose presence it occurred.
20. Identify any healthcare professionals' records you are in the possession, custody and/or control of.

Name of Attorney
Attorney for Plaintiff(s)
Identification No.:
Address
Telephone No.:
Fax No.:
e-mail address:

I _____, subject to the penalties of 18 Pa C.S.A. §4904, relating to unsworn falsification to authorities, state the attached answers and/or documents are submitted in response to the foregoing Interrogatories and/or Requests for Production of Documents and that to the best of my knowledge, information and belief they are true and complete.

Signature

EXHIBIT “D”

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY**

PLAINTIFF'S NAME : **Civil Trial Division**
: **Compulsory Arbitration**
: **Program**
vs. : _____
: **Term, 20**
: _____
DEFENDANT'S NAME : **No. _____**

DEFENDANT'S INTERROGATORIES ADDRESSED TO PLAINTIFF
Premises Liability Cases

Defendant(s) hereby make demand that the Plaintiff(s) answer the following Interrogatories pursuant to the Pennsylvania Rules of Civil Procedure 4001 et seq. These Interrogatories must be answered as provided in Pa. R.C.P. 4006 and the Answers must be served on all other parties within thirty (30) days after the Interrogatories are deemed served.

These Interrogatories are deemed to be continuing as to require the filing of Supplemental Answers promptly in the event Plaintiff(s) or their representatives (including counsel) learn additional facts not set forth in its original Answers or discover that information provided in the Answers is erroneous. Such Supplemental Answers may be filed from time to time, but not later than 30 days after such further information is received, pursuant to Pa. R.C.P. 4007.4.

These Interrogatories are addressed to you as a party to this action; your answers shall be based upon information known to you or in the possession, custody or control of you, your attorney or other representative acting on your behalf whether in preparation for litigation or otherwise. These Interrogatories must be answered completely and specifically by you in writing and must be verified. The fact that investigation is continuing or that discovery is not complete shall not be used as an excuse for failure to answer each interrogatory as completely as possible. The omission of any name, fact, or other item of information from the Answers shall be deemed a representation that such name, fact, or other item was not known to Plaintiff(s), their counsel, or other representatives at the time of service of the answers.

1. State:

(a) Your full name (maiden name, if applicable), alias(es), date of birth, marital status (name of spouse) at the time of the cause of action and currently, residence and business addresses at the time the cause of action arose and currently and Social Security Number.

2. Describe in detail how the accident/incident giving rise to this lawsuit occurred, including but not limited to the date, time, location, weather conditions and lighting conditions of the area where the accident/incident occurred.

3. State the names and addresses of all persons whom you or anyone acting on your behalf, know or believe:
 - (a) Actually witnessed the accident/incident;

 - (b) Were present at the scene of the accident/incident, immediately after its occurrence;

 - (c) Were within sight or hearing of the accident/incident;

 - (d) Witnessed any of the events leading up to the accident/incident, subsequent to the accident/incident, or of the subsequent investigation; and

 - (e) Those who have any knowledge or information as to any facts pertaining to the circumstances and/or manner of the happening of the alleged accident or the nature of the injuries sustained in the alleged accident.

4. Describe in detail all injuries sustained by you as a result of the alleged accident/incident, including but not limited to the nature, extent and duration of such injuries.

5. State:

(a) The identity, by name and address, of each hospital or university medical center where you were examined and/or treated and whether you were admitted;

(b) The identity of any person(s) who examined, evaluated or treated you, noting their name, address and specialty;

(c) The identity, by name and address, of any diagnostic test center that provided services and what tests were performed;

(d) The date(s) of all examination(s), evaluation(s), treatment(s) and/or confinement(s) by healthcare professionals and their corresponding charges.

(e) Identify any healthcare professional(s) you are currently consulting and/or treating with for any of the injuries and/or damages you sustained as a direct result of the alleged accident and what symptoms you still allegedly suffer from.

6. If you contend that the alleged accident aggravated a pre-existing condition(s), state:

(a) The nature and extent of such pre-existing condition;

(b) The date upon which you believe you recovered from symptomatology of the pre-existing condition(s), prior to the accident date;

(c) The name and address of the healthcare professional(s) who treated you for the pre-existing condition(s); and

(d) The date of and circumstances causing you to incur the pre-existing condition(s).

7. If you have fully recovered from the injuries you allege to have sustained in the present accident, state the approximate date you recovered. If you have not fully recovered from your injuries, then describe any pain, ailment, complaint, injury or disability that you allege you still suffer from as a direct result of the alleged accident.

8. State whether you sustained any injuries or suffered from any disease, deformity, or impairment, prior to or subsequent to the accident herein, which in any way affected those parts of your body claimed to have been injured as a direct result of the instant accident. If so, state:

(a) The nature and extent of any such injury, disease, deformity or impairment;

(b) The date of the occurrence or diagnosis of such injury, disease, deformity or impairment;

(c) The names and address(es) of the healthcare professional(s) you have consulted and/or treated with and the corresponding dates thereof, for such injury, disease, deformity or impairment.

9. If you are currently employed, were employed at the time of the alleged accident and/or employed for five (5) years before the accident date, state as to each time period:

(a) By whom;

(b) Your stated title or position and accompanying duties and responsibilities;

(c) The length of your employment;

(d) Number of hours worked per week and/or number of days worked per week;

(e) Hourly wage and/or salary, as well as supplemental wages (i.e. bonuses, overtime, etc.).

10. State the dates you have been absent from work since the date of the alleged accident for reasons relating to the injuries, damages and/or losses you sustained in the accident. If you have returned to your employment, state the date you returned and whether there had been any change in your stated title or position, accompanying duties and responsibilities and your wage, salary or supplemental wages and identify by name and address the employment you returned to.
11. Describe in detail any future lost wage claim and/or impairment of earning capacity and/or power you believe you will have as a direct result of the alleged accident and the basis thereof.
12. State all economic as well as non-economic damages and/or losses you believe you sustained as a direct result of the alleged accident. Describe in detail all injuries you sustained, including their nature, extent and duration.
13. State whether you had any conversation with the defendant(s) or a representative of the defendant(s). If so, state, in detail, the subject matter of the conversation and the dates thereof.

14. If you have obtained any Statement(s) from the defendant(s) or defendant's representative(s) or from any other person relating to the subject accident/incident, state the date of such Statement(s), by whom it was taken and the context of such Statement(s).

15. If you allege that the Defendant(s) violated any Statute, law, ordinance or regulation which contributed to the happening of the alleged accident, cite the Title and Section of said law and describe the basis for such allegation.

16. If you have engaged, or expect to engage, healthcare professionals and/or other expert witnesses (i.e. accident reconstructionists), whom you intend to have testify or whose report you intend to submit at trial on your behalf on any matter pertaining to this action, state:
 - (a) The name of the expert;

 - (b) The expert's professional address;

 - (c) The expert's occupation;

 - (d) The expert's specialty;

 - (e) The expert's qualifications (i.e. Curriculum Vitae);

 - (f) The topic or subject matter upon which the expert is expected to testify;

 - (g) The substance of the facts to which the expert is expected to testify;

(h) The substance of the opinion to which the expert is expected to testify;

(i) A summary of the grounds or foundation for each opinion the expert is expected to testify.

17. State whether you have been convicted of any crime(s) in the past ten (10) years, and if so, state the nature of such conviction.

18. State the name and address of the photographer and/or videographer who took any photos or videos relating to the alleged accident/incident, if any, and the date that they were taken.

19. If you have ever been involved in any prior litigation as a party or witness, describe the nature of the lawsuit, the Commonwealth or State, County, court term and number of the lawsuit, as well as the outcome of the lawsuit, if you were a party thereto.

Name of Attorney
Attorney for Plaintiff(s)
Identification No.:
Address
Telephone No.:
Fax No.:
e-mail:

I _____, subject to the penalties of 18 Pa C.S.A. §4904, relating to unsworn falsification to authorities, state the attached answers and/or documents are submitted in response to the foregoing Interrogatories and/or Requests for Production of Documents and that to the best of my knowledge, information and belief they are true and complete.

Signature

EXHIBIT ‘E’

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY**

PLAINTIFF'S NAME : **Civil Trial Division**
:
:
:
Compulsory Arbitration
:
Program
vs. :
:
: _____ **Term, 20**
:
:
DEFENDANT'S NAME : **No. _____**

**PLAINTIFF(S) REQUEST FOR PRODUCTION
OF DOCUMENTS DIRECTED TO DEFENDANT(S)**

You are requested to produce, in accordance with Pennsylvania Rule of Civil Procedure 4009, the originals or clear, readable copies of the below listed documents and/or items unless protected by the attorney-client privilege or the work-product doctrine. These documents and/or items will be examined and/or photocopied; photograph negatives will be processed and photographs reproduced, videotapes and audiotapes shall be viewed and/or heard and a copy made. The below listed documents and/or items are to be produced at Plaintiff's counsel's office on or before thirty (30) days from the date of service herein. Such request is continuing up to and at the time of trial.

DEFINITIONS

A. "You" or "your" refers to Defendant(s) herein and to all other persons acting or purporting to act on behalf of Defendant(s), including agents and employees.

B. "Communications" shall mean all inquiries, discussions, conversations, negotiations, agreements, understandings, meetings, telephone conversations, letters, correspondence, notes, telegrams, telexes, advertisements, facsimiles, e-mail, or other forms of verbal and/or communicative intercourse.

C. "Documents" shall mean all written or graphic matter of every kind or description, however, produced or reproduced, whether draft or final, original or reproduction signed or unsigned, and regardless of whether approved, signed, sent, received, redrafted, or executed, including but not limited to: written communications, letters, correspondence, facsimiles, e-mail, memoranda, minutes, notes, films, recordings, of any type, transcripts, contracts, agreements, purchase or sales orders, memoranda of telephone conversations of personal conversations, diaries, desk calendars, interoffice communications, reports, studies, bills, receipts, checks, checkbooks, invoices, requisitions or material similar to any of the foregoing however denominated, by whomever prepared, and to whomever addressed, which are in your possession, custody or control or to which you have had or can obtain access.

D. "Persons" means an individual, corporation, partnership, trust, associations,

company, organization, or any form of a business or commercial entity.

E. "Identify" when used with respect to an individual, means to state (1) their name; (2) business affiliation and official title and/or position; and (3) their last known residential and business address.

F. "Identify" when used with respect to a document, means to state (1) the type of document (e.g. letter, memorandum, hand-written note, facsimile, e-mail); (2) its date of origin or creation; (3) its author and addressee; (4) its last known custodian or locations; and (5) a brief description of its subject matter and size. In lieu of identifying any document(s), you may attach a copy of it to your answer, indicating the question to which it is responsive.

G. "Identify" when used with respect to a company or other business entity, means to state, (1) the company's legal name, any former names, and the name under which it trades or does business (2) the address of its principal place of business; and (3) the identity of its chief executive officer.

H. "Relate to" means consist of, refer to, reflect or be in any way logically connected with the matter discussed.

I. The period of time encompassed by these requests shall be from the date of the alleged accident to the date of answering, unless otherwise indicated. Note, this request is continuing up to and at the time of trial.

J. For purposes of the Rule, a statement includes:

(1) A written statement, signed or otherwise adopted or approved by the person making it, or

(2) A stenographic, mechanical, electronic, videographic or other recording, or a transcript thereof, which is a substantially verbatim recital of an oral statement by the person making it and contemporaneously recorded.

REQUESTS

1. The entire claims and investigation file or files including but not limited to daily activity sheets, diary sheets, and status sheets of any insurance adjuster and/or risk employee/manager, internal memoranda regarding this claim created, sent and/or received by any insurance adjuster or other adjuster, risk employee/manager and/or by the Defendant(s) or an agent/employee of the Defendant(s), communications to and from all insurance carriers, parties, Defendant(s), or potential parties, request(s) for investigation, and/or reports/findings of investigators, both in-house and/or independent and/or all insurance policies of the Defendant(s), excluding references to mental impressions, conclusions, or opinions representing the value or merit of the claim or defense or respecting strategy or tactics and privileged communications from counsel.

2. All statements and communications of any and all witnesses including any and all statements of Plaintiff(s) and Defendant(s), including taped recordings, whether transcribed or not, as well as all written statements.

3. The name, home and business address of the insurance carrier investigators employed by the Defendant(s) or its insurance carrier to investigate this claim, treatment of the Plaintiff(s), witnesses, or any other aspect of the incidents that form the basis of Plaintiff(s) Complaint. Also, attach any documents, records or communications of or prepared by the investigator acquired as a result of their investigation(s), including but not limited to telephone calls, correspondence, facsimiles, e-mail, billing, inspections or observations, interviews, statements and/or findings.

4. The name, home and business address, background and qualifications of any and all persons in the employ of Defendant(s), who in *anticipation* and/or *preparation* of litigation, is expected to be called to trial.

5. Any and all documents and communications containing the name and home and business addresses of all individuals contacted as *potential* witnesses.

6. Reports, communications, and/or documents prepared by any and all experts who *will* testify or whose reports will be submitted at trial.

7. Reports, manuals, textbooks, policy sheets or other documents, or communications which any said expert, potential expert, witness or potential witness has consulted or reviewed as a *result* or in *preparation* of this litigation or *will* consult or review.

8. Resumes and qualifications of any and all experts who *will* testify or whose reports will be submitted at trial.

9. Copies of any and all photographs, diagrams, drawings, charts, models, movie films or video-tapes which relate, refer or pertain to Plaintiff(s), any other party to this action, the incident site and/or any instrumentality involved in the incident described in Plaintiff(s) Complaint.

10. Any and all documents and communications substantiating any defense to Plaintiff's cause of action.

11. Copies of any and all reports and records prepared by any physician, hospital or healthcare provider who has examined Plaintiff(s) *excluding* those actually provided by counsel for Plaintiff.

12. Central indexing information on Plaintiff(s), and any and all Defendant(s) or employees of the Defendant(s) for this alleged accident, alleged prior accident(s), and alleged subsequent accident(s).

13. Verification of the policy limits for liability benefits, medical payments and any

“umbrella” or excess benefits, including a copy of the policy, including applicable policy declarations page.

14. Copies of internal memoranda, inter-office memos, facsimiles, e-mail or other documents or communications regarding this claim, made by the Defendant(s) and/or any agent and/or employee of Defendant(s), or their insurance carrier(s).

15. Any and all reports, communications and/or documents prepared by Defendant(s) or their employee(s)/agent(s) containing the facts, circumstances and causes of this alleged accident.

16. The name and address of the manager of Defendant's claim office located at the place where Plaintiff(s) medical bills and reports were submitted to.

17. Any and all documents of any nature whatsoever which refer in any way to the incident described in Plaintiff(s) Complaint and/or the facts or circumstances leading up to and following said incident.

18. All property damage estimates rendered for any object belonging to the Plaintiff(s) and/or Defendant(s) which was involved in this alleged accident.

19. Any and all press releases concerning this alleged accident or any incident relating to this lawsuit.

20. Any and all documents or other tangible materials of any nature whatsoever which you plan to have marked for identification at a deposition or trial, introduce into evidence at a deposition or trial, or about which you plan to question a witness at a deposition or trial.

21. Any and/or all documents or communications of any nature whatsoever which relate, refer or pertain to Plaintiff(s), any other party to this action, the incident, incident site and/or any instrumentality involved in the incident described in Plaintiff(s) Complaint.

22. All documents and/or communications relating to any facts on the basis of which it is asserted that the conduct of the Plaintiff(s) contributed to the happenings of the alleged occurrence or to the alleged injuries or losses suffered allegedly as a result of this accident.

23. Any and all documents of any nature whatsoever referred to in Defendant's(s') Answers to Plaintiff's(s') Interrogatories.

This request is deemed to be continuing insofar as if any of the above is secured *subsequent* to the date herein for the production of same, said documents, photographs, statements, reports, etc., are to be provided to Plaintiff's counsel within thirty (30) days of receipt of same.

Name of Attorney
Attorney for Plaintiff(s)
Identification No.:
Address
Telephone No.:
Fax No.:
e-mail address:

I _____, subject to the penalties of 18 Pa C.S.A. §4904, relating to unsworn falsification to authorities, state the attached answers and/or documents are submitted in response to the foregoing Interrogatories and/or Requests for Production of Documents and that to the best of my knowledge, information and belief they are true and complete.

Signature

EXHIBIT ‘F’

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY**

PLAINTIFF'S NAME : **Civil Trial Division**
:
:
:
Compulsory Arbitration
:
Program
vs. :
:
: _____ **Term, 20**
:
:
DEFENDANT'S NAME : **No. _____**

**DEFENDANT(S) REQUEST FOR PRODUCTION
OF DOCUMENTS DIRECTED TO PLAINTIFF(S)**

You are requested to produce, in accordance with Pennsylvania Rule of Civil Procedure 4009, the originals or clear, readable copies of the below listed documents and/or items unless protected by the attorney-client privilege or the work-product doctrine. These documents and/or items will be examined and/or photocopied; photograph negatives will be processed and photographs reproduced, videotapes and audiotapes shall be viewed and/or heard and a copy made. The below listed documents and/or items are to be produced at Defendant's counsel's office on or before thirty (30) days from the date of service herein. Such request is continuing up to and at the time of trial.

DEFINITIONS

A. "You" or "your" refers to Plaintiff(s) herein and to all other persons acting or purporting to act on behalf of Plaintiff(s), including agents and employees.

B. "Communications" shall mean all inquiries, discussions, conversations, negotiations, agreements, understandings, meetings, telephone conversations, letters, correspondence, notes, telegrams, telexes, advertisements, facsimiles, e-mail, or other forms of verbal and/or communicative intercourse.

C. "Documents" shall mean all written or graphic matter of every kind or description, however, produced or reproduced, whether draft or final, original or reproduction signed or unsigned, and regardless of whether approved, signed, sent, received, redrafted, or executed, including but not limited to: written communications, letters, correspondence, facsimiles, e-mail, memoranda, minutes, notes, films, recordings, of any type, transcripts, contracts, agreements, purchase or sales orders, memoranda of telephone conversations of personal conversations, diaries, desk calendars, interoffice communications, reports, studies, bills, receipts, checks, checkbooks, invoices, requisitions or material similar to any of the foregoing however denominated, by whomever prepared, and to whomever addressed, which are in your possession, custody or control or to which you have had or can obtain access.

D. "Persons" means an individual, corporation, partnership, trust, associations,

company, organization, or any form of a business or commercial entity.

E. "Identify" when used with respect to an individual, means to state (1) their name; (2) business affiliation and official title and/or position; and (3) their last known residential and business address.

F. "Identify" when used with respect to a document, means to state (1) the type of document (e.g. letter, memorandum, hand-written note, facsimile, e-mail); (2) its date of origin or creation; (3) its author and addressee; (4) its last known custodian or locations; and (5) a brief description of its subject matter and size. In lieu of identifying any document(s), you may attach a copy of it to your answer, indicating the question to which it is responsive.

G. "Identify" when used with respect to a company or other business entity, means to state, (1) the company's legal name, any former names, and the name under which it trades or does business (2) the address of its principal place of business; and (3) the identity of its chief executive officer.

H. "Relate to" means consist of, refer to, reflect or be in any way logically connected with the matter discussed.

I. The period of time encompassed by these requests shall be from the date of the alleged accident to the date of answering, unless otherwise indicated. Note, this request is continuing up to and at the time of trial.

J. For purposes of the Rule, a statement includes:

(1) A written statement, signed or otherwise adopted or approved by the person making it, or

(2) A stenographic, mechanical, electronic, videographic or other recording, or a transcript thereof, which is a substantially verbatim recital of an oral statement by the person making it and contemporaneously recorded.

REQUESTS

1. The entire claims and investigation file or files including but not limited to communications to and from all insurance carriers, parties, Plaintiff(s), or potential parties, request(s) for investigation, and/or reports/findings of investigators, both in-house and/or independent and/or all insurance policies of the Plaintiff(s), excluding references to mental impressions, conclusions, or opinions representing the value or merit of the claim or respecting strategy or tactics and privileged communications from counsel.

2. All statements and communications of any and all witnesses including any and all statements of Plaintiff(s) and Defendant(s), including taped recordings, whether transcribed or not, as well as all written statements.

3. Any and all documents and communications which support Plaintiff's claim(s) for wage loss and impairment of earning capacity and/or power.

4. The name, home and business address, background and qualifications of any and all persons in the employ of Plaintiff(s), who in *anticipation* and/or *preparation* of litigation, is expected to be called to trial.

5. Any and all documents and communications containing the name and home and business addresses of all individuals contacted as *potential* witnesses.

6. Reports, communications, and/or documents prepared by any and all experts who *will* testify or whose reports will be submitted at trial.

7. Reports, manuals, textbooks, policy sheets or other documents, or communications which any said expert, potential expert, witness or potential witness has consulted or reviewed as a *result* or in *preparation* of this litigation or *will* consult or review.

8. Resumes and qualifications of any and all experts who *will* testify or whose reports will be submitted at trial.

9. Copies of any and all photographs, diagrams, drawings, charts, models, movie films or video-tapes which relate, refer or pertain to Defendant(s), any other party to this action, the incident site and/or any instrumentality involved in the incident described in Plaintiff(s) Complaint.

10. Any and all documents and communications substantiating any claim to Plaintiff's cause of action.

11. Copies of any and all bills, reports, notes and records prepared by any physician, hospital or healthcare provider who has examined, evaluated and/or treated Plaintiff(s) for injuries allegedly sustained as a direct result of the instant matter.

12. Copies of any and all bills, reports, notes and records prepared by any physician, hospital or healthcare provider who has examined, evaluated and/or treated Plaintiff(s) for injuries, diseases, deformities or impairments sustained by Plaintiff(s) or suffered from by Plaintiff(s) prior to and/or subsequent to the accident herein.

13. Verification of the policy limits for first party benefits (i.e. PIP or medical payment coverage or wage loss coverage, etc.), including a copy of the policy, including applicable policy declarations page, sign-down forms and Tort Option selection forms.

14. Any and all documents of any nature whatsoever which refer in any way to the incident described in Plaintiff(s) Complaint and/or the facts or circumstances leading up to and following said incident.

15. All property damage estimates rendered for any object belonging to the Plaintiff(s) and/or Defendant(s) which was involved in this alleged accident.

16. Any and all press releases concerning this alleged accident or any incident relating to this lawsuit.

17. Any and all documents or other tangible materials of any nature whatsoever which you plan to have marked for identification at a deposition or trial, introduce into evidence at a deposition or trial, or about which you plan to question a witness at a deposition or trial.

18. Any and/or all documents or communications of any nature whatsoever which relate, refer or pertain to Plaintiff(s), any other party to this action, the incident, incident site and/or any instrumentality involved in the incident described in Plaintiff(s) Complaint.

19. All documents and/or communications relating to any facts on the basis of which it is asserted that the conduct of the Defendant(s) contributed to the happenings of the alleged occurrence or to the alleged injuries or losses suffered allegedly as a result of this accident.

20. Any and all documents of any nature whatsoever referred to in Plaintiff's(s') Answers to Defendant's(s') Interrogatories.

This request is deemed to be continuing insofar as if any of the above is secured *subsequent* to the date herein for the production of same, said documents, photographs, statements, reports, etc., are to be provided to Defendant's counsel within thirty (30) days of receipt of same.

Name of Attorney
Attorney for Plaintiff(s)
Identification No.:
Address
Telephone No.:
Fax No.:
e-mail address:

I _____, subject to the penalties of 18 Pa C.S.A. §4904, relating to unsworn falsification to authorities, state the attached answers and/or documents are submitted

in response to the foregoing Interrogatories and/or Requests for Production of Documents and that to the best of my knowledge, information and belief they are true and complete.

Signature

EXHIBIT “G”

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
IN THE COURT OF COMMON PLEAS OF PHILADELPHIA
CIVIL TRIAL DIVISION**

: **Compulsory Arbitration Program**
:
:
:
: TERM, 20
: NO.

Notice to Answer or Respond To Standard Written Discovery

To:

Pursuant to Trial Division Administrative Docket No. 2005-02, you must answer the Standard Interrogatories checked below and produce the documents requested in the Request for Production of Documents, if checked below, within thirty (30) days:

- Plaintiff's Interrogatories Addressed to Defendant – Motor Vehicle Liability;
- Defendant's Interrogatories Addressed to Plaintiff – Motor Vehicle Liability;
- Plaintiff's Interrogatories Addressed to Defendant – Premises Liability;
- Defendant's Interrogatories Addressed to Plaintiff – Premises Liability;
- Plaintiff's Request for Production of Documents
- Defendant's Request for Production of Documents

I acknowledge that I (if I am representing myself) or my client (if this Notice is signed by an attorney) will answer Standard Interrogatories and Requests for Production of Documents within thirty (30) days, as required by Trial Division Administrative Order 2005-02.

A COPY OF THE STANDARD INTERROGATORIES OR REQUESTS FOR PRODUCTION OF DOCUMENTS NEED NOT BE PROVIDED TO ATTORNEYS.

**COPIES OF THE ABOVE DOCUMENTS MAY BE OBTAINED ON THE COURT'S WEBSITE, AT
<http://courts.phila.gov>.**

Date: _____

Name of Party, or Attorney if Represented

Plaintiff Defendant Other:

Supreme Court I.D. No. _____

E-Mail Address: _____

Phone Number: _____

Street Address: _____