

**IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS**

JOHN D. DOE, )  
Plaintiff, ) Case No.  
vs. )  
THOMAS M. SMITH, )  
Defendant. )  
\_\_\_\_\_  
)

**Interrogatories from Defendant to Plaintiff**

1. Please provide the following information:

- a) Your full name and any other names or nicknames that you have used or gone by;
- b) If your name has ever been legally changed state when, where and through what procedure and provide your original name;
- c) Your date of birth;
- d) Your place of birth;
- e) Your social security number;
- f) Your driver's license number.

**ANSWER:**

2. State your present residential address and the period during which you have resided at this address. List all other addresses at which you have resided during the past ten (10) years and the dates during which you resided at each address.

**ANSWER:**

3. State the name and address of each school, college, or educational institution you have attended, listing the dates of attendance for each.

**ANSWER:**

4. State your present marital status; if you have previously been married, please list the names and last known address of all former spouses, the dates of such marriages, the manner in which the former marriages were terminated and the caption of any divorce proceedings you have been involved in. Please list the name, date of birth and current residential address of each of your children.

**ANSWER:**

5. For the ten (10) years immediately preceding the date of the filing of this lawsuit state:

- a) The names and addresses of each of your employers;
- b) The dates of commencement and termination of each such employment;
- c) Provide a detailed description of the services or work performed for each employment;
- d) Your average weekly wages or earnings from each place of employment;
- e) For each employer, whether a physical examination was required, and if so, state the date, place and person giving the physical examination;
- f) For each employer, whether or not you made any representations in writing or answered in writing any questions concerning your physical condition;
- g) The name of your immediate supervisor, foreman, boss or other superior to

whom you were or are responsible at each of the places of employment.

**ANSWER:**

6. Do you allege that you have lost any income from your business or occupation and/or any loss of earning capacity as a result of the occurrence referred to in your pleadings? If so, state the following:

- a) The specific nature of your alleged injury that has caused such loss of income and/or loss of earning capacity;
- b) The number of days of income lost and the specific dates;
- c) The specific amount of any wages or income lost;
- d) The specific amount of any alleged loss of earning capacity;
- e) The amount of time, in your best judgment, that you will lose in the future;
- f) Set forth in detail the formula or method of computation of the alleged lost earnings, income or earning capacity;
- g) Provide the name and address of your supervisor who can verify each of these claims.

**ANSWER:**

7. With respect to each of the past five (5) years, provide the following:

- a) Your gross income as reported on your income tax return;
- b) The name and address of the person, firm, or corporation having custody of any papers pertaining to your income for each of these years;
- c) The regional office of the Director of Internal Revenue with which each of your income tax returns was filed;

- d) The state tax authority or authorities with whom you filed income tax returns;
- e) The amount of tax shown to be due on each federal and state return.

**ANSWER:**

8. Please state the name, address, business address, and telephone number of each individual likely to have discoverable information relevant to disputed facts alleged in the pleadings and identify the subject of the information.

**ANSWER:**

9. Please identify your current health insurance carrier and all past health insurance carriers for the past ten (10) years and provide their address, telephone number, and the policy or group number for your policy with each carrier and the dates you were covered by each carrier.

**ANSWER:**

10. Please state in detail the injuries and diseases you claim that you suffered as a result of the occurrence referred to in your pleadings.

**ANSWER:**

11. State the name, address and telephone number of each doctor, hospital, clinic, institution, social worker, counselor or other health care or mental health care professional whom you have consulted or by whom you have been examined or treated for any physical, mental or emotional injury, damage or loss you claim to have been caused by any defendant in this action and state the date of each contact with each such health care provider and provide a description of the injury or malady for which examination or treatment was sought.

**ANSWER:**

12. If you have incurred any bills or expenses in connection with the injuries, diseases or damages you suffered because of the occurrence referred to in your pleadings, itemize the amount of each such bill or expense, describe the service for which the bill or expense was incurred, provide the date such expense was incurred and the identity and address of the person who rendered the bill or who was involved in the expense.

**ANSWER:**

13. Except for the injuries complained of in the present lawsuit, have you at any time either before or after the date of the occurrence referenced in your pleadings, been injured, disabled or suffered an illness of any nature? If so, please state the following for each such illness, injury or disability:

- a) The date, location and circumstance of the injury disability or illness;
- b) The precise nature of the injury, illness or disability;
- c) The names, addresses and telephone numbers of all hospitals, persons or medical providers who examined or treated you for those injuries, illnesses or disabilities; and
- d) If the injury, disability or illness was caused by an accident, the names, addresses and telephone numbers of any other parties or witnesses involved.

**ANSWER:**

14. State the name, address and telephone number of each doctor, hospital, clinic, institution, social worker, counselor or other health care or mental health care professional whom

you have consulted or by whom you have been examined or treated at any time, both before and after the occurrence in question, other than those by whom you have been examined or treated for injuries alleged to have been sustained in this incident. State the date of each contact with each such health care provider and provide a description of the injury or malady for which examination or treatment was sought.

**ANSWER:**

15. Have you made any claim for any type of benefits under any type of insurance policy relating to injuries arising out of this occurrence (including, but not limited to health insurance, personal injury protection benefits, medical pay coverage, Medicare, Medicaid, etc.)? If so, state the following:

- a) The name, address and telephone number of the insurance company or organization to whom the claim was made;
- b) The date of the claim or application;
- c) The claim number and policy number;
- d) The disposition of each such claim including the total amount received from any insurance company on any claim.

**ANSWER:**

16. Except for the present lawsuit, please state whether you have ever had or made any other claim or suit for injury or disability. (This includes, but is not limited to, any claim or suit for workers compensation benefits, social security benefits, disability benefits, etc.). If your answer is yes, please state for each such claim or suit:

- a) The approximate date of the claim or suit;
- b) The nature of the claimed injury or disabilities;
- c) The name, address and telephone number of each person, firm, corporation, or other organization against whom such claim or suit was filed;
- d) The name, address and telephone number of the court, commission or other body with which said claim or suit was filed;
- e) The amount, by way of settlement, judgment or otherwise, you obtained from each such claim or suit.

**ANSWER:**

17. Please list the names, addresses and telephone numbers of all persons from whom anyone, according to your best information and belief, obtained statements or factual memoranda (whether hand written, oral, typewritten, court reporter recorded or otherwise) pertaining to the facts related in any way to the claim or claims upon which this suit is based. With respect to each, please furnish a brief description of the statements or memoranda sufficient to identify it, including type, date and to whom given.

**ANSWER:**

18. Have you, or has anyone on your behalf, conducted any investigations of the occurrence which is the subject matter of this lawsuit? If your answer is yes, identify:

- a) Each person and the employer of each person who conducted any investigation;
- b) The date of the investigation;
- c) All notes, reports, statements or other documents prepared during or as a result of the investigation and identify the person or persons who have possession thereof.

**ANSWER:**

19. If you have been arrested, charged with and/or convicted of any crimes (including traffic offenses), felony or misdemeanor, by any city, state or federal authorities, please state for each arrest, charge and/or conviction:

- a) A description of the crime charged;
- b) The disposition of the charge;
- c) A description of the court case filed, including but not limited to, the name of the county and state, the case number, etc.;
- d) The date of each.

**ANSWER:**

20. If you have completed any statement of health or physical condition or have been examined by a physician or other medical practitioner in connection with any application for employment, application for insurance, or otherwise, within the past ten (10) years, state the approximate date and place of making or filing any such application or statement including the name of the person or entity to whom the statement was given, the address of that person or entity and the telephone number of that person or entity.

**ANSWER:**

21. State whether you have filed any application for unemployment compensation within the last ten (10) years with any state agency. If so, state the date of application, the agency at which it was filed and the agency file number.

**ANSWER:**

22. With respect to each person whom you expect to call as an expert witness at trial, please state:

- a) Name and address;
- b) The subject matter on which the expert is expected to testify; any treatment rendered to the plaintiff and the extent of any injuries;
- c) The substance of the facts and opinions to which the expert is expected to testify;
- d) A summary of the grounds and opinions of each expert;
- e) Whether written report has been or will be prepared by the expert.

**ANSWER:**

23. State whether or not the vehicle in which you were riding was repaired? If so state:

- a) The date of the repairs;
- b) The name and address of the person or corporation making such repairs;
- c) The nature of such repairs;
- d) The cost of such repairs;
- e) If written records or memoranda were made of such repairs, state where, when and the names and addresses of the person making such records or memoranda, the present whereabouts of the memoranda, and the name and address of the person in possession or custody of such records or memoranda;
- f) If the vehicle was not repaired, state whether or not an estimate of the necessary repairs was made and, if so, state the name and address of the person making such estimate;
- g) State the value of the vehicle immediately before and immediately after the

accident;

h) If you were the owner of the vehicle, state the date you purchased the vehicle, the name and address of the person or entity from whom you purchased the vehicle and the sales price of the vehicle on that date.

**ANSWER:**

24. Please state in detail your version of how the occurrence complained of in your pleadings took place.

**ANSWER:**

25. Please state the total amount of damages that you are claiming as a result of this occurrence including an itemization of each specific element of damage that you are claiming and the corresponding monetary amount that you are attributing to each specific element of damage in accordance with the provisions of K.S.A. 60-249a.

**ANSWER:**

26. Have you sustained any additional financial losses as a result of the occurrence complained of other than those covered by the preceding interrogatories? If so, state:

a) The nature and amount of such losses;  
b) The date of these alleged losses;  
c) The names, addresses and telephone numbers of any persons to whom any money so claimed as an additional loss was paid.

**ANSWER:**

27. Please list all medicine purchased or used by you in connection with the treatment of the injuries complained of, the cost thereof, and the store or stores from which the medicine was purchased.

**ANSWER:**

28. Did you consume any alcoholic beverage or any type, or any sedative, tranquilizer or other drug, medicine or pill during the forty-eight (48) hours immediately preceding the occurrence referred to in your pleadings? If so, state:

- a) The nature, amount and type of item consumed;
- b) The amount of time over which it was consumed;
- c) The names, addresses and telephone numbers of any and all persons who have any knowledge concerning the consumption of these items.

**ANSWER:**

29. Have you ever served in the Armed Forces or performed services for any branch of any governmental agency? If so, state:

- a) The name of each such organization and the particular branch for whom you performed services;
- b) The dates and places of such services;
- c) Your serial or identification number;
- d) A detailed description of the services performed;
- e) Whether or not a physical examination was required, and if so, the dates and places of such examinations;
- f) The date of termination of such services;

g) A detailed description of the reason why the services were discontinued and/or the condition for the discharge.

**ANSWER:**

30. Please provide either copies of or a description by category and location of all documents, date compilations, and tangible things in your possession, custody, or control that are relevant to disputed facts alleged in the pleadings.

**ANSWER:**

31. With respect to your contention that the defendant is liable for damages, please state the following with specificity:

- a) The factual basis for your contention including claims of fault or other bases of liability;
- b) The name, address and telephone number of each individual who has relevant knowledge concerning the contention;
- c) Identify any and all documents known to you that are relevant to the contention.

**ANSWER:**

32. Is it contended that the incident alleged in the petition was caused in whole or in part by a violation of a statute, regulation or code provision? If so, state:

- a) The citation for each;
- b) The specific manner in which it is alleged that each such provision was not complied with or violated.

**ANSWER:**

33. Please state with respect to decedent:

- a) Full name;
- b) Date of birth;
- c) Social Security Number;
- d) Date of marriage(s) and name of spouse(s);
- e) Children's names and dates of birth.

**ANSWER:**

34. List all addresses at which decedent resided in the ten years prior to death. Include dates resided at each address and the names of the persons with whom the decedent resided at each address.

**ANSWER:**

35. With regard to the decedent's employment for the five years preceding death, state:

- a) The names and addresses of each employer;
- b) The nature of the duties with each employer;
- c) The dates of each employment;
- d) The rate of pay or salary at the time of termination of each employment;
- e) The reason for termination of each employment.

**ANSWER:**

36. For each hospital in which the decedent had been treated for ten years before death for any medical condition, including mental conditions, state:

- a) The name and address of each facility;

- b) The date or approximate date of treatment at each facility;
- c) The condition for which the decedent was treated during each hospitalization.

**ANSWER:**

37. For each physician or practitioner of the healing arts by whom the decedent was treated for ten (10) years before death for any medical condition, including mental conditions, state:

- a) The name and address of each physician or practitioner;
- b) The date or approximate date the decedent was treated by each;
- c) The conditions for which the decedent was treated by each.

**ANSWER:**

38. Please state with respect to decedent for the past five (5) years:

- a) Gross income as reported on any income tax returns;
- b) The name and address of the person, firm or corporation having custody of any papers pertaining to decedent's income for each of these years;
- c) The regional office of the Director of Internal Revenue with which each of these income tax returns was filed;
- d) The state tax authority or authorities with whom the decedent filed income tax returns;
- e) The amount of tax shown to be due on each federal and state return.

**ANSWER:**

39. Did the decedent during the last five (5) years of life contribute money or other

tangible benefits to you? If so, please specify the date of each contribution, the reason for each contribution, the amount or value of each contribution, and describe anything of value decedent received in exchange for such contribution.

**ANSWER:**

40. State whether or not the decedent performed services for you during the last five (5) years of life and, if so, for each such service, please state:

- a) A description of each service performed;
- b) Total time spent by decedent performing the service per year, and the frequency with which the decedent performed each service;
- c) The date decedent last performed each such service;
- d) Compensation, if any, decedent received for performing each service;
- e) The name, address and relationship to decedent to each person or agency compensating decedent for each service;
- f) The total cost of getting others to perform each service performed by decedent.

**ANSWER:**

41. If you have received personally or have benefitted from another's receipt of money or services from any source as a result of the decedent's death, please state:

- a) The source of such money for services;
- b) The amount of money or description of services so received;
- c) The dates of all such payments.

The question is intended to include medical, life or other insurance proceeds, social security benefits, pension benefits, gratuitous monies or services, etc.

**ANSWER:**

42. Please describe specifically and in detail the education of the decedent, a description of any special or unusual skills, talents or abilities, occupational training, employment experience, and whether decedent was licensed by any agency, governmental or non-governmental, to perform any profession, trade or occupation.

**ANSWER:**

43. How many hours per day and per week did you regularly spend with the decedent in the last five (5) years of life?

**ANSWER:**

44. What hobbies, sports, games, cultural activities, vocational activities and other interests did you share with the decedent or enjoy in common with decedent?

**ANSWER:**

45. State specifically and in detail all facts and evidence that you are aware of to lead you to believe that the decedent experienced conscious pain and suffering.

**ANSWER:**

46. State specifically and in detail all facts and circumstances to support your claim that you suffered a pecuniary loss as a result of the death of the decedent and, in regard to your claim for pecuniary loss, itemize specifically and in detail your pecuniary damages and losses and set forth the method used in computing such losses.

**ANSWER:**

47. Have any of the costs of treatment of the alleged injuries been paid for by coverage through a federal employee benefits program or a benefits program governed by ERISA? Will any such costs be submitted for payment to a federal employee benefits program or a benefits program governed by ERISA? If the answer is “yes” to either question, please state the title of the program, who is the named insured under the program, who administers the program and what payments have been made through the program.

**ANSWER:**

48. List all facts that support your allegation that Defendants knew of would have known about the defects in the subject real estate.

**ANSWER:**

49. List the name, address and phone number of any witness who has knowledge of the alleged defects in the subject real estate.

**ANSWER:**

50. State your opinion as to the actual value of the real estate at the time of your purchase and your opinion of the value of the property as such property was represented to be at the time of your purchase.

**ANSWER:**

51. State all facts that support your allegations of fraudulent misrepresentation by any of

the Defendants, specifically identifying which Defendants made what specific fraudulent misrepresentation.

**ANSWER:**

52. List all facts which support your allegation that Defendant(s) did not exercise reasonable care in obtaining and/or communicating information concerning the condition of the subject real estate, specifically identifying each such item with each specific Defendant.

**ANSWER:**

53. List any inspections you requested which were not performed prior to your purchase of the subject real estate.

**ANSWER:**

54. Do you contend Defendants had any knowledge of the real estate which they withheld from the Plaintiffs? If so, specify which Defendant withheld any such knowledge from the Plaintiffs and the specifics of such knowledge which was withheld.

**ANSWER:**

55. With regard to your claims under the Kansas Consumer Protection Act, specify all deceptive acts and practices which you contend the Defendants engaged in, specifically setting forth which Defendant violated which specific provision of the Kansas consumer Protection Ace, the nature of the violation and the facts which support such contention.

**ANSWER:**

56. With regard to your claims under the Kansas Consumer Protection Act, specify all unconscionable acts and practices which you contend the Defendants engaged in, specifically setting forth which Defendant violated which specific provision of the Kansas consumer Protection Act, the nature of the violation and the facts which support such contention.

**ANSWER:**

57. Describe in detail each act or omission on the part of Defendants which you contend constituted negligent misrepresentation and was a contributing cause of the damages alleged by you.

In response to this Interrogatory, list each Defendant separately, with specific acts or omissions.

**ANSWER:**

58. Identify all persons or entities who have inspected the real estate that is the subject matter of this lawsuit during the period of your ownership, including in your answer any written documentation of such inspections and/or factual descriptions of the findings of any such inspections which have not been reduced to writing.

**ANSWER:**

59. Identify any and all documents in your possession or under your control which document income and expenses from the real estate (Rental Property).

**ANSWER:**