

Sample Discovery Documents

1. Sample Request for Admission

If you checked "Truth of Facts" and the box for paragraph 1 on the DISC-020 form, label a page "Attachment 1."

ATTACHMENT 1

Each request must be consecutively numbered. If you will be asking about the genuineness of documents in a separate attachment, you may want to label these requests more descriptively, (e.g., "Request for Admission No. 1"), to avoid confusion in the responses.

1. Admit that you were involved in a vehicle collision with the Plaintiff on June 20, 2008.
2. Admit that on June 20, 2008, you were driving a red 2008 Toyota Prius automobile, California license 6ABC123.
3. Admit that you are the owner of the 2008 Toyota Prius automobile California license 6ABC123.
4. Admit that the accident on June 20, 2008 was caused when your vehicle collided with the rear bumper of a 2005 Ford Taurus, California license 5XYZ987.
5. Admit that the Plaintiff was the driver of the 2005 Ford Taurus.
6. Admit that the collision on June 20, 2008, was caused by your negligence.
7. Admit that as a result of the collision June 20, 2008, the Plaintiff's 2005 Ford Taurus experienced damages in the amount of \$4,500.00
8. Admit that as a result of the collision June 20, 2008, the Plaintiff experienced personal injuries resulting in \$18,532.28 in medical expenses.

Write out each fact you wish the other party to admit is true. When writing these facts, be as clear and concise as possible. Each request must be for a single fact; do not include multiple facts, compound questions, or subparts. If you find that you are using "and," "or," or lots of commas or semi-colons, your request probably includes more than one fact.

It is often easiest to phrase each request as "Admit that..." This can help ensure that you are asking the other party to admit or deny a fact, rather than to provide new information.

Use your Requests for Admission to establish the elements of your cause of action or affirmative defense, or to disprove the other party's causes of action or affirmative defenses.

To determine what facts you will need to prove in your case, consult:

Judicial Council of California Civil Jury Instructions (CACI) KFC 1047 .A65 W48
Electronic Access: www.courts.ca.gov/partners/juryinstructions.htm.

For more information, see the Legal Research Guide on Jury Instructions on our website at www.saclaw.org/jury-instructions.

If you checked "Genuineness of Documents" and the box for paragraph 2 on the DISC-020 form, label a page "Attachment 2."

ATTACHMENT 2

Each request must be consecutively numbered. Do not duplicate any numbers used in another attachment. If you asked for admissions in a separate attachment, you may want to label these requests more descriptively, (e.g., "Request for Genuineness of Documents No. 1"), to avoid confusion in the responses.

9. Admit that the photograph attached as Exhibit A is a true depiction of the intersection of 9th and F Street in Sacramento California as it existed on June 20, 2008.
10. Admit that the document attached as Exhibit B is a true copy of the handwritten note that you provided to the plaintiff on June 20, 2008.
11. Admit that the photograph attached as Exhibit C is a true depiction of the front of your 2008 Toyota Prius California license 6ABC123, as it looked on June 20, 2008, immediately after the vehicle collision that is the subject of this lawsuit.

Identify each document you wish the other side to admit is genuine. Each request must be for a single document; do not include compound requests or subparts. If you find that you are using "and," "or," or lots of commas or semi-colons, your request probably needs to be re-phrased. Each document must be attached as an Exhibit.

It is often easiest to phrase each request as "Admit that..." This can help ensure that you are asking the other party to admit or deny a fact, rather than to provide new information.

If a party admits that a document is genuine, the genuineness of that document does not need to be proven at trial, but the facts stated in the document are not established. For example, admitting a contract is genuine does not admit that the clauses of the contract are enforceable, or admitting that a written statement by a person is a genuine copy of that statement does not admit that the facts in the statement are true.

When attaching exhibits, place a sheet of pleading paper with "Exhibit A" (or "B," or however the Exhibit is identified) typed near the bottom in front of each exhibit.

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2. Sample Response to Request for Admission

1 PAUL SAMPLE
123 ANYSTREET
2 SACRAMENTO, CA, 95814
916-555-1234
Defendant, In Pro Per

Responding party's name, address and telephone number. "In Pro Per" means you are representing yourself.

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO

Case number.

9 ACME, INC.

Plaintiff(s)

vs.

13 PAUL SAMPLE

Defendant(s)

Case No.: 34-2008-00009999

DEFENDANT PAUL SAMPLE'S
RESPONSES TO PLAINTIFF ACME,
INC.'S REQUEST FOR ADMISSIONS

SET ONE

Set number. This number must match the number shown on the requests.

16 PROPOUNDING PARTY: ACME, INC.
17 RESPONDING PARTY: PAUL SAMPLE
18 SET NUMBER: ONE (1)

Names of the propounding (asking) and responding parties, and the set number. This number must match the number shown on the requests.

19 RESPONDING PARTY hereby answers PROPOUNDING PARTY's Request for Admissions:

20 REQUEST FOR ADMISSION NO. 1:
Admit.

21 REQUEST FOR ADMISSION NO. 2:
Deny

22 REQUEST FOR ADMISSION NO. 3:

23 Cannot truthfully admit or deny the matters set forth in this request because he does not
24 have knowledge of these matters, and despite reasonable inquiry into the matter by
25 reviewing all of the records and information available to him, to obtain information from
26 which the truth or falsity of the matter might be learned.

Respond to each request individually. You do not need to repeat the text of the request, but your responses must be in the same order as the requests, and each response should be labeled with the same number or letter as the request. The downloadable template provides spaces for three responses. Delete those you do not use, or add more if needed.

Your responses **must** include this verification language.

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

28 Dated: _____

Sign and date

Paul Sample, Defendant In Pro Per

3. Sample Form Interrogatories

(Unlimited Civil Cases > \$25,000)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
 Paul Sample
 123 Any Street
 Sacramento, CA 95814

TELEPHONE NO.: 916-555-1234
 FAX NO. (Optional):
 E-MAIL ADDRESS (Optional):
 ATTORNEY FOR (Name): In Pro Per

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Sacramento
 720 Ninth Street
 Sacramento, CA 95814

SHORT TITLE OF CASE:
 Acme, Inc. vs. Sample

FORM INTERROGATORIES—GENERAL

Asking Party: Paul Sample

Answering Party: Acme, Inc.
 Set No.: One

CASE NUMBER:
 34-2012-12345678

Your name, address, and phone number. In Pro Per means you're representing yourself.

Court name and address.

Last names of Plaintiff and Defendant.

Case Number.

Names of the Requesting and Responding parties, and the set number of these requests. Use the name of the party, not the party's attorney.

Sec. 1. Instructions to All Parties

- (a) Interrogatories are written questions prepared for use in an action that are sent to any other party in the action and are answered under oath. The interrogatories below are the interrogatories approved for use in civil cases.
- (b) For time limitations, requirements for service of interrogatories, and other details, see Code of Civil Procedure sections 2030.010–2030.410 and the cases construing those sections.
- (c) These form interrogatories do not change existing law relating to interrogatories nor do they affect an answering party's right to assert any privilege or make any objection.

Sec. 2. Instructions to the Asking Party

- (a) These interrogatories are designed for optional use by parties in unlimited civil cases where the amount demanded exceeds \$25,000. Separate interrogatories, Form Interrogatories—Limited Civil Cases (Economic Litigation) (form DISC-004), which have no subparts, are designed for use in limited civil cases where the amount demanded is \$25,000 or less; however, those interrogatories are not to be used in unlimited civil cases.
- (b) Check the box next to each interrogatory that you want the answering party to answer. Use care in checking interrogatories that are applicable to the case.
- (c) You may insert your own definition of **INCIDENT** in Section 4, but only where the action arises from a course of conduct or a series of events occurring over a period of time.
- (d) The interrogatories in section 16.0, Defendant's Contentions—Personal Injury, should not be used until the defendant has had a reasonable opportunity to conduct an investigation or discovery of plaintiff's injuries and damages.
- (e) Additional interrogatories may be attached.

Sec. 3. Instructions to the Answering Party

- (a) An answer or other appropriate response must be given to each interrogatory checked by the asking party.
- (b) As a general rule, answers to these interrogatories must be verified and signed by the answering party. If this definition of "Incident" is adequate for your case, check this box.

If this definition of "Incident" is adequate for your case, check this box.

- (d) Each answer must be as complete and straightforward as the information reasonably available to you, including the information possessed by your attorneys or agents, permits. If an interrogatory cannot be answered completely, answer it to the extent possible.
- (e) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.
- (f) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.
- (g) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.

Do not sign here. This is part of the instructions, not a space for your signature.

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

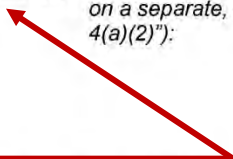
~~_____
(DATE)~~ ~~_____
(SIGNATURE)~~

Sec. 4. Definitions

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

- (a) (Check one of the following):

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

(2) **INCIDENT** means (insert your definition here or on a separate, attached sheet labeled "Sec. 4(a)(2)"): 

If you need to write your own definition of "Incident," check this box. Write in your definition, or write in "see attachment 4(a)(2)," and attach a separate sheet labeled Attachment 4(a)(2).

organization, partnership, business, trust, limited liability company, corporation, or public entity.

(d) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.

(e) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).

(f) **ADDRESS** means the street address, including the city, state, and zip code.

Sec. 5. Interrogatories

The following interrogatories have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

Check the box for each question you want the responding party to answer. If you do not want to ask the question, leave the box blank.

- 1.0 Identity of Persons Answering These Interrogatories
- 2.0 General Background Information—individual
- 3.0 General Background Information—business or organization
- 4.0 Insurance
- 5.0 [Reserved]
- 6.0 Physical, Mental, or Emotional Injuries
- 7.0 Property Damage
- 8.0 Loss of Income or Earning Capacity
- 9.0 Other Damages
- 10.0 Medical History
- 11.0 Other Claims and Previous Claims
- 12.0 Investigation—General
- 13.0 Investigation—Surveillance
- 14.0 Statutory or Regulatory Violations
- 15.0 Denials and Special or Affirmative Defenses
- 16.0 Defendant's Contentions Personal Injury
- 17.0 Responses to Request for Admissions
- 18.0 [Reserved]
- 19.0 [Reserved]
- 20.0 How the Incident Occurred—Motor Vehicle
- 25.0 [Reserved]
- 30.0 [Reserved]
- 40.0 [Reserved]
- 50.0 Contract
- 60.0 [Reserved]
- 70.0 Unlawful Detainer [See separate form DISC-003]
- 101.0 Economic Litigation [See separate form DISC-004]
- 200.0 Employment Law [See separate form DISC-002]
- Family Law [See separate form FL-145]

1.0 Identity of Persons Answering These Interrogatories

1.1 State the name, **ADDRESS**, telephone number, and relationship to you of each **PERSON** who prepared or assisted in the preparation of the responses to these interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

2.0 General Background Information—individual

2.1 State:
 (a) your name;
 (b) every name you have used in the past; and
 (c) the dates you used each name.

2.2 State the date and place of your birth.

2.3 At the time of the **INCIDENT**, did you have a driver's license? If so state:
 (a) the state or other issuing entity;
 (b) the license number and type;
 (c) the date of issuance; and
 (d) all restrictions.

2.4 At the time of the **INCIDENT**, did you have any other permit or license for the operation of a motor vehicle? If so, state:
 (a) the state or other issuing entity;
 (b) the license number and type;
 (c) the date of issuance; and
 (d) all restrictions.

2.5 State:
 (a) your present residence **ADDRESS**;
 (b) your residence **ADDRESSES** for the past five years; and
 (c) the dates you lived at each **ADDRESS**.

2.6 State:
 (a) the name, **ADDRESS**, and telephone number of your present employer or place of self-employment; and
 (b) the name, **ADDRESS**, dates of employment, job title, and nature of work for each employer or self-employment you have had from five years before the **INCIDENT** until today.

2.7 State:
 (a) the name and **ADDRESS** of each school or other academic or vocational institution you have attended, beginning with high school;
 (b) the dates you attended;
 (c) the highest grade level you have completed; and
 (d) the degrees received.

2.8 Have you ever been convicted of a felony? If so, for each conviction state:
 (a) the city and state where you were convicted;
 (b) the date of conviction;
 (c) the offense; and
 (d) the court and case number.

2.9 Can you speak English with ease? If not, what language and dialect do you normally use?

2.10 Can you read and write English with ease? If not, what language and dialect do you normally use?

- 2.11 At the time of the **INCIDENT** were you acting as an agent or employee for any **PERSON**? If so, state:
- the name, **ADDRESS**, and telephone number of that **PERSON**; and
 - a description of your duties.
- 2.12 At the time of the **INCIDENT** did you or any other person have any physical, emotional, or mental disability or condition that may have contributed to the occurrence of the **INCIDENT**? If so, for each person state:
- the name, **ADDRESS**, and telephone number;
 - the nature of the disability or condition; and
 - the manner in which the disability or condition contributed to the occurrence of the **INCIDENT**.
- 2.13 Within 24 hours before the **INCIDENT** did you or any person involved in the **INCIDENT** use or take any of the following substances: alcoholic beverage, marijuana, or other drug or medication of any kind (prescription or not)? If so, for each person state:
- the name, **ADDRESS**, and telephone number;
 - the nature or description of each substance;
 - the quantity of each substance used or taken;
 - the date and time of day when each substance was used or taken;
 - the **ADDRESS** where each substance was used or taken;
 - the name, **ADDRESS**, and telephone number of each person who was present when each substance was used or taken; and
 - the name, **ADDRESS**, and telephone number of any **HEALTH CARE PROVIDER** who prescribed or furnished the substance and the condition for which it was prescribed or furnished.

3.0 General Background Information—Business Entity

- 3.1 Are you a corporation? If so, state:
- the name stated in the current articles of incorporation;
 - all other names used by the corporation during the past 10 years and the dates each was used;
 - the date and place of incorporation;
 - the **ADDRESS** of the principal place of business; and
 - whether you are qualified to do business in California.
- 3.2 Are you a partnership? If so, state:
- the current partnership name;
 - all other names used by the partnership during the past 10 years and the dates each was used;
 - whether you are a limited partnership and, if so, under the laws of what jurisdiction;
 - the name and **ADDRESS** of each general partner; and
 - the **ADDRESS** of the principal place of business.
- 3.3 Are you a limited liability company? If so, state:
- the name stated in the current articles of organization;
 - all other names used by the company during the past 10 years and the date each was used;
 - the date and place of filing of the articles of organization;
 - the **ADDRESS** of the principal place of business; and
 - whether you are qualified to do business in California.

- 3.4 Are you a joint venture? If so, state:
- the current joint venture name;
 - all other names used by the joint venture during the past 10 years and the dates each was used;
 - the name and **ADDRESS** of each joint venturer; and
 - the **ADDRESS** of the principal place of business.
- 3.5 Are you an unincorporated association? If so, state:
- the current unincorporated association name;
 - all other names used by the unincorporated association during the past 10 years and the dates each was used; and
 - the **ADDRESS** of the principal place of business.
- 3.6 Have you done business under a fictitious name during the past 10 years? If so, for each fictitious name state:
- the name;
 - the dates each was used;
 - the state and county of each fictitious name filing; and
 - the **ADDRESS** of the principal place of business.
- 3.7 Within the past five years has any public entity registered or licensed your business? If so, for each license or registration:
- identify the license or registration;
 - state the name of the public entity; and
 - state the dates of issuance and expiration.

4.0 Insurance

- 4.1 At the time of the **INCIDENT**, was there in effect any policy of insurance through which you were or might be insured in any manner (for example, primary, pro-rata, or excess liability coverage or medical expense coverage) for the damages, claims, or actions that have arisen out of the **INCIDENT**? If so, for each policy state:
- the kind of coverage;
 - the name and **ADDRESS** of the insurance company;
 - the name, **ADDRESS**, and telephone number of each named insured;
 - the policy number;
 - the limits of coverage for each type of coverage contained in the policy;
 - whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and
 - the name, **ADDRESS**, and telephone number of the custodian of the policy.
- 4.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the **INCIDENT**? If so, specify the statute.

5.0 [Reserved]

6.0 Physical, Mental, or Emotional Injuries

- 6.1 Do you attribute any physical, mental, or emotional injuries to the **INCIDENT**? (If your answer is "no," do not answer interrogatories 6.2 through 6.7.)
- 6.2 Identify each injury you attribute to the **INCIDENT** and the area of your body affected.

6.3 Do you still have any complaints that you attribute to the **INCIDENT**? If so, for each complaint state:

- (a) a description;
- (b) whether the complaint is subsiding, remaining the same, or becoming worse; and
- (c) the frequency and duration.

6.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310) or treatment from a **HEALTH CARE PROVIDER** for any injury you attribute to the **INCIDENT**? If so, for each **HEALTH CARE PROVIDER** state:

- (a) the name, **ADDRESS**, and telephone number;
- (b) the type of consultation, examination, or treatment provided;
- (c) the dates you received consultation, examination, or treatment; and
- (d) the charges to date.

6.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the **INCIDENT**? If so, for each medication state:

- (a) the name;
- (b) the **PERSON** who prescribed or furnished it;
- (c) the date it was prescribed or furnished;
- (d) the dates you began and stopped taking it; and
- (e) the cost to date.

6.6 Are there any other medical services necessitated by the injuries that you attribute to the **INCIDENT** that were not previously listed (for example, ambulance, nursing, prosthetics)? If so, for each service state:

- (a) the nature;
- (b) the date;
- (c) the cost; and
- (d) the name, **ADDRESS**, and telephone number of each provider.

6.7 Has any **HEALTH CARE PROVIDER** advised that you may require future or additional treatment for any injuries that you attribute to the **INCIDENT**? If so, for each injury state:

- (a) the name and **ADDRESS** of each **HEALTH CARE PROVIDER**;
- (b) the complaints for which the treatment was advised; and
- (c) the nature, duration, and estimated cost of the treatment.

7.0 Property Damage

7.1 Do you attribute any loss of or damage to a vehicle or other property to the **INCIDENT**? If so, for each item of property:

- (a) describe the property;
- (b) describe the nature and location of the damage to the property;

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

7.2 Has a written estimate or evaluation been made for any item of property referred to in your answer to the preceding interrogatory? If so, for each estimate or evaluation state:

- (a) the name, **ADDRESS**, and telephone number of the **PERSON** who prepared it and the date prepared;
- (b) the name, **ADDRESS**, and telephone number of each **PERSON** who has a copy of it; and
- (c) the amount of damage stated.

7.3 Has any item of property referred to in your answer to interrogatory 7.1 been repaired? If so, for each item state:

- (a) the date repaired;
- (b) a description of the repair;
- (c) the repair cost;
- (d) the name, **ADDRESS**, and telephone number of the **PERSON** who repaired it;
- (e) the name, **ADDRESS**, and telephone number of the **PERSON** who paid for the repair.

8.0 Loss of Income or Earning Capacity

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

8.2 State:

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

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

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

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

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

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

8.8 Will you lose income in the future as a result of the **INCIDENT**? If so, state:

- (a) the facts upon which you base this contention;
- (b) an estimate of the amount;
- (c) an estimate of how long you will be unable to work; and
- (d) how the claim for future income is calculated.

9.0 Other Damages

9.1 Are there any other damages that you attribute to the **INCIDENT**? If so, for each item of damage state:

- (a) the nature;
- (b) the date it occurred;
- (c) the amount; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** to whom an obligation was incurred.

9.2 Do any **DOCUMENTS** support the existence or amount of any item of damages claimed in interrogatory 9.1? If so, describe each document and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

10.0 Medical History

10.1 At any time before the **INCIDENT** did you have complaints or injuries that involved the same part of your body claimed to have been injured in the **INCIDENT**? If so, for each state:

- (a) a description of the complaint or injury;
- (b) the dates it began and ended; and
- (c) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** whom you consulted or who examined or treated you.

10.2 List all physical, mental, and emotional disabilities you had immediately before the **INCIDENT**. (*You may omit mental or emotional disabilities unless you attribute any mental or emotional injury to the **INCIDENT**.*)

10.3 At any time after the **INCIDENT**, did you sustain injuries of the kind for which you are now claiming damages? If so, for each incident giving rise to an injury state:

- (a) the date and the place it occurred;
- (b) the name, **ADDRESS**, and telephone number of any other **PERSON** involved;
- (c) the nature of any injuries you sustained;
- (d) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** who you consulted or who examined or treated you; and
- (e) the nature of the treatment and its duration.

11.0 Other Claims and Previous Claims

11.1 Except for this action, in the past 10 years have you filed an action or made a written claim or demand for compensation for your personal injuries? If so, for each action, claim, or demand state:

- (a) the date, time, and place and location (closest street **ADDRESS** or intersection) of the **INCIDENT** giving rise to the action, claim, or demand;
- (b) the name, **ADDRESS**, and telephone number of each **PERSON** against whom the claim or demand was made or the action filed;

(c) the court, names of the parties, and case number of any action filed;

(d) the name, **ADDRESS**, and telephone number of any attorney representing you;

(e) whether the claim or action has been resolved or is pending; and

(f) a description of the injury.

11.2 In the past 10 years have you made a written claim or demand for workers' compensation benefits? If so, for each claim or demand state:

(a) the date, time, and place of the **INCIDENT** giving rise to the claim;

(b) the name, **ADDRESS**, and telephone number of your employer at the time of the injury;

(c) the name, **ADDRESS**, and telephone number of the workers' compensation insurer and the claim number;

(d) the period of time during which you received workers' compensation benefits;

(e) a description of the injury;

(f) the name, **ADDRESS**, and telephone number of any **HEALTH CARE PROVIDER** who provided services; and

(g) the case number at the Workers' Compensation Appeals Board.

12.0 Investigation—General

12.1 State the name, **ADDRESS**, and telephone number of each individual:

(a) who witnessed the **INCIDENT** or the events occurring immediately before or after the **INCIDENT**;

(b) who made any statement at the scene of the **INCIDENT**;

(c) who heard any statements made about the **INCIDENT** by any individual at the scene; and

(d) who **YOU OR ANYONE ACTING ON YOUR BEHALF** claim has knowledge of the **INCIDENT** (except for expert witnesses covered by Code of Civil Procedure section 2034).

12.2 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** interviewed any individual concerning the **INCIDENT**? If so, for each individual state:

(a) the name, **ADDRESS**, and telephone number of the individual interviewed;

(b) the date of the interview; and

(c) the name, **ADDRESS**, and telephone number of the **PERSON** who conducted the interview.

12.3 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** obtained a written or recorded statement from any individual concerning the **INCIDENT**? If so, for each statement state:

(a) the name, **ADDRESS**, and telephone number of the individual from whom the statement was obtained;

(b) the name, **ADDRESS**, and telephone number of the individual who obtained the statement;

(c) the date the statement was obtained; and

(d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original statement or a copy.

12.4 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** know of any photographs, films, or videotapes depicting any place, object, or individual concerning the **INCIDENT** or plaintiff's injuries? If so, state:

- (a) the number of photographs or feet of film or videotape;
- (b) the places, objects, or persons photographed, filmed, or videotaped;
- (c) the date the photographs, films, or videotapes were taken;
- (d) the name, **ADDRESS**, and telephone number of the individual taking the photographs, films, or videotapes; and
- (e) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of the photographs, films, or videotapes.

12.5 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** know of any diagram, reproduction, or model of any place or thing (except for items developed by expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310) concerning the **INCIDENT**? If so, for each item state:

- (a) the type (i.e., diagram, reproduction, or model);
- (b) the subject matter; and
- (c) the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

12.6 Was a report made by any **PERSON** concerning the **INCIDENT**? If so, state:

- (a) the name, title, identification number, and employer of the **PERSON** who made the report;
- (b) the date and type of report made;
- (c) the name, **ADDRESS**, and telephone number of the **PERSON** for whom the report was made; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of the report.

12.7 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** inspected the scene of the **INCIDENT**? If so, for each inspection state:

- (a) the name, **ADDRESS**, and telephone number of the individual making the inspection (except for expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310); and
- (b) the date of the inspection.

13.0 Investigation—Surveillance

13.1 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** conducted surveillance of any individual involved in the **INCIDENT** or any party to this action? If so, for each surveillance state:

- (a) the name, **ADDRESS**, and telephone number of the individual or party;
- (b) the time, date, and place of the surveillance;
- (c) the name, **ADDRESS**, and telephone number of the individual who conducted the surveillance; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of any surveillance photograph, film, or videotape.

13.2 Has a written report been prepared on the surveillance? If so, for each written report state:

- (a) the title;
- (b) the date;
- (c) the name, **ADDRESS**, and telephone number of the individual who prepared the report; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy.

14.0 Statutory or Regulatory Violations

14.1 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** contend that any **PERSON** involved in the **INCIDENT** violated any statute, ordinance, or regulation and that the violation was a legal (proximate) cause of the **INCIDENT**? If so, identify the name, **ADDRESS**, and telephone number of each **PERSON** and the statute, ordinance, or regulation that was violated.

14.2 Was any **PERSON** cited or charged with a violation of any statute, ordinance, or regulation as a result of this **INCIDENT**? If so, for each **PERSON** state:

- (a) the name, **ADDRESS**, and telephone number of the **PERSON**;
- (b) the statute, ordinance, or regulation allegedly violated;
- (c) whether the **PERSON** entered a plea in response to the citation or charge and, if so, the plea entered; and
- (d) the name and **ADDRESS** of the court or administrative agency, names of the parties, and case number.

15.0 Denials and Special or Affirmative Defenses

15.1 Identify each denial of a material allegation and each special or affirmative defense in your pleadings and for each:

- (a) state all facts upon which you base the denial or special or affirmative defense;
- (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts; and
- (c) identify all **DOCUMENTS** and other tangible things that support your denial or special or affirmative defense, and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

16.0 Defendant's Contentions—Personal Injury

16.1 Do you contend that any **PERSON**, other than you or plaintiff, contributed to the occurrence of the **INCIDENT** or the injuries or damages claimed by plaintiff? If so, for each **PERSON**:

- (a) state the name, **ADDRESS**, and telephone number of the **PERSON**;
- (b) state all facts upon which you base your contention;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
- (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

16.2 Do you contend that plaintiff was not injured in the **INCIDENT**? If so:

- (a) state all facts upon which you base your contention;
- (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
- (c) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

- 16.3 Do you contend that the injuries or the extent of the injuries claimed by plaintiff as disclosed in discovery proceedings thus far in this case were not caused by the **INCIDENT**? If so, for each injury:
- identify it;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.4 Do you contend that any of the services furnished by any **HEALTH CARE PROVIDER** claimed by plaintiff in discovery proceedings thus far in this case were not due to the **INCIDENT**? If so:
- identify each service;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.5 Do you contend that any of the costs of services furnished by any **HEALTH CARE PROVIDER** claimed as damages by plaintiff in discovery proceedings thus far in this case were not necessary or unreasonable? If so:
- identify each cost;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.6 Do you contend that any part of the loss of earnings or income claimed by plaintiff in discovery proceedings thus far in this case was unreasonable or was not caused by the **INCIDENT**? If so:
- identify each part of the loss;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.7 Do you contend that any of the property damage claimed by plaintiff in discovery Proceedings thus far in this case was not caused by the **INCIDENT**? If so:
- identify each item of property damage;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.8 Do you contend that any of the costs of repairing the property damage claimed by plaintiff in discovery proceedings thus far in this case were unreasonable? If so:
- identify each cost item;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.9 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** have any **DOCUMENT** (for example, insurance bureau index reports) concerning claims for personal injuries made before or after the **INCIDENT** by a plaintiff in this case? If so, for each plaintiff state:
- the source of each **DOCUMENT**;
 - the date each claim arose;
 - the nature of each claim; and
 - the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 16.10 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** have any **DOCUMENT** concerning the past or present physical, mental, or emotional condition of any plaintiff in this case from a **HEALTH CARE PROVIDER** not previously identified (except for expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310)? If so, for each plaintiff state:
- the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER**;
 - a description of each **DOCUMENT**; and
 - the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

17.0 Responses to Request for Admissions

- 17.1 Is your response to each request for admission served with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission:
- state the number of the request;
 - state all facts upon which you base your response;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts; and
 - identify all **DOCUMENTS** and other tangible things that support your response and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

18.0 *[Reserved]*

19.0 *[Reserved]*

20.0 How the Incident Occurred—Motor Vehicle

- 20.1 State the date, time, and place of the **INCIDENT** (closest street **ADDRESS** or intersection).
- 20.2 For each vehicle involved in the **INCIDENT**, state:
- the year, make, model, and license number;
 - the name, **ADDRESS**, and telephone number of the driver;

- (c) the name, **ADDRESS**, and telephone number of each occupant other than the driver;
- (d) the name, **ADDRESS**, and telephone number of each registered owner;
- (e) the name, **ADDRESS**, and telephone number of each lessee;
- (f) the name, **ADDRESS**, and telephone number of each owner other than the registered owner or lien holder; and
- (g) the name of each owner who gave permission or consent to the driver to operate the vehicle.
- 20.3 State the **ADDRESS** and location where your trip began and the **ADDRESS** and location of your destination.
- 20.4 Describe the route that you followed from the beginning of your trip to the location of the **INCIDENT**, and state the location of each stop, other than routine traffic stops, during the trip leading up to the **INCIDENT**.
- 20.5 State the name of the street or roadway, the lane of travel, and the direction of travel of each vehicle involved in the **INCIDENT** for the 500 feet of travel before the **INCIDENT**.
- 20.6 Did the **INCIDENT** occur at an intersection? If so, describe all traffic control devices, signals, or signs at the intersection.
- 20.7 Was there a traffic signal facing you at the time of the **INCIDENT**? If so, state:
- your location when you first saw it;
 - the color;
 - the number of seconds it had been that color; and
 - whether the color changed between the time you first saw it and the **INCIDENT**.
- 20.8 State how the **INCIDENT** occurred, giving the speed, direction, and location of each vehicle involved:
- just before the **INCIDENT**;
 - at the time of the **INCIDENT**; and (c) just after the **INCIDENT**.
- 20.9 Do you have information that a malfunction or defect in a vehicle caused the **INCIDENT**? If so:
- identify the vehicle;
 - identify each malfunction or defect;
 - state the name, **ADDRESS**, and telephone number of each **PERSON** who is a witness to or has information about each malfunction or defect; and
 - state the name, **ADDRESS**, and telephone number of each **PERSON** who has custody of each defective part.
- 20.10 Do you have information that any malfunction or defect in a vehicle contributed to the injuries sustained in the **INCIDENT**? If so:
- identify the vehicle;
 - identify each malfunction or defect;
 - state the name, **ADDRESS**, and telephone number of each **PERSON** who is a witness to or has information about each malfunction or defect; and
- (d) state the name, **ADDRESS**, and telephone number of each **PERSON** who has custody of each defective part.
- 20.11 State the name, **ADDRESS**, and telephone number of each owner and each **PERSON** who has had possession since the **INCIDENT** of each vehicle involved in the **INCIDENT**.
- 25.0 [Reserved]
- 30.0 [Reserved]
- 40.0 [Reserved]
- 50.0 Contract**
- 50.1 For each agreement alleged in the pleadings:
- identify each **DOCUMENT** that is part of the agreement and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
 - state each part of the agreement not in writing, the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to that provision, and the date that part of the agreement was made;
 - identify all **DOCUMENTS** that evidence any part of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
 - identify all **DOCUMENTS** that are part of any modification to the agreement, and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
 - state each modification not in writing, the date, and the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to the modification, and the date the modification was made;
 - identify all **DOCUMENTS** that evidence any modification of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**.
- 50.2 Was there a breach of any agreement alleged in the pleadings? If so, for each breach describe and give the date of every act or omission that you claim is the breach of the agreement.
- 50.3 Was performance of any agreement alleged in the pleadings excused? If so, identify each agreement excused and state why performance was excused.
- 50.4 Was any agreement alleged in the pleadings terminated by mutual agreement, release, accord and satisfaction, or novation? If so, identify each agreement terminated, the date of termination, and the basis of the termination.
- 50.5 Is any agreement alleged in the pleadings unenforceable? If so, identify each unenforceable agreement and state why it is unenforceable.
- 50.6 Is any agreement alleged in the pleadings ambiguous? If so, identify each ambiguous agreement and state why it is ambiguous.
- 60.0 [Reserved]

4. Sample Form Interrogatories (Limited Civil Cases < \$25,000)

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

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

Your name, address, and phone number. In Pro Per means you're representing yourself.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

Court name and address.

SHORT TITLE:

Last names of Plaintiff and Defendant.

Case Number.

FORM INTERROGATORIES—LIMITED CIVIL CASES (Economic Litigation)

Asking Party:

Answering Party:

Set No.:

CASE NUMBER:

Names of the Requesting and Responding parties, and the set number of these requests. Use the name of the party, not the party's attorney.

Sec. 1. Instructions to All Parties

- (a) Interrogatories are written questions in an action that are sent to any other party to be answered under oath. The interrogatories approved for use in economic litigation are the interrogatories approved for use in economic litigation.
- (b) For time limitations, requirements for parties, and other details, see Code of Civil Procedure sections 2030.010–2030.410 and the cases construing those sections.
- (c) These form interrogatories do not change existing law relating to interrogatories, nor do they affect an answering party's right to assert any privilege or make any objection.
- (b) As a general rule, within 30 days after you are served with these interrogatories, you must serve your responses on the asking party and serve copies of your responses on all other parties who have appeared. See Code of Civil Procedure sections 2030.260–2030.270 for details.
- (c) Each answer must be as complete and straight-forward as the information reasonably available to you permits. If an interrogatory cannot be answered completely, answer it to the extent possible.

Sec. 2. Instructions to the Asking Party

- (a) These interrogatories are designed for optional use by parties under economic litigation in limited civil cases. See Code of Civil Procedure sections 90 through 100. However, these interrogatories also may be used in unlimited civil cases.
- (b) There are restrictions on discovery for most limited civil cases. These restrictions limit the number of interrogatories that may be asked. For details, read Code of Civil Procedure section 94.
- (c) Some of these interrogatories are similar to the *Case Questionnaire for Limited Civil Cases* and may be omitted if the information sought has been provided in a completed *Case Questionnaire*.
- (d) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that apply to the case and are within the restrictions discussed above.
- (e) You may insert your own definition of **INCIDENT** in Section 4, but only where the action arises from a course of conduct or a series of events occurring over a period of time.
- (f) The interrogatories in section 116.0, Defendant's Contentions - Personal Injury, should not be used until defendant has had a reasonable opportunity to conduct an investigation.
- (g) Additional interrogatories are subject to the restrictions discussed above.
- (d) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.
- (e) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.
- (f) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.

Do not sign here. This is part of the instructions, not a space for your signature.

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

(DATE)

(SIGNATURE)

- (e) You may insert your own definition of **INCIDENT** in Section 4, but only where the action arises from a course of conduct or a series of events occurring over a period of time.
- (f) The interrogatories in section 116.0, Defendant's Contentions - Personal Injury, should not be used until defendant has had a reasonable opportunity to conduct an investigation.
- (g) Additional interrogatories are subject to the restrictions discussed above.

If this definition of "Incident" is adequate for your case, check this box.

Sec. 4. Definitions

Words in **BOLDFACE CAPITALS** in these interrogatories are defined as follows:
(Check one of the following):

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

Sec. 3. Instructions to the Answering Party

- (a) Subject to the restrictions discussed above, you must answer or provide another appropriate response to each interrogatory that has been checked below.

(2) **INCIDENT** means (insert your definition here or on a separate, attached sheet labeled "Sec. 4(a) (2)"): _____

If you need to write your own definition of "Incident," check this box. Write in your definition, or write in "see attachment 4(a)(2)," and attach a separate sheet labeled Attachment 4(a)(2).

FOR BEHALF
 your insurance
 attorneys, your
 acting on your

(c) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, corporation, or public entity.

(d) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostating, photographing, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.

(e) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).

(f) **ADDRESS** means the street address, including the city, state, and zip code.

Sec. 5. Interrogatories

The following interrogatories have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

Check the box for each question you want the responding party to answer. If you do not want to ask the question, leave the box blank.

- 101.0 Identity of Persons Answering These Interrogatories
- 102.0 General Background Information - Individual
- 103.0 General Background Information - Business Entity
- 104.0 Insurance
- 105.0 [Reserved]
- 106.0 Physical, Mental, or Emotional Injuries
- 107.0 Property Damage
- 108.0 Loss of Income or Earning Capacity
- 109.0 Other Damages
- 110.0 Medical History
- 111.0 Other Claims and Previous Claims
- 112.0 Investigation - General
- 113.0 [Reserved]
- 114.0 Statutory or Regulatory Violations
- 115.0 Claims and Defenses
- 116.0 Defendant's Contentions - Personal Injury
- 117.0 [Reserved]
- 120.0 How the Incident Occurred - Motor Vehicle
- 125.0 [Reserved]
- 130.0 [Reserved]
- 135.0 [Reserved]
- 150.0 Contract
- 160.0 [Reserved]
- 170.0 [Reserved]

101.0 Identity of Persons Answering These Interrogatories

101.1 State the name, **ADDRESS**, telephone number, and relationship to you of each **PERSON** who prepared or assisted in the preparation of the responses to these interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

102.0 General Background Information - Individual

- 102.1 State your name, any other names by which you have been known, and your **ADDRESS**.
- 102.2 State the date and place of your birth.
- 102.3 State, as of the time of the **INCIDENT**, your driver's license number, the state of issuance, the expiration date, and any restrictions.
- 102.4 State each residence **ADDRESS** for the last five years and the dates you lived at each **ADDRESS**.
- 102.5 State the name, **ADDRESS**, and telephone number of each employer you have had over the past five years and the dates you worked for each.
- 102.6 Describe your work for each employer you have had over the past five years.
- 102.7 State the name and **ADDRESS** of each academic or vocational school you have attended, beginning with high school, and the dates you attended each.
- 102.8 If you have ever been convicted of a felony, state, for each, the offense, the date and place of conviction, and the court and case number.
- 102.9 State the name, **ADDRESS**, and telephone number of any **PERSON** for whom you were acting as an agent or employee at the time of the **INCIDENT**.
- 102.10 Describe any physical, emotional, or mental disability or condition that you had that may have contributed to the occurrence of the **INCIDENT**.
- 102.11 Describe the nature and quantity of any alcoholic beverage, marijuana, or other drug or medication of any kind that you used within 24 hours before the **INCIDENT**.

103.0 General Background Information - Business Entity

103.1 State your current business name and **ADDRESS**, type of business entity, and your title.

104.0 Insurance

104.1 State the name and **ADDRESS** of each insurance company and the policy number and policy limits of each policy that may cover you, in whole or in part, for the damages related to the **INCIDENT**.

105.0 [Reserved]

106.0 Physical, Mental, or Emotional Injuries

- 106.1 Describe each injury or illness related to the **INCIDENT**.
- 106.2 Describe your present complaints about each injury or illness related to the **INCIDENT**.
- 106.3 State the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** who treated or examined you for each injury or illness related to the **INCIDENT** and the dates of treatment or examination.

106.4 State the type of treatment or examination given to you by each **HEALTH CARE PROVIDER** for each injury or illness related to the **INCIDENT**.

106.5 State the charges made by each **HEALTH CARE PROVIDER** for each injury or illness related to the **INCIDENT**.

106.6 State the nature and cost of each health care service related to the **INCIDENT** not previously listed (for example, medication, ambulance, nursing, prosthetics).

106.7 State the nature and cost of the health care services you anticipate in the future as a result of the **INCIDENT**.

106.8 State the name and **ADDRESS** of each **HEALTH CARE PROVIDER** who has advised you that you may need future health care services as a result of the **INCIDENT**.

107.0 Property Damage

107.1 Itemize your property damage and, for each item, state the amount or attach an itemized bill or estimate.

108.0 Loss of Income or Earning Capacity

108.1 State the name and **ADDRESS** of each employer or other source of the earnings or income you have lost as a result of the **INCIDENT**.

108.2 Show how you compute the earnings or income you have lost, from each employer or other source, as a result of the **INCIDENT**.

108.3 State the name and **ADDRESS** of each employer or other source of the earnings or income you expect to lose in the future as a result of the **INCIDENT**.

108.4 Show how you compute the earnings or income you expect to lose in the future, from each employer or other source, as the result of the **INCIDENT**.

109.0 Other Damages

109.1 Describe each other item of damage or cost that you attribute to the **INCIDENT**, stating the dates of occurrence and the amount.

110.0 Medical History

110.1 Describe and give the date of each complaint or injury, whether occurring *before* or *after* **INCIDENT**, that involved the same part of your body claimed to have been injured in the **INCIDENT**.

110.2 State the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** who examined or treated you for each injury or complaint, whether occurring *before* or *after* the **INCIDENT**, that involved the same part of your body claimed to have been injured in the **INCIDENT** and the dates of examination or treatment.

111.0 Other Claims and Previous Claims

111.1 Identify each personal injury claim that **YOU OR ANYONE ACTING ON YOUR BEHALF** have made within the past ten years and the dates.

111.2 State the case name, court, and case number of each personal injury action or claim filed by **YOU OR ANYONE ACTING ON YOUR BEHALF** within the past ten years.

112.0 Investigation - General

112.1 State the name, **ADDRESS**, and telephone number of each individual who has knowledge of facts relating to the **INCIDENT**, and specify his or her area of knowledge.

112.2 State the name, **ADDRESS**, and telephone number of each individual who gave a written or recorded statement relating to the **INCIDENT** and the date of the statement.

112.3 State the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of a written or recorded statement relating to the **INCIDENT**.

112.4 Identify each document or photograph that describes or depicts any place, object, or individual concerning the **INCIDENT** or plaintiff's injuries, or attach a copy. (If you do not attach a copy, state the name, **ADDRESS**, and telephone number of each **PERSON** who had the original document or photograph or a copy.)

112.5 Identify each other item of physical evidence that shows how the **INCIDENT** occurred or the nature or extent of plaintiff's injuries, and state the location of each item, and the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

113.0 [Reserved]

114.0 Statutory or Regulatory Violations

114.1 If you contend that any **PERSON** involved in the **INCIDENT** violated any statute, ordinance, or regulation and that the violation was a cause of the **INCIDENT**, identify each **PERSON** and the statute, ordinance, or regulation.

115.0 Claims and Defenses

115.1 State in detail the facts upon which you base your claims that the **PERSON** asking this interrogatory is responsible for your damages.

115.2 State in detail the facts upon which you base your contention that you are not responsible, in whole or in part, for plaintiff's damages.

115.3 State the name, **ADDRESS**, and the telephone number of each **PERSON**, other than the **PERSON** asking this interrogatory, who is responsible, in whole or in part, for damages claimed in this action.

116.0 Defendant's Contentions - Personal Injury*[See Instruction 2(f)]*

- 116.1 If you contend that any **PERSON**, other than you or plaintiff, contributed to the occurrence of the **INCIDENT** or the injuries or damages claimed by plaintiff, state the name, **ADDRESS**, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- 116.2 If you contend that plaintiff was not injured in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- 116.3 If you contend that the injuries or the extent of the injuries claimed by plaintiff were not caused by the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- 116.4 If you contend that any of the services furnished by any **HEALTH CARE PROVIDER** were not related to the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- 116.5 If you contend that any of the costs of services furnished by any **HEALTH CARE PROVIDER** were unreasonable, identify each service that you dispute, the cost, and the **HEALTH CARE PROVIDER**.
- 116.6 If you contend that any part of the loss of earnings or income claimed by plaintiff was unreasonable, identify each part of the loss that you dispute and each source of the income or earnings.
- 116.7 If you contend that any of the property damage claimed by plaintiff was not caused by the **INCIDENT**, identify each item of property damage that you dispute.
- 116.8 If you contend that any of the costs of repairing the property damage claimed by plaintiff were unreasonable, identify each cost item that you dispute.
- 116.9 If you contend that, within the last ten years, plaintiff made a claim for personal injuries that are related to the injuries claimed in the **INCIDENT**, identify each related injury and the date.
- 116.10 If you contend that, within the past ten years, plaintiff made a claim for personal injuries that are related to the injuries claimed in the **INCIDENT**, state the name, court, and case number of each action filed.

117.0 *[Reserved]***120.0 How the Incident Occurred - Motor Vehicle**

- 120.1 State how the **INCIDENT** occurred.
- 120.2 For each vehicle involved in the **INCIDENT**, state the year, make, model, and license number.
- 120.3 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of the driver.
- 120.4 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each occupant other than the driver.
- 120.5 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each registered owner.
- 120.6 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each lessee.
- 120.7 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each owner other than the registered owner or lien holder.
- 120.8 For each vehicle involved in the **INCIDENT**, state the name of each owner who gave permission or consent to the driver to operate the vehicle.

150.0 Contract

- 150.1 Identify all **DOCUMENTS** that are part of the agreement and for each state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 150.2 State each part of the agreement not in writing, the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to that provision, and the date that part of the agreement was made.
- 150.3 Identify all **DOCUMENTS** that evidence each part of the agreement not in writing, and for each state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 150.4 Identify all **DOCUMENTS** that are part of each modification to the agreement, and for each state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 150.5 State each modification not in writing, the date, and the name, **ADDRESS**, and telephone number of the **PERSON** agreeing to the modification, and the date the modification was made.
- 150.6 Identify all **DOCUMENTS** that evidence each modification of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 150.7 Describe and give the date of every act or omission that you claim is a breach of the agreement.
- 150.8 Identify each agreement excused and state why performance was excused.
- 150.9 Identify each agreement terminated by mutual agreement and state why it was terminated, including dates.
- 150.10 Identify each unenforceable agreement and state the facts upon which your answer is based.
- 150.11 Identify each ambiguous agreement and state the facts upon which your answer is based.

3. Sample Response to Form Interrogatories

1 PAUL SAMPLE
2 123 ANYSTREET
3 SACRAMENTO, CA, 95814
916-555-1234
Defendant, In Pro Per

Responding party's name, address and telephone number. "In Pro Per" means you are representing yourself.

County where case is being heard.

6 SUPERIOR COURT OF CALIFORNIA
7 COUNTY OF SACRAMENTO

Case number.

8 PAUL SAMPLE,
9 Plaintiff(s)
10 vs.
11 ACME, INC.
12 Defendant(s)

Party names and designations.

Case No.: 34-2008-00009999

DEFENDANT PAUL SAMPLE'S
RESPONSES TO PLAINTIFF ACME, INC'S
FORM INTERROGATORIES- GENERAL

Indicate what you are responding to.

SET ONE

Set number. This number must match the number shown on the requests.

14 PROPOUNDING PARTY: ACME, INC.
15 RESPONDING PARTY: PAUL SAMPLE
16 SET NUMBER: ONE (1)

Names of the propounding (asking) and responding parties, and the set number. This number must match the number shown on the requests.

17 RESPONDING PARTY hereby answers PROPOUNDING PARTY's Form
18 Interrogatories:

Indicate Form or Special.

19 RESPONSE TO FORM INTERROGATORY 2.3:

Yes, I had a driver's license at the time of the incident.
a) It was issued by California:
b) It's number is U0123456
c) It was last issued on November 12, 2007.
d) It is a class C license with no restrictions.

Respond to each request individually. You do not need to repeat the text of the request, but your responses must be in the same order as the requests, and each response should be labeled with the same number or letter as the request. The downloadable template provides spaces for three responses. Delete those you do not use, or add more if needed.

22 RESPONSE TO FORM INTERROGATORY 2.4:

I had no other permits at the time of the incident.

24 RESPONSE TO FORM INTERROGATORY 2.8:

I have never been convicted of a felony.

Your responses **must** include this verification language.

26 I declare under penalty of perjury under the laws of the State of California that the
27 foregoing is true and correct.

28 Dated: _____

Paul Sample, Defendant In Pro Per

Date and sign. Enter your name and party designation below your signature.

6. Sample Special Interrogatories

1 PAUL SAMPLE
123 ANYSTREET
2 SACRAMENTO, CA, 95814
916-555-1234
Defendant, In Pro Per

Requesting party's name, address, telephone number, and party designation. "In Pro Per" means you are representing yourself.

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO

Case number.

Name and party designation of party making these requests.

Case No.: 34-2010-00099999

ACME, INC.

Plaintiff(s)

DEFENDANT PAUL SAMPLE'S SPECIAL INTERROGATORIES TO PLAINTIFF ACME, INC.

vs.

Parties' names.

Name and party designation of party responding to these requests.

PAUL SAMPLE

SET ONE

Set number.

Defendant(s)

PROPOUNDING PARTY: PAUL SAMPLE
RESPONDING PARTY: ACME, INC.
SET NUMBER: ONE (1)

The "propounding party" is the party asking the questions.

Responding party.

To plaintiff, Acme, Inc. and to its attorney:

Defendant, Paul Sample, requests that Plaintiff, Acme, Inc. respond to the following interrogatories separately and fully in writing and under oath, pursuant to Section 2020.010 et seq. of the Code of Civil Procedure, and that the response be signed by them and be served on Defendant, Paul Sample within 30 days (35 days if they were served by mail within California) from the date of service.

These instructions must appear at the beginning of your Special Interrogatories.

In answering these interrogatories, furnish all information that is available to you. If you cannot answer an interrogatory completely, answer it to the extent possible. If you do not have personal knowledge sufficient to respond fully to an interrogatory, so state, but make a reasonable and good faith effort to obtain the information by inquiry to other natural persons or organizations, unless the information is equally available to the propounding party.

Define terms that will be used throughout the interrogatories. Be as specific as possible. Consider using the definitions found in the Form Interrogatories, if appropriate. In your Interrogatories, any term for which you have provided a definition should be written in all capital letters, to indicate that you are using the term as defined.

1 DEFINITIONS:

2 ACCIDENT means the motor vehicle accident of May 2, 2007 alleged in the Plaintiff's
3 Complaint.

5 Interrogatory No. 1:

6 What was the weather at the time of the ACCIDENT?

8 Interrogatory No. 2:

9 How fast was Acme, Inc.'s delivery truck traveling in the moments just prior to the ACCIDENT?

11 Interrogatory No. 3:

12 At the time of the ACCIDENT was the driver of the delivery truck owned by Acme, Inc. talking
13 on a cellular phone?

15 Interrogatory No. 4:

16 During the year prior to the ACCIDENT, were there any complaints made by any individual or
17 entity to the Plaintiff regarding the driving of the Acme, Inc. driver involved in the ACCIDENT?

19 Interrogatory No. 5:

20 Describe any and all times within the last year that the delivery truck involved in the
21 ACCIDENT owned by Acme, Inc. was serviced or maintained, including the dates of the service
22 and a description of the services performed.

24 By: _____

25 Paul Sample, Defendant, In Pro Per

Each question is numbered sequentially. Whenever you use a term for which you've provided a definition, type the term in all capital letters.

Each question should establish a point you need to prove your case or disprove a point the other side must establish to win theirs. All questions must be reasonably calculated to discover relevant admissible evidence.

Your questions may not contain subparts, and may not or be compound, conjunctive or disjunctive. Do not include any continuing interrogatories. Consult the resources listed in this Guide for sample interrogatory questions.

Special Inter

The downloadable template includes space for five interrogatories. Delete those you do not use, or add more if needed, keeping in mind the limits described at the beginning of this Guide.

6. Sample Responses to Special Interrogatories

1 PAUL SAMPLE
2 123 ANYSTREET
3 SACRAMENTO, CA, 95814
4 916-555-1234
5 Defendant, In Pro Per

Responding party's name, address and telephone number. "In Pro Per" means you are representing yourself.

County where case is being heard.

6 SUPERIOR COURT OF CALIFORNIA
7 COUNTY OF SACRAMENTO

Case number.

8 PAUL SAMPLE,
9 Plaintiff(s)

Party names and designations.

Case No.: 34-2008-00009999

10 vs.
11 ACME, INC.

Defendant(s)

) DEFENDANT PAUL SAMPLE'S
) RESPONSES TO PLAINTIFF ACME, INC'S
) SPECIAL INTERROGATORIES- GENERAL

12 Indicate what you
13 are responding to.)

SET ONE

Set number. This number must match the number shown on the requests.

14 PROPOUNDING PARTY: ACME, INC.
15 RESPONDING PARTY: PAUL SAMPLE
16 SET NUMBER: ONE (1)

Names of the propounding (asking) and responding parties, and the set number. This number must match the number shown on the requests.

17
18 RESPONDING PARTY hereby answers PROPOUNDING PARTY's Special
19 Interrogatories:

Indicate Form or Special.

20 RESPONSE TO SPECIAL INTERROGATORY 1:
21 The road conditions were clear on May 2, 2007.

22 RESPONSE TO SPECIAL INTERROGATORY 2:
23 Just prior to the accident, I was traveling at approxima

24 RESPONSE TO SPECIAL INTERROGATORY 3:
25 I was not talking on a cell phone at the time of the acci

26 RESPONSE TO SPECIAL INTERROGATORY 4:
27 No.

Respond to each request individually. You do not need to repeat the text of the request, but your responses must be in the same order as the requests, and each response should be labeled with the same number or letter as the request. The downloadable template provides spaces for three responses. Delete those you do not use, or add more if needed.

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

Your responses **must** include this verification language.

Dated:

Date and sign. Enter your name and party designation below your signature.

Paul Sample, Defendant In Pro Per

8. Sample Requests for Production

PAUL SAMPLE
123 ANYSTREET
SACRAMENTO, CA, 95814
916-555-1212
Defendant, In Pro Per

Responding party's name, address and telephone number. "In Pro Per" means you are representing yourself.

County.

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO

Case number.

ACME, INC.)
) Case No.: 34-2010-00099999
) DEFENDANT PAUL SAMPLE'S REQUEST
 vs.) FOR PRODUCTION OF DOCUMENTS OR
) THINGS
) SET ONE
) Name and party designation
) of requesting party, and the
) set number.

PAUL SAMPLE
 Plaintiff(s)
 Party names.
 vs.
 Defendant(s)

Names of the propounding (asking) and responding parties, and the set number.

PROPOUNDING PARTY: PAUL SAMPLE
 RESPONDING PARTY: ACME, INC.
 SET NUMBER: ONE (1)

Describe what you are asking the responding party to do. This may be permitting you to inspect or copy items, or may be a description of the tests you wish to conduct, or that you wish to take photographs, etc.

To Plaintiff, Acme, Inc. and to its attorney of record:

Defendant, Paul Sample, demands that you produce and permit the inspection and copying by or on behalf of himself/herself of the documents and/or tangible things in the categories described below.

You have three options for having documents or items produced. Below is a paragraph for each option. To avoid confusion, remove the paragraphs for the options you do not choose, as well as the check box for the option you do choose.

PLACE AND

Production is to be by production of the original documents or things for inspection and copying at: Fred's Copy Shop, 321 Alamo Blvd., Sacramento, CA 95815, on May 1, 2009 at 9:00 am. Requesting party or requesting party's agent will inspect and copy the documents and then return forthwith to the responding party or responding party's agent the original documents or things. If unable to produce documents on this date, please contact this date to set up a mutually agreeable time and date.

Option 1: Inspect and photocopy original documents at a legal photocopying service. List the location, date and time for production. Describe what you will be doing with the produced documents or things.

Option 2: Receive photocopies of documents by mail, or if the other party prefers, originals may be produced for inspection and photocopying. Be sure to list the address to which documents should be mailed, or the address, date and time for production of originals.

Production may be satisfied by serving by mail to [123 Any Street, Sacramento, CA 95814](#), legible copies of the items to be produced, accompanied by a written affidavit stating that they are true copies, no more than thirty-five (35) days after service of this Request. If any document is two-sided, a copy of both front and back is required. Originals may instead be produced for inspection and copying by the requesting party or requesting party’s agent at [Fred’s Copy Shop, 321 Alamo Blvd., Sacramento, CA 95815, on May 1, 2009 at 9:00 am.](#)

Inspection of the documents or tangible things described below is to be at their present location, [321 Anyotherstreet, Sacramento, CA 95815 on May 1, 2009 at 9:00 am.](#) If unable to produce documents and/or things on this date, please contact the requesting party before this date to set up a mutually agreeable time and date.

Option 3: Inspect documents or other items at their current location. Be sure to list the address, date and time of the inspection.

CATEGORY OF DOCUMENTS OR THINGS TO BE PRODUCED:

1. Any and all non-privileged statements, correspondence, or other documents, you were sent to the Defendant by the Plaintiff or Plaintiff’s Assignor(s) regarding the debt alleged in the Complaint within the five years preceding February 1, 2010.
2. Any and all non-privileged correspondence or other document in your possession or control sent by the Defendant to the Plaintiff or the Plaintiff’s assignors in the five years preceding February 1, 2010.
3. Any and all non-privileged documents evidencing any payment on the debt or account alleged in the Complaint by the Defendant in the five years preceding February 1, 2010.
4. Any and all non-privileged documents identified in your responses to the Form Interrogatories, Set One, served with this request.

List each document or item, or category of document or item, you wish produced. Be as specific as possible, and include enough information to make the requested documents easily identifiable.

The template includes space for four descriptions of the documents or things to be produced. Remove those you do not use, or add additional descriptions as needed.

Respectfully submitted,

Dated [March 14, 2011](#)

Name, date and signature of requesting party.

By: _____

[Paul Sample, Defendant In Pro Per](#)

9. Sample Responses to Requests for Production

PAUL SAMPLE
123 ANYSTREET
SACRAMENTO, CA, 95814
916-555-1234
Defendant, In Pro Per

Responding party's name, address and telephone number. "In Pro Per" means you are representing yourself.

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO

ACME, INC.

Plaintiff(s)

vs.

PAUL SAMPLE

Defendant(s)

Party names and designations.

Case No.: 34-2010-00099999

Case number

DEFENDANT PAUL SAMPLE'S
RESPONSES TO PLAINTIFF ACME, INC'S
REQUEST FOR PRODUCTION

SET ONE

Set number. This number must match the number shown on the requests.

PROPOUNDING PARTY: ACME, INC.
RESPONDING PARTY: PAUL SAMPLE
SET NUMBER: ONE (1)

Names of the propounding (asking) and responding parties, and the set number. This number must match the number shown on the requests.

RESPONDING PARTY hereby answers PROPOUNDING PARTY's Request for Production:

The numbering and order of your responses must match the requests.

RESPONSE TO REQUEST FOR PRODUCTION 1:

The production demanded in Request No. 1 will be allowed in whole. The documents requested are in possession of the Defendant and will be included in this production.

Use this language if the request will be allowed in whole. This means that you are in possession of the requested documents or things, and will produce them in the manner indicated in the request.

RESPONSE TO REQUEST FOR PRODUCTION 2:

The responding party is unable to comply with Request No. 2 because no such documents exist. A diligent search and a reasonable inquiry have been made in an effort to comply with this demand.

Use this language if you are unable to comply with the request because the requested document or thing does not exist. You must make a "diligent search and reasonable inquiry" into finding the requested items, and include this language in your response.

Use this language if you are unable to comply because the requested items no longer exist, or are no longer in your possession. You must make a "diligent search and reasonable inquiry" into finding the requested items and include this language in your response. You must also describe what the items were, and explain what happened to them.

RESPONSE TO REQUEST FOR PRODUCTION 3:

The responding party is unable to comply with Request No. 3 because the documents requested were lost in a fire on May 2, 2008. The documents that were lost consisted of monthly bank statements from Bank Co. for the account alleged in the Complaint during the entire period requested. A diligent search and reasonable inquiry have been made in an effort to comply with this demand.

RESPONSE TO REQUEST FOR PRODUCTION 4:

The responding party will produce the documents in his possession and control, however cannot fully comply with Request No. 4 because some documents are no longer in the possession and control of the responding party. The original of these documents were given to Henry Example, at 11224 Elm Street, Sacramento California. No telephone number is presently known for him. These documents included a contract for the sale of a 1966 Chevrolet Impala dated on or around May 1, 2000, and signed by Paul Sample and Henry Example. The original of this contract was in the possession of Henry Example, and a duplicate was in the possession of the responding party. The duplicate was lost in a fire on May 2, 2008.

Use this language if you will produce some, but not all, of the requested items, because some of the items requested no longer exist, or are no longer in your possession. You must make a "diligent search and reasonable inquiry" into finding the requested items, and include this language in your response. You must also describe which items will not be produced, and why they cannot be produced.

A diligent search and a reasonable inquiry have been made in an effort to comply with this demand.

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

This verification is required if your responses include any factual assertions.

Dated: _____

Paul Sample, Defendant In Pro Per

10. Remedies for Discovery Problems

REMEDIES FOR DISCOVERY PROBLEMS

I sent a discovery request, and there was no response.

Type of Discovery		Request for Admissions	Form and Special Interrogatories, Request for Production
Steps:	Meet and Confer	A “meet and confer” letter is preferred but is not required.	A “meet and confer” letter is preferred, and is generally necessary to request any sort of monetary sanction
	Motion	Motion to Deem Admissions Admitted. If no Admissions are served prior to the motion hearing date, the facts alleged in the Request for Admissions may be deemed true. This motion has mandatory attorney fee sanctions; however, self-represented litigants are limited to the cost of the motion filing fee.	Motion to compel responses. If granted, this motion will order the other side to serve responses without objection by a specific date. Monetary sanctions are usually not awarded if the motion is not opposed. Self-represented litigants are limited to the cost of the motion filing fee.

The responses I received are incomplete, or contain legal objections without merit.

Type of Discovery		Request for Admissions, Form and Special Interrogatories, Request for Production	
Steps:	Meet and Confer	A “meet and confer” letter is generally required before filing the motion, to give each side an opportunity to resolve the dispute before filing a motion.	
	Motion	Motion to Compel Further Responses. The party requesting discovery may ask the court for an order directing the answering party for more complete answers. This motion <u>must</u> be filed within 45 days of the inadequate response being served, but is extended slightly for service by mail, overnight mail, etc. pursuant to Code of Civil Procedure Section 1013.	

I have already received an order to compel responses or further responses, but the opposing party fails to respond despite the court-imposed deadline.

Type of Discovery	Request for Admissions, Form and Special Interrogatories, Request for Production	
Steps:	Meet and Confer	Meet and confer is generally not required, since the opposing side has failed to comply with a court order, but is typically preferred
	Motion	Motion for Issue Sanctions or Motion for Terminating Sanctions (depending on the severity of the abuse of discovery). The party requesting discovery may ask the court for an order directing that the opposing party will be prohibited from raising certain issues and trial or perhaps even directing that the opposing party loses the case. The severity of the sanction depends upon the nature and severity of the abuse of the discovery process by the opposing side.

The amount of discovery requests served by the opposing side are excessive.

Type of Case		Limited	Unlimited
Steps:	Amount of requests allowed	<p><i>35 combined:</i></p> <ul style="list-style-type: none"> • Form Interrogatories, • Special Interrogatories, • Request for Production, and • Request for Admissions. <p>Code of Civil Procedure Section 94</p>	<ul style="list-style-type: none"> • Unlimited Form Interrogatories • Unlimited Requests for Production • 35 Requests for Admission, 35 Special Interrogatories. <p>More is permitted if a declaration is served explaining the reason more discovery is required.</p>
	Protecting yourself from excessive discovery	<p>The Answering party may object to discovery in excess of the permitted amount.</p> <p>If additional Discovery is required, parties may stipulate to it, or the party requiring additional discovery may file a motion with the court seeking an order permitting more.</p>	<p>After meeting and conferring, a motion for a protective order against excessive discovery may be filed with the Court.</p>