

Medical Malpractice Interrogatories to Defendant Hospital

1. State the full name and address of the person answering, and, if different, the full name and address of the individual signing, the answers.
2. Do you know of any statements made by any person relating to the care and treatment of the plaintiff or the damages alleged of in the complaint? If so, give the name and address of each such witness and the date of the statement, and state whether such statement was written or oral and if written the present location of each such statement.
3. Has the [NAME OF DEFENDANT HOSPITAL] been named as a defendant in a lawsuit arising from alleged malpractice or professional negligence during the 8 year period preceding the filing of this lawsuit? If so, state the court, the caption and the case number for such lawsuit.
4. State whether [NAME OF DEFENDANT HOSPITAL] was named or covered under any policy or policies of medical liability insurance at the time of the care or treatment alleged in the complaint? If so, state for each policy:
 - a. The name of the insurance company;
 - b. The policy number;
 - c. The effective policy period;
 - d. The maximum liability limits for each person and each occurrence, including umbrella and excess liability coverage; and
 - e. The named insured(s) under each policy.
5. State whether any hearing dealing with mortality or morbidity was held regarding the care and treatment of the plaintiff alleged in the Complaint..
6. State the name, author, publisher, title, date of publication and specific provision of all medical texts, books, journals or other medical literature which you or your attorney intend to use as authority or reference in defending any of the allegations set forth in the Complaint.
7. Identify each and every rule, regulation, bylaw or other document of any hospital, association, licensing authority, accrediting authority or other private body which you, or your attorneys, may use at trial in defense of the allegations contained in the Complaint.



8. State whether there were any policies, procedures, guidelines, rules or protocols for [PROCEDURE COMPLAINED OF] in effect at [DEFENDANT HOSPITAL] at the time of the care and/or treatment of the plaintiff alleged in the Complaint. If so, state:
 - a. Whether such policies, procedures, opinions, rules or protocols are published and by whom;
 - b. The effective date of said policies, procedures, guidelines, rules or protocols;
 - c. Which medical professionals are bound by said policies, procedures, guidelines, rules or protocols;
 - d. Who is the administrator of any such policies, procedures, guidelines, rules or protocols; and
 - e. Whether the policies, procedures, guidelines, rules or protocols in effect at the time of the occurrence alleged in the Complaint have been changed, amended or altered after the occurrence. If so, state the change(s) and the date(s) of any such change(s).
9. Was [DEFENDANT DOCTOR] an employee, agent, servant, shareholder or partner of [DEFENDANT HOSPITAL] at the time of the care or treatment of the plaintiff alleged in the Complaint? If so, state with specificity the nature of the relationship.
10. State for each person who directly or indirectly was involved in the care or treatment of the plaintiff alleged in the Complaint:
 - a. That person's full name and current residence address;
 - b. The name and current address of that person's employer;
 - c. The employment relationship of that person with [DEFENDANT HOSPITAL];
 - d. The date(s) of such person's care or treatment, including a description of the care or treatment; and
 - e. The name and current address of any other individual present when the care or treatment was rendered.
11. Were any photographs, movies and/or videotapes taken of the plaintiff or of the procedures complained of? If so, state the date(s) on which such photographs, movies and/or videotapes were taken, who is displayed therein, who now has custody of them, and the name, address, occupation and employer of the person taking them.
12. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the care and treatment alleged in the



complaint was provided, or have you overheard any statement made by any persons at any time with regard to the injuries complained of by the plaintiff or the manner in which the care and treatment alleged in the complaint was provided? If so, state.

- a. The date or dates of such conversation(s) and/or statements(s);
- b. The place of such conversation(s) and/or statement(s);
- c. All persons present for the conversation(s) and/or statement(s);
- d. The matters and things stated by the person in the conversation(s) and/or statement(s);
- e. Whether the conversation(s) was oral, written and/or recorded; and
- f. Who has possession of the statement(s) if written and/or recorded.

13. Do you have any information:

- a. That any plaintiff was, within the 10 years immediately prior to the care and treatment alleged in the complaint, confined in a hospital and/or clinic, treated by a physician and/or other health professional, or x-rayed for any reason other than personal injury? If so, state the name of each plaintiff so involved, the name and address of each such hospital and/or clinic, physician, technician and/or other health care professional, the approximate date of such confinement or service and state the reason for such confinement or service.
- b. That any plaintiff has suffered any serious personal injury and/or illness within 10 years prior to the date of the occurrence? If so, state the name of each plaintiff so involved and state when, where and how he or she was injured and/or ill and describe the injuries and/or illness suffered.
- c. That any plaintiff has suffered any serious personal injury and/or illness since the date of the occurrence? If so, state the name of each plaintiff so involved and state when, where and how he or she was injured and/or ill and describe the injuries and/or illness suffered.
- d. That any other suit has been filed for any plaintiff's personal injuries? If so, state the name of each plaintiff involved, the nature of the injuries claimed, the court(s) and caption(s) in which filed, the year(s) filed, and the title(s) and docket number(s) of the suit(s).
- e. That any claim for workers' compensation benefits has been filed for any plaintiff? If so, state the name and address of the employer, the date(s) of the accident(s), the identity of the insurance company that paid any such benefits and the case number(s) and jurisdiction(s) where filed.

14. Pursuant to Illinois Supreme Court Rule 213(f), provide the name and address of each witness who will testify at trial and all other information required for each witness.

15. Identify any statements, information and/or documents known to you and requested by any of the foregoing interrogatories which you claim to be work product or subject to any common law or statutory privilege, and with respect to each interrogatory, specify the legal basis for the claim as required by Illinois Supreme Court Rule 201(n).

16. List the name and address of all persons (other than yourself and persons heretofore listed) who have knowledge of the facts of the care and treatment complained of in the complaint filed herein and/or of the injuries claimed to have resulted therefrom.

ATTESTATION

STATE OF ILLINOIS)
) SS.
 COUNTY OF _____)

_____, being first duly sworn on oath, deposes and states that he/she is a defendant in the above-captioned matter; that he/she has read the foregoing document, and the answers made herein are true, correct and complete to the best of his/her knowledge and belief.

 SIGNATURE

SUBSCRIBED and SWORN to before me this

_____ day of _____, 20__.

 NOTARY PUBLIC