

DOCKET NO.: FBT-CV-16-6059156-S : SUPERIOR COURT (11-18-19)  
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**DEFENDANTS’ STANDARD MEDICAL MALPRACTICE INTERROGATORIES AND REQUESTS FOR PRODUCTION DIRECTED TO THE PLAINTIFF**

Pursuant to Practice Book § 13-1 *et seq.*, the defendants hereby propound the following Interrogatories and Requests for Production to be answered by the plaintiff, under oath, within sixty (60) days as the disclosure sought will be of assistance in the defense of this action and can be provided by the plaintiff with substantially greater facility than could otherwise be obtained. In addition, the plaintiff is reminded that pursuant to Practice Book § 13-15, these interrogatories and requests for production are deemed continuing and the plaintiff is required to supplement her responses upon the discovery of additional or new material or information.

**INTERROGATORIES**

1. Please state the patient’s/patient/decedent's full name, any other name by which the patient/patient/decedent has been known, including nicknames and aliases and the patient/decedent's date of birth, place of birth, and driver’s license number.

**RESPONSE:**

2. Please state the patient/decedent's residence as of the time of this incident and all previous residences for the five years prior to and since this incident.

**RESPONSE:**

3. Please state the marital status of the patient/decedent at the time of and since this incident and if married provide the date of the marriage, the full legal name, and current address of the patient/decedent's spouse.

**RESPONSE:**

4. Please state whether the patient/decedent had any children living at the time of this incident.

**RESPONSE:**

5. If the answer to the preceding Interrogatory is in the affirmative, please state:

- a. The full legal names of such children including any other names by which they have been known;
- b. The dates of birth of such children; and
- c. The address of such children at the time of the patient/decedent's death.

**RESPONSE:**

6. List each item of special damage, loss and expense which you claim resulted from the injuries alleged in your Complaint, including but not limited to hospital and medical expenses, and state the amount of expenses, the name and address of the person or entity to whom each item of expense was paid or is payable, and identify the person or entity who paid each item of expense.

**RESPONSE:**

7. Did the patient/decedent or does the patient/decedent have a pending bankruptcy? If yes, please identify the type of bankruptcy, Court and address, caption and docket number, name/address of trustee and whether it is pending or has been discharged.

**RESPONSE:**

8. Please list all schools or colleges attended by the patient/decedent, degrees conferred, if any, and period of time each attended by the patient/decedent.

**RESPONSE:**

9. List name and address of each employer of the patient/decedent for the five years preceding the date of this incident, the job title and the dates of such employment.

**RESPONSE:**

10. Did the patient/decedent make an application for life/disability insurance in the last 10 years?

**RESPONSE:**

11. If answer to the preceding Interrogatory is in the affirmative, please state:

- a. The date of such application;
- b. Whether the application for insurance was denied;
- c. The nature and the amount of insurance purchased by the patient/decedent;  
and
- d. Whether the proceeds from said insurance contract were ever paid to patient/decedent's estate or stated beneficiary.

**RESPONSE:**

12. Please identify the administrative/funeral and burial expenses incurred on behalf of the decedent, if applicable, as well as the date such expenses were incurred, the recipient of such monies and the identity of the individual who paid such expenses.

**RESPONSE:**

12. Please state whether the patient/decedent was under the care and treatment of any medical provider, including but not limited to hospitals, clinics, or physicians for any condition similar to or related to those set forth in the plaintiff's Complaint, during the 10 years prior to the subject incident.

**RESPONSE:**

14. If the answer to the preceding Interrogatory is in the affirmative, please state:
- a. The names and addresses of each medical provider, clinic, health facility and pharmacy;
  - b. The dates of said treatment; and
  - c. The nature of said treatment;
  - d. The name and address of every pharmacy used during this timeframe.

**RESPONSE:**

15. Identify the date on which the patient/decedent last received medical services from the above named defendant.

**RESPONSE:**

16. If a claim is being made for emotional distress, did the patient/decedent seek medical treatment from a psychologist, therapist or counselor in the ten years prior to, or since, the subject

incident. If yes, please provide the nature of his/her treatment, the date on which it was received and the name and address of the psychologist, therapist or counselor of any kind.

**RESPONSE:**

17. Has any treating physician or other health care provider told you directly that the above named defendant/s failed to adhere to the acceptable standard of care in any respect?

**RESPONSE:**

18. If the answer to the preceding Interrogatory is in the affirmative, state the name and address of each such physician or health care provider, the date upon which such statement was made and the content of any such statement.

**RESPONSE:**

19. Was an autopsy and/or post-mortem toxicology testing ever performed on the decedent? If the answer is yes, please state:

- a. The name of the person who ordered an autopsy be performed;
- b. The date the autopsy was performed;
- c. The place where the autopsy was performed;
- d. The name of the individual who performed the autopsy and,
- e. The findings of the autopsy; and/or post-mortem toxicology testing.

**RESPONSE:**

20. If during the ten-year period prior to the date of the incident alleged in the complaint, the patient/decedent was involved in any incident in which she/he received personal injuries, please answer the following with respect to such earlier incident:

- a. The date and manner in which the patient/decedent sustained such injuries;

- b. Whether the patient/decedent made a claim against anyone as a result of said injuries;
- c. The name and address of the person or persons against who such claim/s were made;
- a. The name and location of the court, the return date of the suit and the docket number, if the suit was brought;
- e. The nature of the injuries received;
- f. The name and address of the each physician who treated the patient/decedent for said injuries;
- g. The dates on which the patient/decedent was treated; and
- h. The nature of the treatment received;
- i. Whether the patient/decedent was permanently disabled as a result of said injuries, the nature of such disability, the name and address of each physician who diagnosed said disability and the date of such diagnosis; and
- j. The date on which the patient/decedent was fully recovered, if applicable.

**RESPONSE:**

21. Has the patient/decedent, or any representatives of the patient/decedent, made any agreement not to sue, or signed a covenant not to sue, a release or discharge of any claim, in favor of any person, corporation, or other entity, as a result of the incident alleged in the complaint.

**RESPONSE:**

22. If the answer to preceding Interrogatory is in the affirmative, please state in whose favor it was given, the date thereof, and to the extent it is not subject to a confidentiality agreement the consideration paid to the patient/decedent for giving it.

**RESPONSE:**

23. State the full legal name and address of each person known to you who were present with the patient/decedent at the time of the care at issue in the Complaint who observed and/or witnessed all or part of the care provided by the defendant.

**RESPONSE:**

24. As to each individual named in the preceding Interrogatory state whether to your knowledge, or to the knowledge of your attorney, such individual has given any statement or statements as defined in the Connecticut Practice Book concerning the subject matter of your Complaint or alleged injuries. If your answer to this Interrogatory is in the affirmative, state also:

- a. The date on which statement or statements were taken;
- b. The names and addresses of any persons who took such statement or statements;
- c. The names and addresses of any persons present when such statement or statements were taken;
- d. Whether such statement or statements were written, made by recording device, or taken by court reporter or stenographer; and
- e. The name and address of each person having custody or a copy or copies of such statement or statements.

**RESPONSE:**

25. Excluding documents protected by the attorney client privilege or the attorney work product doctrine, please state whether the patient/decedent gave any statement or statements as defined in the Connecticut Practice Book concerning the subject matter at issue, including diaries, journals, and documentation, in any form, related to the care provided.

26. If your answer to the preceding Interrogatory is in the affirmative, state also:

- a. The date on which statement or statements were taken;
- b. The names and addresses of any persons who took such statement or statements;

- c. The names and addresses of any persons present when such statement or statements were taken;
- d. Whether such statement or statements were written, made by recording device, or taken by court reporter or stenographer; and
- e. The name and address of each person having custody or a copy or copies of such statement of statements.

**RESPONSE:**

27. For all of the following which your attorney intends to admit at trial, including but not limited to evidence under C.G.S. 52-172, please identify no later than 60 days before trial the name and address of any person, who took or prepared or is in possession of any and all of the following; photographs, video recording of any type or audio recording of any type of the patient/decedent, and state the dates on which said photographs, video tape, or audio tape were prepared:

- a. Photographs, video recording or audio recording depicting any condition or injury alleged to have affected the outcome of treatment or been caused by the incident alleged in your Complaint;
- b. Any photograph or audio tapes that depict the patient/decedent;
- c. Audio recordings and transcriptions thereof, of any agents, representatives or employees of this defendant; and
- d. State the date on which each of the photographs, video tape or audio tape were taken.

**RESPONSE:**

28. Pursuant to the dates outlined in the Scheduling Order and no later than one year before the scheduled trial date, disclose the names and addresses of all experts whom you intend to call at trial that will testify that the defendants deviated from acceptable standards of practice or that any acts or omissions of the defendants were a substantial factor in causing the patient/decedent's alleged injuries.

**RESPONSE:**



29. For each witness identified in response to Interrogatory #28:
- a. The subject matter on which each expert witness is expected to testify;
  - b. The substance of the facts and opinions to which each expert witness is expected to testify;
  - c. A summary of the grounds for each opinion of each expert witness expected to testify;
  - d. Whether said expert has authored a report and the date thereof;
  - e. Any health care relationship the expert had with the patient/decedent.
  - f. A list of all materials upon which they have relied in formulating their opinion/s.

**RESPONSE:**

30. Pursuant to the dates outlined in the Scheduling Order and no later than one year before the scheduled trial date, disclose the name and address of all experts whom you intend to call at trial that will testify relative to your claim for damages.

**RESPONSE:**

31. State the name and addresses of all persons (other than experts identified in the preceding Interrogatory) who the plaintiff expects to call as a witness at trial and provide the subject matter of their intended testimony.

**RESPONSE:**

32. Has any conditional payment, as defined by the Medicare Secondary Payer statute (including but not limited to Medicare Advantage payments), 42 U.S.C. 1395y (b) (2) (B), been made on the patient/decedent's behalf?

**RESPONSE:**

33. If the answer to the previous interrogatory is yes, please:
- a. state the total amount of conditional payments made to date on his/her behalf; identify the amount of the conditional payments related to the injuries claimed in this case, the name and address of each provider who has received such conditional payments and the date of service and treatment rendered by each provider receiving such conditional payments;
  - b. identify the amount of all conditional payments made subsequent to the date of the claimed malpractice as alleged in the complaint, including the name and address of each provider who has received such conditional payments and the date of service and treatment rendered by each provider receiving such conditional payments.
  - d. state whether an application has been made to Medicare to resolve the repayment obligation and if so state whether a final repayment amount has been determined and provide the date of that repayment
  - e. state whether a lien notification letter has been sent and the total amount claimed as the lien.

**RESPONSE:**

34. Please state whether the patient/decedent had ever filed a claim/application for Social Security Disability and/or any form of government disability (including military) and, if so, state the dates of all such applications, reasons for seeking disability, including medical conditions and how it caused you to be disabled, dates you were deemed disabled, names and addresses of any physicians whom you saw for disability evaluations and the address of any disability offices with whom you worked on obtaining such benefits.

**RESPONSE:**

## **REQUESTS FOR PRODUCTION**

1. Produce any and all medical reports, records, documents, memoranda and materials, including pathology slides and blocks, radiographic images, and provide written authorizations to obtain the same, pertaining to the patient/decedent from each hospital, doctor, clinic, or other health care provider (including mental health and substance abuse providers, where emotional distress damages are claimed), with whom patient/decedent has treated or consulted in the ten years prior to and since this incident.

### **COMPLIANCE:**

2. Produce or provide written authorization in the form attached permitting the undersigned to obtain all income tax returns for the five-year period of time prior to the incidents alleged in the Complaint if you are claiming that the patient/decedent had lost wages as a result of the injuries alleged in your Complaint.

### **COMPLIANCE:**

3. Produce or provide written authorization in the form attached permitting the undersigned to obtain all employment records for the five-year period of time prior to and since the incidents alleged in the complaint if you claim the patient/decedent had lost wages as a result of the claims set forth in your Complaint.

### **COMPLIANCE:**

4. Produce copies of any statements as defined in § 13-1 of the Practice Book of all parties concerning the claims and injuries alleged in the Complaint.

### **COMPLIANCE:**

5. Produce copies of itemized bills and/or other statements or records which document the items of special damage set forth in answer to Interrogatory No. 11 and funeral/burial expenses, if applicable.

**COMPLIANCE:**

6. Produce copies of all insurance policies, applications or similar documents disclosed in answer to Interrogatory No. 10.

**COMPLIANCE:**

7. Produce copies of all releases or similar documents not subject to a written confidentiality agreement disclosed in answer to Interrogatory 21.

**COMPLIANCE:**

8. Pursuant to the dates outlined in the Scheduling Order and no later than one year before the scheduled trial date, disclose copies of any documents or reports concerning this case prepared by any experts who will testify at trial.

**COMPLIANCE:**

9. Produce all non-privileged statements, recorded interviews, films, videotapes, audio recordings, reports, questionnaires, forms or other documents (including but not limited to electronic) that were prepared or filled out by or on behalf of the plaintiff relating in any way to the subject matter of this lawsuit.

**COMPLIANCE:**

10. Produce a copy of the Probate appointment, identifying the plaintiff as Administratrix of the subject estate, if applicable.

**COMPLIANCE:**

11. Produce a copy of the death certificate for the decedent.

**COMPLIANCE:**

12. Produce a copy of any autopsy report for the decedent.

**COMPLIANCE:**

13. Produce copies of any and all entries, memoranda and declarations of the patient/decedent that your attorney intends to use at time of trial pursuant to C.G.S. 52-172, including diaries, journals and correspondence (including but not limited to electronic media).

**COMPLIANCE:**

14. Produce copies of any photographs, reports, papers, books, documents, drawings, diagrams, models, and other tangible evidence expected to be used at trial, and physical objects made by the patient/decedent or on behalf by any person, including experts pertaining to the cause of action alleged in the Complaint.

**COMPLIANCE:**

15. Produce copies of any and all records, correspondence and documentation with respect to any and all of your disability claim(s) as set forth in Interrogatory No. 33, excluding any material which is claimed to be protected by attorney-client privilege or other applicable privilege.

**COMPLIANCE:**

16. Provide written authorization in the form attached permitting the undersigned to obtain a full and complete copy of plaintiff's social security disability file.

**COMPLIANCE:**

17. If any conditional payment, as defined by the Medicare Secondary Payer statute, 42 U.S.C. 1395y (b) (2) (B), has been made on your behalf please provide copies of any correspondence, including Conditional Payment Letters, received from the CMS, MSPRC or other entity indicating the existence and/or amount of a Medicare "lien".

**COMPLIANCE:**

18. If any conditional payment, as defined by the Medicare Secondary Payer statute (including but not limited to Medicare Advantage payments), 42 U.S.C. 1395y (b) (2) (B), has been made on your behalf, please execute the attached authorization allowing the disclosure of the conditional payment information made on your behalf.

**COMPLIANCE:**

19. Provide copies of all photographs and/or videotapes depicting the patient/decedent's medical condition.

**COMPLIANCE:**

20. Provide copies of any and all advance directive/s that were in effect for the patient/decedent's care within the ten years preceding the patient/decedent's death.

**COMPLIANCE:**

