

1. Please list Plaintiff's places of employment, if any, for the five (5) years preceding the filing of this action.
2. Please list Plaintiff's address(es) for the 20 years preceding the filing of this action.
3. Please list all high schools/ colleges/ universities/ or any other educational institution attended by the Plaintiff for the 20 years preceding the filing of this action.
4. State whether you, your attorneys, or any other individuals acting on your behalf have obtained statements in any form from any person regarding any of the events, happenings or allegations contained in your complaint. If the answer is in the affirmative, identify such persons giving statements, the dates upon which the statements were taken, the identity of the person taking the statements, and whether such statements were written, oral, or recorded. To the extent that any document or other recorded information evidences or relates to your responses to this Interrogatory, please identify said document or recorded information.
5. If Plaintiff has ever been involved in any other legal action, including criminal charges against Plaintiff, please state whether Plaintiff was a plaintiff or defendant, the nature of the claim made by or against Plaintiff, and the date and place each such action was filed and the result of each such action.
6. If you have ever been arrested and/or convicted or have you entered a plea of guilty or *nolo contendere* to any criminal offense, whether a felony or a misdemeanor, please state the date and place of each charge and the nature and jurisdiction of each charge.
7. Please list any hospitals, emergency rooms, clinics, nursing homes, assisted living facilities, and/or outpatient clinics Plaintiff has ever been treated and the dates of treatment?
8. If Plaintiff has ever been told by any physician or other medical practitioner that he/she had any illness(es), disease(s), syndrome(s), virus(es) or infection(s) of any kind, please state the date and name and address of the physician or other medical practitioner.
9. Please describe every conversation you have had with any doctor, nurse, employee, representative or agent of Defendant during or after Plaintiff's stay at the facility, including the date of each such conversation, the participants to each such conversation and your understanding of what was said during the conversation.
10. Please describe every conversation you have had with any healthcare provider, including any nursing home, relating to the subject of your complaint, including the date of each such conversation and the participants to each such conversation and your understanding of what was said during the conversation.
11. Please list with specificity each medical expense (by description, type of expense, amount of expense, date incurred, and to whom paid), that you contend Plaintiff is

entitled to recover against Defendant.

12. Please list all claims Plaintiff has ever filed for Social Security or other disability benefits, including the date and type of disability claimed.
13. If to your knowledge, information or belief there exists any diary, journal, notes, correspondence or other similar document reflecting or containing observations or recollections relating to any fact or issue in this lawsuit, which document is not fully identified elsewhere in your response to these interrogatories, please identify as to each the author, the type of document, when it was prepared, and the name and address of each person who presently has possession, custody or control of the original or any reproduction thereof.
14. Identify all photographs, videotapes, drawings, or any other graphic description or representation of Plaintiff made within the last five (5) years.
15. Please state the full name, address, telephone number, occupation or job title, employer, and present whereabouts of each person or other entity who has some knowledge of any fact or circumstance upon which you base any of your allegations of liability, injuries or damages which you contend were caused by, or in any way connected with, any of the defendants, and as to each such person or entity named, list each such fact.
16. Please identify in detail each and every witness, fact or basis, which supports or provides a factual basis for your claim against Defendant.
17. Please state the name, present address and telephone number of all persons not identified elsewhere in the answers to these interrogatories who are known or believed by you to have knowledge or information which is relevant, directly or indirectly, to the claims asserted in your Complaint.
18. Itemize each and every alleged economic loss for which you seek recovery, including medical bills and any other alleged item of damages.