

Minutes of the Meeting
Rules Committee
January 23, 2017

On Monday, January 23, 2017, the Rules Committee met in the Supreme Court courtroom from 2:00 p.m. to 2:33 p.m.

Members in attendance were:

HON. DENNIS G. EVELEIGH, CHAIR
HON. WILLIAM H. BRIGHT, JR.
HON. KEVIN G. DUBAY
HON. ROLAND D. FASANO
HON. ROBERT L. GENUARIO
HON. SHEILA A. OZALIS
HON. DAVID M. SHERIDAN
HON. MARY E. SOMMER

Also in attendance were Joseph J. Del Ciampo, Counsel to the Rules Committee, and Attorneys Denise K. Poncini and Lori A. Petruzzelli of the Judicial Branch's Legal Services Unit. The Honorable Jon M. Alander was not in attendance.

1. The Committee unanimously approved the minutes of the meeting held on December 19, 2016.

2. The Committee considered a proposal by Judge Bright, Chief Administrative Judge, Civil Division, on behalf of the Civil Commission to amend Section 13-19, disclosure of defense, and additional comments on behalf of the Connecticut Bankers Association and Connecticut Mortgage Bankers Association.

Attorney Geoffrey Milne addressed the Committee concerning this proposal.

After discussion, Judge Bright withdrew this proposal.

3. The Committee considered a proposal submitted by Attorney Lauren Weisfeld, on behalf of Public Defender Services, to amend Section 43-33 to require trial counsel to provide an electronic copy of their file to the Public Defender when appointed as appellate counsel; and comments from Judge Devlin, Chief Administrative Judge, Criminal Division, Connecticut Bar Association, Criminal Justice Section, and from the Connecticut Criminal Defense Lawyers Association (CCDLA).

Attorney Weisfeld was invited to and did address the Committee concerning this proposal. In addition to her comments, she submitted to the Committee two informal ethics opinions authored by the Standing Committee on Professional Ethics of the Connecticut Bar Association. (*Informal Opinion 00-03* and *Informal Opinion 03-02*.)

After discussion, the Committee unanimously voted to submit to public hearing the proposed revision to Section 43-33, as revised by Judge Devlin, as set forth in Appendix A, attached to these minutes.

4. The Committee considered a proposal by Judge Bright on behalf of the Civil Commission to revise Section 11-20A regarding pseudonyms.

After discussion, the Committee unanimously voted to table the proposal to its February meeting.

5. The Committee considered a proposal by Counsel to further revise Section 13-6 to add reference in subsection (b) to New Forms 213 and 214.

After discussion, the Committee unanimously voted to submit to public hearing the proposed further revision to Section 13-6, as set forth in Appendix B, attached to these minutes.

6. The Committee considered a proposal by Counsel to further revise Section

13-9 to add reference in subsection (h) to New Form 216.

After discussion, the Committee unanimously voted to submit to public hearing the proposed further revision to Section 13-9, as set forth in Appendix C, attached to these minutes.

7. The Committee considered a proposal by Counsel to correct the certification used on all applicable Practice Book Forms and those being recommended by the Committee for adoption by deleting language regarding service on all parties who have not appeared.

After discussion, the Committee unanimously voted to submit to public hearing the proposed corrected certification on the subject forms, as set forth in Appendix D, attached to these minutes.

8. The Committee was advised by Judge Bright that he will submit to the Civil Commission a matter regarding creating a privilege log when information is withheld on the basis of an objection to a discovery request.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Joseph J. Del Ciampo". The signature is fluid and cursive, with the first name "Joseph" and last name "Del Ciampo" clearly distinguishable.

Joseph J. Del Ciampo
Counsel to the Rules Committee

APPENDIX A (012317)

Sec. 43-33. Appointment of Initial Counsel for Appeal by Indigent Defendant

(a) An indigent defendant who wishes to prosecute his or her appeal may apply to the court from which the appeal is taken for the appointment of counsel to prosecute the defendant's appeal and for a waiver of fees and costs, pursuant to Sections 63-7 and 44-1 through 44-5.

(b) The application for a waiver of costs and fees must be sent for investigation of the applicant's indigence to the public defender's office in the court from which the appeal is taken. The judicial authority shall assign the application for hearing within twenty days after filing unless otherwise ordered by the judicial authority for good cause shown. At least ten days before the hearing, the clerk's office shall notify in writing trial counsel, the state's attorney, the trial public defender's office to which the application had been sent for investigation and the chief of legal services of the public defender's office, of the date of such hearing. The lack of timely notification to any of the above parties shall result in a continuance of the hearing until proper and timely notification has been completed.

(c) The application for the appointment of counsel to prosecute the defendant's appeal shall be assigned to the same date and hearing as the application for waiver of fees, costs and expenses, and the judicial authority shall decide both applications at the same time. If trial counsel is not to be the assigned appellate counsel, the judicial authority shall inform and order trial counsel to cooperate fully with appellate counsel. If the chief of legal services of the public defender's office is to be assigned as appellate counsel, unless otherwise ordered by the court, trial counsel shall be deemed to have "cooperated fully" if counsel has delivered to the chief of legal services: a complete appellate worksheet, which shall be provided by the chief of legal services; and an electronic copy of trial counsel's file [or a copy thereof]. Failure to fully cooperate with appellate counsel will result in a short continuance of the applications for appellate counsel and for the waiver of fees, costs and expenses until cooperation is completed, or, if full cooperation is not completed within a reasonable time, sanctions against trial counsel may be imposed.

(d) The judicial authority shall act promptly on the applications following the hearing. Upon determination by the judicial authority that a defendant in a criminal case is indigent, the court to which the fees required by statute or rule are to be paid may (1) waive payment by the defendant of fees specified by statute and of taxable costs, and waive the requirement of Sec. 61-6 concerning the furnishing of security for costs upon appeal, (2) order that the necessary expenses of prosecuting the appeal be paid by the state, and (3) appoint appellate counsel and permit the withdrawal of the trial attorney's appearance provided the judicial authority is satisfied that that attorney has cooperated fully with appellate counsel in the preparation of the defendant's appeal.

COMMENTARY: The changes to this section require that unless otherwise ordered by the court, if Public Defender Services has been appointed as appellate counsel, trial counsel must provide to appellate counsel an electronic copy of trial counsel's file.

Appendix B (012317)

Sec. 13-6. Interrogatories; In General

(a) In any civil action, in any probate appeal, or in any administrative appeal where the judicial authority finds it reasonably probable that evidence outside the record will be required, any party may serve in accordance with Sections 10-12 through 10-17 written interrogatories, which may be in electronic format, upon any other party to be answered by the party served. Written interrogatories may be served upon any party without leave of the judicial authority at any time after the return day. Except as provided in subsection (d) or where the interrogatories are served electronically as provided in Section 10-13 and in a format that allows the recipient to electronically insert the answers in the transmitted document, the party serving interrogatories shall leave sufficient space following each interrogatory in which the party to whom the interrogatories are directed can insert the answer. In the event that an answer requires more space than that provided on interrogatories that were not served electronically and in a format that allows the recipient to electronically insert the answers in the transmitted document, the answer shall be continued on a separate sheet of paper which shall be attached to the completed answers.

(b) Interrogatories may relate to any matters which can be inquired into under Sections 13-2 through 13-5 and the answers may be used at trial to the extent permitted by the rules of evidence. In all personal injury actions alleging liability based on the operation or ownership of a motor vehicle or alleging liability based on the ownership, maintenance or control of real property, or in actions claiming a loss of consortium or uninsured/underinsured motorist coverage benefits, the interrogatories shall be limited

to those set forth in Forms 201, 202, 203, 208, 210, [and/or] 212, 213 and/or 214 of the rules of practice, unless upon motion, the judicial authority determines that such interrogatories are inappropriate or inadequate in the particular action. These forms are set forth in the Appendix of Forms in this volume. Unless the judicial authority orders otherwise, the frequency of use of interrogatories in all actions except those for which interrogatories have been set forth in Forms 201, 202, 203, 208, 210, ~~and/or~~ 212, 213 and/or 214 of the rules of practice is not limited.

(c) The standard interrogatories are intended to address discovery needs in most cases in which their use is mandated, but they do not preclude any party from moving for permission to serve such additional discovery as may be necessary in any particular case.

(d) In lieu of serving the interrogatories set forth in Forms 201, 202, 203, 208, 210, [and/or] 212, 213 and/or 214 of the rules of practice on a party who is represented by counsel, the moving party may serve on such party a notice of interrogatories, which shall not include the actual interrogatories to be answered, but shall instead set forth the number of the Practice Book form containing such interrogatories and the name of the party to whom the interrogatories are directed. The party to whom such notice is directed shall in his or her response set forth each interrogatory immediately followed by that party's answer thereto.

(e) The party serving interrogatories or the notice of interrogatories shall not file them with the court.

(f) Unless leave of court is granted, the instructions to Forms 201 through 203 are to be used for all nonstandard interrogatories.

COMMENTARY: This section now includes references to standard interrogatories in cases claiming loss of consortium or uninsured/underinsured motorist coverage benefits. Standard interrogatories for loss of consortium were approved effective January 1, 2017. (Additional amendments shown by double underlines and strikethroughs.)

APPENDIX C (012317)

Sec. 13-9. Requests for Production, Inspection and Examination; In General

(a) In any civil action, in any probate appeal, or in any administrative appeal where the judicial authority finds it reasonably probable that evidence outside the record will be required, any party may serve in accordance with Sections 10-12 through 10-17 upon any other party a request to afford the party submitting the request the opportunity to inspect, copy, photograph or otherwise reproduce designated documents or to inspect and copy, test or sample any tangible things in the possession, custody or control of the party upon whom the request is served or to permit entry upon designated land or other property for the purpose of inspection, measuring, surveying, photographing, testing or sampling the property or any designated object or operation thereon. Such requests will be governed by the provisions of Sections 13-2 through 13-5. In all personal injury actions alleging liability based on the operation or ownership of a motor vehicle or alleging liability based on the ownership, maintenance or control of real property, or in actions claiming a loss of consortium or uninsured/underinsured motorist coverage benefits, the requests for production shall be limited to those set forth in Forms 204, 205, 206, 209, [and/or] 211, 215 and/or 216 of the rules of practice, unless, upon motion, the judicial authority determines that such requests for production are inappropriate or inadequate in the particular action. These forms are set forth in the Appendix of Forms in this volume.

(b) The standard requests for production are intended to address discovery needs in most cases in which their use is mandated, but they do not preclude any party

from moving for permission to serve such additional discovery as may be necessary in any particular case.

(c) Requests for production may be served upon any party without leave of court at any time after the return day. In lieu of serving the requests for production set forth in Forms 204, 205, 206, 209, [and/or] 211, 215 and/or 216 of the rules of practice on a party who is represented by counsel, the moving party may serve on such party a notice of requests for production, which shall not include the actual requests, but shall instead set forth the number of the Practice Book form containing such requests and the name of the party to whom the requests are directed.

(d) The request shall clearly designate the items to be inspected either individually or by category. The request or, if applicable, the notice of requests for production shall specify a reasonable time, place and manner of making the inspection. Unless the judicial authority orders otherwise, the frequency of use of requests for production in all actions except those for which requests for production have been set forth in Forms 204, 205, 206, 209, [and/or] 211, 215 and/or 216 of the rules of practice is not limited.

(e) If information has been electronically stored, and if a request for production does not specify a form for producing a type of electronically stored information, the responding party shall produce the information in a form in which it is ordinarily maintained or in a form that is reasonably usable. A party need not produce the same electronically stored information in more than one form.

(f) The party serving such request or notice of requests for production shall not file it with the court.

(g) Unless leave of court is granted, the instructions to Forms 204 through 206 of the rules of practice are to be used for all nonstandard requests for production.

(h) A party seeking the production of a written authorization in compliance with the Health Insurance Portability and Accountability Act to inspect and make copies of protected health information, or a written authorization in compliance with the Public Health Service Act to inspect and make copies of alcohol and drug records that are protected by that act, shall file a motion pursuant to Section 13-11A. A motion need not be filed to obtain such authorization in actions to which Forms 204, ~~and 205~~ and 216 of the rules of practice apply.

COMMENTARY: This section now includes references to standardized requests for production in cases claiming a loss of consortium or uninsured/underinsured motorist coverage benefits. (Additional amendments shown by double underlines and strikethroughs.)

APPENDIX D (012317)

Form 201

Plaintiff's Interrogatories

No. CV-	: SUPERIOR COURT
(Plaintiff)	: JUDICIAL DISTRICT OF
VS.	: AT
(Defendant)	: (Date)

The undersigned, on behalf of the Plaintiff, hereby propounds the following interrogatories to be answered by the Defendant, _____, under oath, within sixty (60) days of the filing hereof in compliance with Practice Book Section 13-2.

Definition: "You" shall mean the Defendant to whom these interrogatories are directed except that if that Defendant has been sued as the representative of the estate of a decedent, ward, or incapable person, "you" shall also refer to the Defendant's decedent, ward or incapable person unless the context of an interrogatory clearly indicates otherwise.

In answering these interrogatories, the Defendant(s) is (are) required to provide all information within their knowledge, possession or power. If an interrogatory has subparts, answer each subpart separately and in full and do not limit the answer to the interrogatory as a whole. If any interrogatories cannot be answered in full, answer to the extent possible.

(1) State the following:

(a) your full name and any other name(s) by which you have been known;

(b) your date of birth;

(c) your motor vehicle operator's license number;

(d) your home address;

(e) your business address;

(f) if you were not the owner of the subject vehicle, the name and address of the owner or lessor of the subject vehicle on the date of the alleged occurrence.

(2) Have you made any statements, as defined in Practice Book Section 13-1, to any person regarding any of the incidents alleged in the Complaint?

COMMENT:

This interrogatory is intended to include party statements made to a representative of an insurance company prior to involvement of defense counsel.

(3) If the answer to Interrogatory #2 is affirmative, state:

(a) the name and address of the person or persons to whom such statements were made;

(b) the date on which such statements were made;

(c) the form of the statement (i.e., whether written, made by recording device or recorded by a stenographer, etc.);

(d) the name and address of each person having custody, or a copy or copies of each statement.

(4) State the names and addresses of all persons known to you who were present at the time of the incident alleged in the Complaint or who observed or witnessed all or part of the incident.

(5) As to each individual named in response to Interrogatory #4, state whether to your knowledge, or the knowledge of your attorney, such individual has given any statement or statements as defined in Practice Book Section 13-1 concerning the subject matter of the Complaint in this lawsuit. If your answer to this interrogatory is affirmative, state also:

(a) the date on which the statement or statements were taken;

(b) the names and addresses of the person or persons who took such statement or statements; (c)

the names and addresses of any person or 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;

(e) the names and addresses of any person or persons having custody or a copy or copies of such statement or statements.

(6) Are you aware of any photographs or any recordings by film, video, audio or any other digital or electronic means depicting the incident alleged in the Complaint, the scene of the incident, any vehicle involved in the incident alleged in the Complaint, or any condition or injury alleged to have been caused by the incident alleged in the Complaint? If so, for each set of photographs taken of each such subject by each photographer, please state:

(a) the name and address of the photographer, other than an expert who will not testify at trial;

(b) the dates on which such photographs were taken or such recordings were obtained or prepared;

(c) the subject (e.g., "Plaintiff's vehicle," "scene," etc.);

(d) the number of photographs or recordings;

(e) the nature of the recording (e.g., film, video, audio, etc.).

(7) If, at the time of the incident alleged in the Complaint, you were covered by an insurance policy under which an insurer may be liable to satisfy part or all of a judgment or reimburse you for payments to satisfy part or all of a judgment, state the following:

(a) the name(s) and address(es) of the insured(s);

(b) the amount of coverage under each insurance policy;

(c) the name(s) and address(es) of said insurer(s).

(8) If at the time of the incident which is the subject of this lawsuit you were protected against the type of risk which is the subject of this lawsuit by excess umbrella insurance, or any other insurance, state:

(a) the name(s) and address(es) of the named insured;

(b) the amount of coverage effective at this time;

(c) the name(s) and address(es) of said insurer(s).

(9) State whether any insurer, as described in Interrogatories #7 and #8 above, has disclaimed/ reserved its duty to indemnify any insured or any other person protected by said policy.

(10) If applicable, describe in detail the damage to your vehicle.

(11) If applicable, please state the name and address of an appraiser or firm which appraised or

repaired the damage to the vehicle owned or operated by you.

(12) If any of the Defendants are deceased, please state the date and place of death, whether an estate has been created, and the name and address of the legal representative thereof.

(13) If any of the Defendants is a business entity that has changed its name or status as a business entity (whether by dissolution, merger, acquisition, name change, or in any other manner) since the date of the incident alleged in the Complaint, please identify such Defendant, state the date of the change, and describe the change.

(14) If you were the operator of any motor vehicle involved in the incident that is the subject of this action, please state whether, at the time of the incident, you were operating that vehicle in the course of your employment with any person or legal entity not named as a party to this lawsuit, and, if so, state the full name and address of that person or entity.

(15) If you were the operator of any motor vehicle involved in the incident that is the subject of this action, please state whether you consumed or used any alcoholic beverages, drugs or medications within the eight (8) hours next preceding the time of the incident alleged in the Complaint and, if so, indicate what you consumed or used, how much you consumed, and when.

(16) Please state whether, within eight (8) hours after the incident alleged in the Complaint, any testing was performed to determine the presence of alcohol, drugs or other medications in your blood, and, if so, state:

(a) the name and address of the hospital, person or entity performing such test or screen;

(b) the date and time;

(c) the results.

(17) Please identify surveillance material discoverable under Practice Book Section 13-3 (c), by stating the name and address of any person who obtained or prepared any and all recordings by film, photograph, videotape, audiotape, or any other digital or electronic means, of any party concerning this lawsuit or its subject matter, including any transcript thereof which are in your possession or control or in the possession or control of your attorney, and state the date on which each such recordings were obtained and the person or persons of whom each such recording was made.

(18) If you were the operator of any motor vehicle involved in the incident that is the subject of this action, please state whether you were using a cell phone for any activity including, but not limited to, calling, texting, e-mailing, posting, tweeting, or visiting sites on the Internet for any purpose, at or immediately prior to the time of the incident.

PLAINTIFF,

BY _____

I, _____, hereby certify that I have reviewed the above interrogatories and responses thereto and that they are true and accurate to the best of my knowledge and belief.

(Defendant)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public/
Commissioner of the Superior Court

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record [and to all parties who have not appeared in this matter] and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (Signature of filer) Print or type name of person signing Date Signed

Mailing address (Number, street, town, state and zip code) or E-mail address, if applicable Telephone number

COMMENTARY: The change to the certification on this form is consistent with the provisions of Section 10-14.

Form 202

Defendant's Interrogatories

No. CV-	: SUPERIOR COURT
(Plaintiff)	: JUDICIAL DISTRICT OF
VS.	: AT
(Defendant)	: (Date)

The undersigned, on behalf of the Defendant, hereby propounds the following interrogatories to be answered by the Plaintiff, _____, under oath, within sixty (60) days of the filing hereof in compliance with Practice Book Section 13-2.

Definition: "You" shall mean the Plaintiff to whom these interrogatories are directed except that if suit has been instituted by the representative of the estate of a decedent, ward, or incapable person, "you" shall also refer to the Plaintiff's decedent, ward or incapable person unless the context of an interrogatory clearly indicates otherwise.

In answering these interrogatories, the Plaintiff(s) is (are) required to provide all information within their knowledge, possession or power. If an interrogatory has subparts, answer each subpart separately and in full and do not limit the answer to the interrogatory as a whole. If any interrogatories cannot be answered in full, answer to the extent possible.

(1) State the following:

(a) your full name and any other name(s) by which you have been known;

(b) your date of birth;

(c) your motor vehicle operator's license number;

(d) your home address;

(e) your business address;

(f) if you were not the owner of the subject vehicle, the name and address of the owner or lessor of the subject vehicle on the date of the alleged occurrence.

(2) Identify and list each injury you claim to have sustained as a result of the incidents alleged in the Complaint.

(3) When, where and from whom did you first receive treatment for said injuries?

(4) If you were treated at a hospital for injuries sustained in the alleged incident, state the name and location of each hospital and the dates of such treatment and confinement therein.

(5) State the name and address of each physician, therapist or other source of treatment for the conditions or injuries you sustained as a result of the incident alleged in your Complaint.

(6) When and from whom did you last receive any medical attention for injuries alleged to have been sustained as a result of the incident alleged in your Complaint?

(7) On what date were you fully recovered from the injuries or conditions alleged in your Complaint?

(8) If you claim you are not fully recovered, state precisely from what injuries or conditions you are presently suffering?

(9) Are you presently under the care of any doctor or other health care provider for the treatment of injuries alleged to have been sustained as a result of the incident alleged in your Complaint?

(10) If the answer to Interrogatory #9 is in the affirmative, state the name and address of each physician or other health care provider who is treating you.

(11) Do you claim any present disability resulting from injuries or conditions allegedly sustained as a result of the incident alleged in your Complaint?

(12) If so, state the nature of the disability claimed.

(13) Do you claim any permanent disability resulting from said incident?

(14) If the answer to Interrogatory #13 is in the affirmative, please answer the following:

(a) list the parts of your body which are disabled;

(b) list the motions, activities or use of your body which you have lost or which you are unable to perform;

(c) state the percentage of loss of use claimed as to each part of your body;

(d) state the name and address of the person who made the prognosis for permanent disability and the percentage of loss of use;

(e) list the date for each such prognosis.

(15) If you were or are confined to your home or your bed as a result of injuries or conditions sustained as a result of the incident alleged in your Complaint, state the dates you were so confined.

(16) List each medical report received by you or your attorney relating to your alleged injuries or conditions by stating the name and address of the treating doctor or other health care provider, and of any doctor or health care person you anticipate calling as a trial witness, who provided each such report and the date thereof.

(17) List each item of expense which you claim to have incurred as a result of the incident alleged in your Complaint, the amount thereof and state the name and address of the person or organization to whom each item has been paid or is payable.

(18) For each item of expense identified in response to Interrogatory #17, if any such expense, or portion thereof, has been paid or reimbursed or is reimbursable by an insurer, state, as to each such item of expense, the name of the insurer that made such payment or reimbursement or that is responsible for such reimbursement.

(19) If, during the ten year period prior to the date of the incident alleged in the Complaint, you were under a doctor's care for any conditions which were in any way similar or related to those identified and listed in your response to Interrogatory #2, state the nature of said conditions, the dates on which treatment was received, and the name of the doctor or health care provider.

(20) If, during the ten year period prior to the date of the incident alleged in your Complaint, you were involved in any incident in which you received personal injuries similar or related to those identified and listed in your response to Interrogatory #2, please answer the following with respect to each such earlier incident:

(a) on what date and in what manner did you sustain such injuries?

(b) did you make a claim against anyone as a result of said accident?

(c) if so, provide the name and address of the person or persons against whom a claim was made;

(d) if suit was brought, state the name and location of the Court, the return date of the suit, and the docket number;

(e) state the nature of the injuries received in said accident;

(f) state the name and address of each physician who treated you for said injuries;

(g) state the dates on which you were so treated;

(h) state the nature of the treatment received on each such date;

(i) if you are presently or permanently disabled as a result of said injuries, please state the nature of such disability, the name and address of each physician who diagnosed said disability and the date of each such diagnosis.

(21) If you were involved in any incident in which you received personal injuries since the date of the incident alleged in the Complaint, please answer the following:

(a) on what date and in what manner did you sustain said injuries?

(b) did you make a claim against anyone as a result of said accident?

(c) if so, provide the name and address of the person or persons against whom a claim was made;

(d) if suit was brought, state the name and location of the Court, the return date of the suit, and the docket number;

(e) state the nature of the injuries received in said accident;

(f) state the name and address of each physician who treated you for said injuries;

(g) state the dates on which you were so treated;

(h) state the nature of the treatment received on each such date;

(i) if you are presently or permanently disabled as a result of said injuries, please state the nature of such disability, the name and address of each physician who diagnosed said disability and the date of each such diagnosis.

(22) Please state the name and address of any medical service provider who has rendered an opinion in writing or through testimony that you have sustained a permanent disability to any body part other than those listed in response to Interrogatories #13, #14, #20 or #21, and:

(a) list each such part of your body that has been assessed a permanent disability;

(b) state the percentage of loss of use assessed as to each part of your body;

(c) state the date on which each such assessment was made.

(23) If you claim that as a result of the incident alleged in your Complaint you were prevented from following your usual occupation, or otherwise lost time from work, please provide the following information:

(a) the name and address of your employer on the date of the incident alleged in the Complaint; (b)

the nature of your occupation and a precise description of your job responsibilities with said employer on the date of the incident alleged in the Complaint;

(c) your average, weekly earnings, salary, or income received from said employment for the year preceding the date of the incident alleged in the Complaint;

(d) the date following the date of the incident alleged in the Complaint on which you resumed the duties of said employment;

(e) what loss of income do you claim as a result of the incident alleged in your Complaint and how is said loss computed?

(f) the dates on which you were unable to perform the duties of your occupation and lost time from work as a result of injuries or conditions claimed to have been sustained as a result of the incident alleged in your Complaint;

(g) the names and addresses of each employer for whom you worked for three years prior to the date of the incident alleged in your Complaint.

(24) Do you claim an impairment of earning capacity?

(25) List any other expenses or loss and the amount thereof not already set forth and which you claim to have incurred as a result of the incident alleged in your Complaint.

(26) If you have signed a covenant not to sue, a release or discharge of any claim you had, have or may have against any person, corporation or other entity as a result of the incident alleged in your Complaint, please state in whose favor it was given, the date thereof, and the consideration paid to you for giving it.

(27) If you or anyone on your behalf agreed or made an agreement with any person, corporation or other entity to limit in any way the liability of such person, corporation or other entity as a result of any claim you have or may have as a result of the incident alleged in your Complaint, please state in whose favor it was given, the date thereof, and the consideration paid to you for giving it.

(28) If since the date of the incident alleged in your Complaint, you have made any claims for workers' compensation benefits, state the nature of such claims and the dates on which they were made.

(29) Have you made any statements, as defined in Practice Book Section 13-1, to any person regarding any of the events or happenings alleged in your Complaint?

COMMENT:

This interrogatory is intended to include party statements made to a representative of an insurance company prior to involvement of defense counsel.

(30) State the names and addresses of all persons known to you who were present at the time of the incident alleged in your Complaint or who observed or witnessed all or part of the accident.

(31) As to each individual named in response to Interrogatory #30, state whether to your knowledge, or the knowledge of your attorney, such individual has given any statement or statements as defined in Practice Book Section 13-1 concerning the subject matter of your Complaint or alleged injuries. If your answer to this interrogatory is affirmative, state also:

(a) the date on which such statement or statements were taken;

(b) the names and addresses of the person or persons who took such statement or statements; (c)

the names and addresses of any person or 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;

(e) the names and addresses of any person or persons having custody or a copy or copies of such

statement or statements.

(32) Are you aware of any photographs or any recordings by film, video, audio or any other digital or electronic means depicting the incident alleged in the Complaint, the scene of the incident, any vehicle involved in the incident alleged in the Complaint, or any condition or injury alleged to have been caused by the incident alleged in the Complaint? If so, for each set of photographs taken of each such subject by each photographer, please state:

- (a) the name and address of the photographer, other than an expert who will not testify at trial;
- (b) the dates on which such photographs were taken or such recordings were obtained or prepared;
- (c) the subject (e.g., "Plaintiff's vehicle," "scene," etc.);
- (d) the number of photographs or recordings;
- (e) the nature of the recording (e.g., film, video, audio, etc.).

(33) If you were the operator of any motor vehicle involved in the incident that is the subject of this action, please state whether you consumed or used any alcoholic beverages, drugs or medications within the eight (8) hours next preceding the time of the incident alleged in the Complaint and, if so, indicate what you consumed or used, how much you consumed, and when.

(34) Please state whether, within eight (8) hours after the incident alleged in the Complaint, any testing was performed to determine the presence of alcohol, drugs or other medications in your blood, and, if so, state:

- (a) the name and address of the hospital, person or entity performing such test or screen;
- (b) the date and time;
- (c) the results.

(35) Please identify surveillance material discoverable under Practice Book Section 13-3 (c), by stating the name and address of any person who obtained or prepared any and all recordings, by film, photograph, videotape, audiotape or any other digital or electronic means, of any party concerning this lawsuit or its subject matter, including any transcript thereof which are in your possession or control or in the possession or control of your attorney, and state the date on which each such recordings were obtained and the person or persons of whom each such recording was made.

COMMENT:

The following two interrogatories are intended to identify situations in which a Plaintiff has applied for and received workers' compensation benefits. If compensation benefits were paid, then the supplemental interrogatories and requests for production may be served on the Plaintiff without leave of the court if the compensation carrier does not intervene in the action.

(36) Did you make a claim for workers' compensation benefits as a result of the incident/occurrence alleged in the Complaint?

(37) Did you receive workers' compensation benefits as a result of the incident/occurrence alleged in the Complaint?

(38) If you were the operator of any motor vehicle involved in the incident that is the subject of this action, please state whether you were using a cell phone for any activity including, but not limited to, calling, texting, e-mailing, posting, tweeting, or visiting sites on the Internet for any purpose, at or immediately prior to the time of the incident.

DEFENDANT,

BY _____

I, _____, hereby certify that I have reviewed the above interrogatories and responses thereto and that they are true and accurate to the best of my knowledge and belief.

(Plaintiff)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public/
Commissioner of the Superior Court

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record [and to all parties who have not appeared in this matter] and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (Signature of filer)

Print or type name of person signing

Date Signed

Mailing address (Number, street, town, state and zip code) or E-mail address, if applicable

Telephone number

COMMENTARY: The change to the certification on this form is consistent with the provisions of Section 10-14.

Form 203

**Plaintiff's Interrogatories
Premises Liability Cases**

No. CV- : SUPERIOR COURT
(Plaintiff) : JUDICIAL DISTRICT OF
VS. : AT
(Defendant) : (Date)

The undersigned, on behalf of the Plaintiff, hereby propounds the following interrogatories to be answered by the Defendant, _____, under oath, within sixty (60) days of the filing hereof in compliance with Practice Book Section 13-2.

In answering these interrogatories, the Defendant(s) is (are) required to provide all information within their knowledge, possession or power. If an interrogatory has subparts, answer each subpart separately and in full and do not limit the answer to the interrogatory as a whole. If any interrogatories cannot be answered in full, answer to the extent possible.

(1) Identify the person(s) who, at the time of the Plaintiff's alleged injury, owned the premises where the Plaintiff claims to have been injured.

(a) If the owner is a natural person, please state:

(i) your name and any other name by which you have been known;

(ii) your date of birth;

(iii) your home address;

(iv) your business address.

(b) If the owner is not a natural person, please state:

(i) your name and any other name by which you have been known;

(ii) your business address;

(iii) the nature of your business entity (corporation, partnership, etc.);

(iv) whether you are registered to do business in Connecticut;

(v) the name of the manager of the property, if applicable.

(2) Identify the person(s) who, at the time of the Plaintiff's alleged injury, had a possessory interest (e.g., tenants) in the premises where the Plaintiff claims to have been injured.

(3) Identify the person(s) responsible for the maintenance and inspection of the premises at the time and place where the Plaintiff claims to have been injured.

(4) State whether you had in effect at the time of the Plaintiff's injuries any written policies or procedures that relate to the kind of conduct or condition the Plaintiff alleges caused the injury.

(5) State whether it is your business practice to prepare, or to obtain from your employees, a written report of the circumstances surrounding injuries sustained by persons on the subject premises.

(6) State whether any written report of the incident described in the Complaint was prepared by you or your employees in the regular course of business.

(7) State whether any warnings or caution signs or barriers were erected at or near the scene of

the incident at the time the Plaintiff claims to have been injured.

(8) If the answer to the previous interrogatory is in the affirmative, please state:

(a) the name, address and employer of the person who erected the warning or caution signs or barriers;

(b) the name, address and employer who instructed the person to erect the warning or caution signs or barriers;

(c) the time and date a sign or barrier was erected;

(d) the size of the sign or barrier and wording that appeared thereon.

(9) State whether you received, at any time within twenty-four (24) months before the incident described by the Plaintiff, complaints from anyone about the defect or condition that the Plaintiff claims caused the Plaintiff's injury.

(10) If the answer to the previous interrogatory is in the affirmative, please state:

(a) the name and address of the person who made the complaint;

(b) the name, address and person to whom said complaint was made;

(c) whether the complaint was in writing;

(d) the nature of the complaint.

(11) Please identify surveillance material discoverable under Practice Book Section 13-3 (c), by stating the name and address of any person who obtained or prepared any and all recordings, by film, photograph, videotape, audiotape or any other digital or electronic means, of any party concerning this lawsuit or its subject matter, including any transcript thereof which are in your possession or control or in the possession or control of your attorney, and state the date on which each such recordings were obtained and the person or persons of whom each such recording was made.

(12) Are you aware of any photographs or any recordings by film, video, audio or any other digital or electronic means depicting the incident alleged in the Complaint, the scene of the incident, or any condition or injury alleged to have been caused by the incident alleged in the Complaint? If so, for each set of photographs or each recording taken, obtained or prepared of each such subject, please state:

(a) the name and address of the person who took, obtained or prepared such photograph or recording, other than an expert who will not testify at trial;

(b) the dates on which such photographs were taken or such recordings were obtained or prepared;

(c) the subject (e.g., "scene of incident," etc.);

(d) the number of photographs or recordings;

(e) the nature of the recording (e.g., film, video, audio, etc.).

(13)–(23) (Interrogatories #1 (a) through (e), #2 through #5, #7, #8, #9, #12, #13 and #16 of Form 201 may be used to complete this standard set of interrogatories.)

PLAINTIFF,

BY _____
CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record [and to all parties who have not appeared in this matter] and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (Signature of filer) Print or type name of person signing Date Signed

Mailing address (Number, street, town, state and zip code) or E-mail address, if applicable Telephone number

COMMENTARY: The change to the certification on this form is consistent with the provisions of Section 10-14.

Form 204

Plaintiff's Requests for Production

No. CV- : SUPERIOR COURT
(Plaintiff) : JUDICIAL DISTRICT OF
VS. : AT
(Defendant) : (Date)

The Plaintiff(s) hereby request(s) that the Defendant provide counsel for the Plaintiff(s) with copies of the documents described in the following requests for production, or afford counsel for said Plaintiff(s) the opportunity or, if necessary, sufficient written authorization, to inspect, copy, photograph or otherwise reproduce said documents. The production of such documents, copies or written authorization shall take place at the offices of _____ on _____ (day), _____ (date) at _____ (time).

In answering these production requests, the Defendant(s) are required to provide all information within their possession, custody or control. If any production request cannot be answered in full, answer to the extent possible.

Definition: "You" shall mean the Defendant to whom these interrogatories are directed except that if that Defendant has been sued as the representative of the estate of a decedent, ward, or incapable person, "you" shall also refer to the Defendant's decedent, ward or incapable person unless the context of an interrogatory clearly indicates otherwise.

(1) A copy of the appraisal or bill for repairs as identified in response to Interrogatory #11.

(2) A copy of declaration page(s) of each insurance policy identified in response to Interrogatory #7 and/or #8.

(3) If the answer to Interrogatory #9 is in the affirmative, a copy of the complete policy contents of each insurance policy identified in response to Interrogatory #7 and/or #8.

(4) A copy of any photographs or recordings identified in response to Interrogatory #6.

(5) A copy of any nonprivileged statement, as defined in Practice Book Section 13-1, of any party in this lawsuit concerning this action or its subject matter.

(6) A copy of all lease agreements pertaining to any motor vehicle involved in the incident which is the subject of this action, which was owned or operated by you or your employee, and all documents referenced or incorporated therein.

(7) A copy of all records of blood alcohol testing or drug screens referred to in answer to Interrogatory #16, or a signed authorization, sufficient to comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) or those of the Public Health Service Act, whichever is applicable, to obtain the same for each hospital, person or entity that performed such test or screen. Information obtained pursuant to the provisions of HIPAA or the Public Health Service Act shall not be used or disclosed by the parties for any purpose other than the litigation or proceeding for which such information is requested.

(8) A copy of each and every recording of surveillance material discoverable under Practice Book Section 13-3 (c), by film, photograph, videotape, audiotape or any other digital or electronic means, of any party to this lawsuit concerning this lawsuit or the subject matter thereof, including any transcript of such recording.

PLAINTIFF,

BY _____

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record [and to all parties who have not appeared in this matter] and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (Signature of filer)	Print or type name of person signing	Date Signed
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Mailing address (Number, street, town, state and zip code) or E-mail address, if applicable	Telephone number
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COMMENTARY: The change to the certification on this form is consistent with the provisions of Section 10-14.

Form 205

Defendant's Requests for Production

No. CV- : SUPERIOR COURT
(Plaintiff) : JUDICIAL DISTRICT OF
VS. : AT
(Defendant) : (Date)

The Defendant(s) hereby request(s) that the Plaintiff provide counsel for the Defendant(s) with copies of the documents described in the following requests for production, or afford counsel for said Defendant(s) the opportunity or, where requested, sufficient written authorization, to inspect, copy, photograph or otherwise reproduce said documents. The production of such documents, copies or written authorizations shall take place at the offices of _____ not later than sixty (60) days after the service of the Requests for Production.

In answering these production requests, the Plaintiff(s) are required to provide all information within their possession, custody or control. If any production request cannot be answered in full, answer to the extent possible.

(1) All hospital records relating to treatment received as a result of the alleged incident, and to injuries, diseases or defects to which reference is made in the answers to Interrogatories #19, #20, #21 and #22, or written authorization, sufficient to comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA), to inspect and make copies of said hospital records. Information obtained pursuant to the provisions of HIPAA shall not be used or disclosed by the parties for any purpose other than the litigation or proceeding for which such information is requested.

(2) All reports and records of all doctors and all other care providers relating to treatment allegedly received by the Plaintiff(s) as a result of the alleged incident, and to the injuries, diseases or defects to which reference is made in the answers to Interrogatories #19, #20, #21 and #22 (exclusive of any records prepared or maintained by a licensed psychiatrist or psychologist) or written authorization, sufficient to comply with provisions of the Health Insurance Portability and Accountability Act, to inspect and make copies of said reports. Information obtained pursuant to the provisions of HIPAA shall not be used or disclosed by the parties for any purpose other than the litigation or proceeding for which such information is requested.

(3) If a claim for lost wages or lost earning capacity is being made, copies of, or sufficient written authorization to inspect and make copies of, the wage and employment records of all employers of the Plaintiff(s) for three (3) years prior to the date of the incident and for all years subsequent to the date of the incident to and including the date hereof.

(4) If a claim of impaired earning capacity or lost wages is being alleged, provide copies of, or sufficient written authorization to obtain copies of, that part of all income tax returns relating to lost income filed by the Plaintiff(s) for a period of three (3) years prior to the date of the incident and for all years subsequent to the date of the incident through the time of trial.

(5) All property damage bills that are claimed to have been incurred as a result of this incident.

(6) All medical bills that are claimed to have been incurred as a result of this incident or written authorization, sufficient to comply with the provisions of the Health Insurance Portability and Accountability Act, to inspect and make copies of said medical bills. Information obtained pursuant to the provisions of HIPAA shall not be used or disclosed by the parties for any purpose other than the litigation or proceeding for which such information is requested.

(7) All bills for each item of expense that is claimed to have been incurred in the answer to Interrogatory #18, and not already provided in response ¶15 and ¶16 above.

(8) Copies of all documentation of claims of right to reimbursement provided to the Plaintiff by third

party payors, and copies of, or written authorization, sufficient to comply with provisions of the Health Insurance Portability and Accountability Act, to obtain any and all documentation of payments made by a third party for medical services received or premiums paid to obtain such payment. Information obtained pursuant to the provisions of HIPAA shall not be used or disclosed by the parties for any purpose other than the litigation or proceeding for which such information is requested.

(9) All documents identified or referred to in the answers to Interrogatory #26.

(10) A copy of any nonprivileged statement, as defined in Practice Book Section 13-1, of any party in this lawsuit concerning this action or its subject matter.

(11) Any and all photographs or recordings identified in response to Interrogatory #32.

(12) A copy of all records of blood alcohol testing or drug screens referred to in answer to Interrogatory #34, or a signed authorization, sufficient to comply with the provisions of the Health Insurance Portability and Accountability Act or those of the Public Health Service Act, whichever is applicable, to obtain the same. Information obtained pursuant to the provisions of HIPAA or the Public Health Service Act shall not be used or disclosed by the parties for any purpose other than the litigation or proceeding for which such information is requested.

(13) A copy of each and every recording of surveillance material discoverable under Practice Book Section 13-3 (c), by film, photograph, videotape, audiotape or any other digital or electronic means, of any party to this lawsuit concerning this lawsuit or the subject matter thereof, including any transcript of such recording.

DEFENDANT,

BY _____

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record [and to all parties who have not appeared in this matter] and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (Signature of filer) _____ Print or type name of person signing _____ Date Signed _____

Mailing address (Number, street, town, state and zip code) or E-mail address, if applicable _____ Telephone number _____

COMMENTARY: The change to the certification on this form is consistent with the provisions of Section 10-14.

Form 206

Plaintiff's Requests for Production—Premises Liability

No. CV- : SUPERIOR COURT
(Plaintiff) : JUDICIAL DISTRICT OF
VS. : AT
(Defendant) : (Date)

The Plaintiff hereby requests that the Defendant provide counsel for the Plaintiff with copies of the documents described in the following requests for production, or afford counsel for said Plaintiff the opportunity or, if necessary, sufficient written authorization, to inspect, copy, photograph or otherwise reproduce said documents. The production of such documents, copies or written authorization shall take place at the offices of _____ on _____ (day), _____ (date) at _____ (time).

In answering these production requests, the Defendant(s) are required to provide all information within their possession, custody or control. If any production request cannot be answered in full, answer to the extent possible.

(1) A copy of the policies or procedures identified in response to Interrogatory #4.

(2) A copy of the report identified in response to Interrogatory #6.

(3) A copy of any written complaints identified in Interrogatory #10.

(4) A copy of declaration page(s) evidencing the insurance policy or policies identified in response to Interrogatories numbered _____ and _____.

(5) A copy of any nonprivileged statement, as defined in Practice Book Section 13-1, of any party in this lawsuit concerning this action or its subject matter.

(6) A copy of each and every recording of surveillance material discoverable under Practice Book Section 13-3 (c), by film, photograph, videotape, audiotape or any other digital or electronic means, of any party to this lawsuit concerning this lawsuit or the subject matter thereof, including any transcript of such recording.

(7) A copy of any photographs or recordings, identified in response to Interrogatory #12.

PLAINTIFF,

BY _____

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record [and to all parties who have not appeared in this matter] and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (Signature of filer)

Print or type name of person signing

Date Signed

Mailing address (Number, street, town, state and zip code) or E-mail address, if applicable

Telephone number

COMMENTARY: The change to the certification on this form is consistent with the provisions of Section 10-14.

Form 207

Interrogatories—Actions to Establish, Enforce or Modify Child Support Orders

No.	:	SUPERIOR COURT
(Plaintiff)	:	FAMILY SUPPORT
	:	MAGISTRATE DIVISION
VS.	:	JUDICIAL DISTRICT OF
	:	AT
(Defendant)	:	(Date)

The undersigned, on behalf of the Plaintiff/Defendant, propounds the following interrogatories to be answered by the Defendant/Plaintiff within sixty (60) days of the filing hereof.

(1) For your present residence:

(a) What is the address?

(b) What type of property is it (apartment, condominium, single-family home)?

(c) Who is the owner of the property?

(d) What is your relationship to the owner (landlord, parents, spouse)?

(e) When did you start living at this residence?

(2) List the names of all the adults that live with you.

(a) For each adult you live with, what is your relationship to them (spouse, sibling, roommate, parent, girlfriend or boyfriend)?

(b) For each adult you live with, what is their financial contribution to the household (who pays the rent, who pays the utilities, who buys the groceries)?

(3) Give the name and address of your employer.

(a) Are you employed full-time or part-time? Are you self-employed? If you are self-employed, do not answer (b) through (h) and go directly to Interrogatory #4.

(b) Are you paid a salary, on an hourly basis, or do you work on commission or tips?

(c) What is your income per week?

(d) How many hours per week do you usually work?

(e) Is overtime available, and if it is, how many hours per week do you work overtime and what are you paid?

(f) Do you, or have you, ever received bonus income from your employment and what is the basis for the bonus?

(g) Does your employer deduct federal and state taxes and Medicare from your wages or are you responsible for filing your own deductions? If you file, provide a copy of your most recent tax returns.

(h) Do you have a second source of employment? If so, please provide the same information as requested in (a) through (g).

(4) If you are self-employed:

(a) Are you part of a partnership, corporation or LLC, and if you are, give the name of the business and your role in it?

(b) Name the other people involved in your business and their roles.

(c) Does the business file taxes (if so, bring copies of the last two tax returns filed to your next court date)?

(d) Describe the work you do.

(e) How many hours per week do you work, on average?

(f) How much do you typically earn per hour?

(g) List your business expenses, and what they cost per week.

(h) State how you are typically paid (check or cash).

(i) Name the five people or companies you did most of your work for in the last year.

(j) If you have a business account, what bank is it at (bring copies of the last six months of bank statements to your next court date)?

(k) Do you work alone or do you employ anyone and pay them wages? If you employ anyone, please identify them, their relationship to you, if any, and the amount you pay them.

(l) How do you keep your payment and expense records? Do you employ an accountant, and if so, please give the name and address of the accountant responsible for your records?

(5) Except for your current job, list all the places you have worked for the last three years. For each place, list the address, the type of work you did, the dates you worked there and how much you were paid at each job.

(6) If you cannot work because of a disability, what is the nature of your disability?

(a) What is the date you became disabled?

(b) Is this disability permanent or temporary?

(c) If a doctor has told you that you cannot work, what is the name of the doctor and his or her office (bring a note from this doctor stating that you cannot work to your next court date)?

(d) If a doctor has told you that you cannot work, did he or she say you cannot work full-time or part-time?

(e) If you have a partial or permanent disability, please provide the percentage rating.

(f) Is your disability the result of an automobile accident, an accident at work, an accident at home or otherwise? Please give the date and details of the incident and whether you have filed a lawsuit or workers' compensation claim as a result.

(g) Have you had any children since the incident? If so, list their dates of birth.

(7) Have you applied for Social Security Disability (SSD) or Supplemental Security Income (SSI)?

(a) If you did, when did you apply and where are you in the application process?

(b) Have you been told if or when you will receive benefits? If so, who told you and what is the date they gave you?

(c) If your application for SSD and/or SSI has been denied, did you appeal? If you appealed, what is the status of the appeal and what lawyer, if any, represents you?

(d) Have you applied for or are you receiving state assistance?

(e) Are you a recipient of the state supplement program, medical assistance program, temporary family assistance program, state-administered general assistance program (SAGA medical or cash)? If so, state the source of the benefit, the effective date of the benefit and the date when your eligibility for benefits will be redetermined by the department of social services.

(8) Do you have any lawsuits pending?

(a) If you do, what type of case is it?

(b) Give the name, address, e-mail address and phone number of the lawyer handling the case for you.

(c) What amount do you expect to recover and when do you expect to receive it?

(d) If you have already settled the case, please provide a copy of the settlement statement.

(9) Do you expect to inherit any money or property in the next six months?

(a) If you do, who do you expect to inherit from and where do they or where did they live?

(b) What do you expect to inherit, what is its value and when do you expect to inherit it?

(c) What is the name and address of the person or lawyer handling the estate and where is the probate court in which the action is filed?

(10) Is anyone holding any money for you? If so, name the person, their relationship to you, their address and the amount of money they are holding.

(11) Do you own any rental properties, by yourself, with someone else or in trust? If the answer is yes:

(a) Is the property residential or commercial?

(b) Please identify the location of the property or properties, include the address and identify your ownership interest.

(c) Do you derive any income from the property? Do you calculate your net income from the property on a weekly, monthly or yearly basis?

(d) What are your expenses relating to the property or properties? Please state the amount of your mortgage payment, if any, and the amount of your taxes, insurance and utility payments, if any, and your method of payment of these expenses.

(e) Did you have to apply for a loan to finance any part of the real property or to finance the purchase of any personal property? If so, identify the item, state the amount of the loan and give a copy of the loan application.

(12) Are you the beneficiary or settlor of a trust?

(a) If so, please identify the trust, the type of trust, the date of the creation of the trust, the name and address of the trustee and how the trust is funded.

(b) How often do you receive a distribution from the trust and from whom and in what amounts are the distributions?

BY _____

I, _____, certify that I have reviewed the interrogatories set out above and the responses to those interrogatories and they are true and accurate to the best of my knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public/
Commissioner of the Superior Court

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record [and to all parties who have not appeared in this matter] and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (Signature of filer) Print or type name of person signing Date Signed

Mailing address (Number, street, town, state and zip code) or E-mail address, if applicable Telephone number

COMMENTARY: The change to the certification on this form is consistent with the provisions of Section 10-14.

Form 208

**Defendant's Supplemental Interrogatories
Workers' Compensation Benefits—No Intervening Plaintiff**

No. CV- : SUPERIOR COURT
(Plaintiff) : JUDICIAL DISTRICT OF
VS. : AT
(Defendant) : (Date)

The undersigned, on behalf of the Defendant, hereby propounds the following interrogatories to be answered by the Plaintiff, _____, under oath, within sixty (60) days of the filing hereof insofar 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.

Definition: "You" shall mean the Plaintiff to whom these interrogatories are directed except that if suit has been instituted by the representative of the estate of a decedent, ward, or incapable person, "you" shall also refer to the Plaintiff's decedent, ward or incapable person unless the context of an interrogatory clearly indicates otherwise.

In answering these interrogatories, the Plaintiff(s) is (are) required to provide all information within their knowledge, possession or power. If an interrogatory has subparts, answer each subpart separately and in full, and do not limit the answer to the interrogatory as a whole. If any interrogatories cannot be answered in full, answer to the extent possible.

(1) State your full name, home address, and business address.

(2) State the workers' compensation claim number and the date of injury of each workers' compensation claim that you have filed as a result of the incident/occurrence alleged in the complaint.

(3) State the total amount paid on your behalf on each of the claims filed as a result of the incident/occurrence alleged in the complaint and referred to in Interrogatory #2, and if known, specify the amount of medical benefits, loss of income benefits, and specific award benefits, and if unknown, provide an authorization for the same.

(4) Identify any First Report of Injury, Notice of Claim for Compensation, Notice of Intention to Reduce or Discontinue Benefits, Notice to Compensation Commissioner and Employee of Intention to Contest Employee's Right to Compensation Benefits, and any reports of medical exams requested by the commissioner, respondent and/or employer arising out of the incident/occurrence alleged in the Complaint.

(5) Identify any voluntary agreements, approved stipulations to date, approved full and final stipulations and findings and awards, and findings and denials arising out of the incident/occurrence alleged in the Complaint and which formed the basis for your answer to Interrogatory #3.

(6) Which of your claims arising out of the incident/occurrence alleged in the Complaint and referenced in your answer to Interrogatory #2 are still open?

COMMENT:

These supplemental interrogatories are specifically directed at eliciting information about any workers' compensation claims, benefits and agreements. Unless the compensation carrier is a party to the action, it can be difficult to obtain this information. Often the Plaintiff's lawyers do not represent the client in the workers' compensation case, and although this information is available in the workers' compensation file, providing these records to lawyers not involved in the compensation case could be time-consuming for the workers' compensation office staff. If compensation benefits were paid, these supplemental interrogatories may be served on the Plaintiff without leave of the court if there is no Intervening Plaintiff in the action.

DEFENDANT,

BY _____

I, _____, hereby certify that I have reviewed the above interrogatories and responses thereto and that they are true and accurate to the best of my knowledge and belief.

(Plaintiff)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public/
Commissioner of the Superior Court

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record [and to all parties who have not appeared in this matter] and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (Signature of filer) Print or type name of person signing Date Signed

Mailing address (Number, street, town, state and zip code) or E-mail address, if applicable Telephone number

COMMENTARY: The change to the certification on this form is consistent with the provisions of Section 10-14.

Form 209

**Defendant's Supplemental Requests for Production
Workers' Compensation Benefits—No Intervening Plaintiff**

No. CV- : SUPERIOR COURT
(Plaintiff) : JUDICIAL DISTRICT OF
VS. : AT
(Defendant) : (Date)

The Defendant(s) hereby request(s) that the Plaintiff provide counsel for the Defendant(s) with copies of the documents described in the following requests for production, or afford counsel for said Defendant(s) the opportunity or, where requested, sufficient written authorization, to inspect, copy, photograph or otherwise reproduce said documents. The production of such documents, copies or written authorizations shall take place at the offices of _____ not later than sixty (60) days after the service of the Requests for Production.

In answering these production requests, the Plaintiff(s) are required to provide all information within their possession, custody or control. If any production request cannot be answered in full, answer to the extent possible.

(1) Produce a copy of the First Report of Injury (Form FRI), Notice of Claim for Compensation (Form 30C), Notice of Intention to Reduce or Discontinue Benefits (Form 36), and Notice to Compensation Commissioner and Employee of Intention to Contest Employee's Right to Compensation Benefits (Form 43).

(2) Produce a copy of all of the approved voluntary agreements, approved stipulations to date, approved full and final stipulations, findings and awards, and findings and denials that relate to one or more of the claims referenced in your answer to Interrogatory #2 on Form 208.

(3) Produce a copy of all reports of medical exams requested by the commissioner, respondent and/or employer that were prepared concerning any of the claims referenced in your answer to Interrogatory #2 on Form 208.

(4) If you are unable to specify the amount of medical benefits, loss of income benefits, and specific award benefits paid on your behalf, provide an authorization for the same.

COMMENT:

These supplemental requests for production are specifically directed at eliciting information about any workers' compensation claims, benefits and agreements. Unless the compensation carrier is a party to the action, it can be difficult to obtain this information. Often the Plaintiff's lawyers do not represent the client in the workers' compensation case, and although this information is available in the workers' compensation file, providing these records to lawyers not involved in the compensation case could be time-consuming for the workers' compensation office staff. If compensation benefits were paid, these supplemental requests for production may be served on the Plaintiff without leave of the court if there is no Intervening Plaintiff in the action.

DEFENDANT,

BY _____

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record [and to all parties who have not appeared in this matter] and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (Signature of filer)	Print or type name of person signing	Date Signed
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Mailing address (<i>Number, street, town, state and zip code</i>) or E-mail address, if applicable	Telephone number
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COMMENTARY: The change to the certification on this form is consistent with the provisions of Section 10-14.

Form 210

**Defendant's Interrogatories
Workers' Compensation Benefits—Intervening Plaintiff**

No. CV- : SUPERIOR COURT
(Plaintiff) : JUDICIAL DISTRICT OF
VS. : AT
(Defendant) : (Date)

The undersigned, on behalf of the Defendant, hereby propounds the following interrogatories to be answered by the Intervening Plaintiff, _____, under oath, within sixty (60) days of the filing hereof insofar as the disclosure sought will be of assistance in the defense of this action and can be provided by the Intervening Plaintiff with substantially greater facility than could otherwise be obtained.

Definition: "You" shall mean the Intervening Plaintiff to whom these interrogatories are directed except that if suit has been instituted by the representative of the estate of a decedent, ward, or incapable person, "you" shall also refer to the Intervening Plaintiff's decedent, ward or incapable person unless the context of an interrogatory clearly indicates otherwise.

In answering these interrogatories, the Plaintiff(s) is (are) required to provide all information within their knowledge, possession or power. If an interrogatory has subparts, answer each subpart separately and in full, and do not limit the answer to the interrogatory as a whole. If any interrogatories cannot be answered in full, answer to the extent possible.

(1) State the name, business address, business telephone number, business e-mail address and relationship to the workers' compensation lien holder of the person answering these interrogatories.

(2) State the workers' compensation claim number and the date of injury of each workers' compensation claim that gave rise to the lien asserted by the workers' compensation lien holder.

(3) State the total amount paid on each claim referenced in the answer to Interrogatory #2, specifying the amount of medical benefits, loss of income benefits, and specific award benefits paid.

(4) Identify any First Report of Injury, Notice of Claim for Compensation, Notice of Intention to Reduce or Discontinue Benefits, Notice to Compensation Commissioner and Employee of Intention to Contest Employee's Right to Compensation Benefits, and any reports of medical exams requested by the commissioner, respondents and/or employer arising out of the incident/occurrence alleged in the Complaint.

(5) Identify any voluntary agreements, approved stipulations to date, approved full and final stipulations and findings and awards, and findings and denials.

(6) Identify the claims referenced in your answer to Interrogatory #2 that are still open.

COMMENT:

These standard interrogatories are intended to tailor the discovery from the Intervening compensation carrier to the limited role and limited material information in the workers' compensation lien holder's file. The existing standard interrogatories directed to the Plaintiffs place an unnecessary burden on the parties, result in discovery disputes, and require the compensation carrier to produce information and documentation, in many instances, that is duplicative of the responses engendered by the same interrogatories served upon the Plaintiff in the case.

DEFENDANT,

BY _____

I, _____, hereby certify that I have reviewed the above interrogatories and responses thereto and that they are true and accurate to the best of my knowledge and belief.

(Plaintiff)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public/
Commissioner of the Superior Court

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record [and to all parties who have not appeared in this matter] and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (Signature of filer) Print or type name of person signing Date Signed

Mailing address (Number, street, town, state and zip code) or E-mail address, if applicable Telephone number

COMMENTARY: The change to the certification on this form is consistent with the provisions of Section 10-14.

Form 211

**Defendant's Requests for Production
Workers' Compensation Benefits—Intervening Plaintiff**

No. CV- : SUPERIOR COURT
(Plaintiff) : JUDICIAL DISTRICT OF
VS. : AT
(Defendant) : (Date)

The Defendant(s) hereby request(s) that the Intervening Plaintiff provide counsel for the Defendant(s) with copies of the documents described in the following requests for production, or afford counsel for said Defendant(s) the opportunity or, where requested, sufficient written authorization, to inspect, copy, photograph or otherwise reproduce said documents. The production of such documents, copies or written authorizations shall take place at the offices of _____ not later than sixty (60) days after the service of the Requests for Production.

In answering these production requests, the Plaintiff(s) are required to provide all information within their possession, custody or control. If any production request cannot be answered in full, answer to the extent possible.

(1) Produce a copy of the First Report of Injury (Form FRI), Notice of Claim for Compensation (Form 30C), Notice of Intention to Reduce or Discontinue Benefits (Form 36), and Notice to Compensation Commissioner and Employee of Intention to Contest Employee's Right to Compensation Benefits (Form 43).

(2) Produce a copy of all of the approved voluntary agreements, approved stipulations to date, approved full and final stipulations, findings and awards, and findings and denials that relate to one or more of the claims referenced in your answer to Interrogatory #2 on Form 210.

(3) Produce a copy of all reports of medical exams requested by the commissioner, respondent and/or employer that were prepared concerning any of the claims referenced in your answer to Interrogatory #2 on Form 210.

(4) Produce a copy of your workers' compensation lien calculations.

COMMENT:

These standard requests for production are intended to tailor the discovery from the intervening compensation carrier to the limited role and limited material information in the workers' compensation lien holder's file. The existing standard requests for production directed to the Plaintiffs place an unnecessary burden on the parties, result in discovery disputes, and require the compensation carrier to produce information and documentation, in many instances, that is duplicative of the responses engendered by the same requests for production served upon the Plaintiff in the case.

DEFENDANT,

BY _____

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record [and to all parties who have not appeared in this matter] and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (Signature of filer)

Print or type name of person signing

Date Signed

Mailing address (Number, street, town, state and zip code) or E-mail address, if applicable

Telephone number

COMMENTARY: The change to the certification on this form is consistent with the provisions of Section 10-14.

Form 212
Defendant's Interrogatories — Loss of Consortium

No. CV-
(Plaintiff)
VS.
(Defendant)

: SUPERIOR COURT
: JUDICIAL DISTRICT OF
: AT
: (Date)

The undersigned, on behalf of the Defendant, hereby propounds the following interrogatories to be answered by the Plaintiff, _____, under oath, within sixty (60) days of the filing hereof in compliance with Practice Book Section 13-2.

Definition: "You" shall mean the Plaintiff to whom these interrogatories are directed except that if suit has been instituted by the representative of the estate of a decedent, ward, or incapable person, "you" shall also refer to the Plaintiff's decedent, ward or incapable person unless the context of an interrogatory clearly indicates otherwise.

In answering these interrogatories, the Plaintiff(s) is (are) required to provide all information within their knowledge, possession or power. If an interrogatory has subparts, answer each subpart separately and in full and do not limit the answer to the interrogatory as a whole. If any interrogatories cannot be answered in full, answer to the extent possible.

- (1) Please state your name, address and occupation.
- (2) Please state the date and place of your marriage.
- (3) Do you have any children? If so, state their names and dates of birth.
- (4) Describe the nature of your loss of consortium claim.
- (5) During your marriage, please list your employers, the length of time employed by each, and the average number of hours worked per month.
- (6) Prior to the incident which is the subject of this lawsuit ("the incident"), did your spouse regularly perform work, services and/or chores ("services") in or around the home?
- (7) If the answer to the previous interrogatory is in the affirmative, please describe the nature and frequency of such services.
- (8) Subsequent to the incident, did such services change? If so, state how, and describe the impact of this change on you.
- (9) Subsequent to the incident, did anyone other than your spouse perform the services usually performed by your spouse in and around the home?
- (10) If the answer to the previous interrogatory is in the affirmative, please state the name(s) and address(es) of each person(s), the amount paid, the period of time they were hired and what services they performed.
- (11) Have you or your spouse ever instituted legal proceedings seeking a divorce or separation? If so, state when.
- (12) Did you, at any time during your marriage live apart from or separate yourself from your spouse? If so, state when and for how long such separation occurred, and state the reason for such separation.

(13) Describe any change(s) in the affection your spouse expressed or displayed toward you following the incident.

(14) If claimed, describe any change(s) in the frequency and satisfaction of your sexual relations with your spouse following the incident.

(15) Describe any change(s) in the activities which you and your spouse enjoyed together before the incident that you claim were caused by the incident.

(16) Within two years prior to the year of the incident up to the present, have you and/or your spouse had any marriage counseling? If so, state the name of each person consulted and the dates consulted or treated.

DEFENDANT,

BY _____

I, _____, hereby certify that I have reviewed the above interrogatories and responses thereto and that they are true and accurate to the best of my knowledge and belief.

(Plaintiff)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public/
Commissioner of the Superior Court

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record [and to all parties who have not appeared in this matter] and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (Signature of filer)

Print or type name of person signing

Date Signed

COMMENTARY: The change to the certification on this form is consistent with the provisions of Section 10-14.

(NEW) Form 213

No. CV- :SUPERIOR COURT
(Plaintiff) :JUDICIAL DISTRICT OF
VS. :AT
(Defendant) :(Date)

Plaintiff's Interrogatories – Uninsured/Underinsured Motorist Cases

The undersigned, on behalf of the Plaintiff, hereby propounds the following interrogatories to be answered by the Defendant, _____, under oath, within sixty (60) days of the filing hereof in compliance with Practice Book Section 13-2.

In answering these interrogatories, the Defendant(s) is (are) required to provide all information within their knowledge, possession or power. If an interrogatory has subparts, answer each subpart separately and in full and do not limit the answer to the interrogatory as a whole. If any interrogatories cannot be answered in full, answer to the extent possible.

- (1) State whether the plaintiff or plaintiffs were insured by you for purposes of uninsured or underinsured motorist coverage with regard to this incident under the policy.
- (2) If the answer to the preceding interrogatory is other than "yes, " please state each reason for which you contend that such plaintiff(s) were not so insured.
- (3) Identify each policy of motor vehicle liability insurance, excess liability insurance, and/or umbrella liability insurance, of which you are aware, that provided coverage to the alleged tortfeasor(s) or the vehicle owned or operated by the alleged tortfeasor(s), his, her, its, or their agents, servants, and/or employees, with regard to this incident, stating:

- (a) The name and address of each such insurer;
- (b) The named insured(s);

- (c) The policy number;
 - (d) The effective dates;
 - (e) The limits of uninsured and underinsured motorists coverage under such policy (including per person and per accident limits, if applicable); and
 - (f) The basis for contending that said alleged tortfeasor(s) are covered under said policy, including a brief description of any documents supporting that contention, and the names and addresses of any witnesses supporting that contention.
- (4) State the limits of uninsured or underinsured motorist coverage available under the policy (including per person and per accident limits, if applicable), which you issued.
- (5) State whether the policy affords uninsured or underinsured motorist conversion coverage, pursuant to General Statutes § 38a-336a.
- (6) With regard to each credit, set-off, reduction, or deduction, which you contend lowers the maximum amount that you could be required to pay any plaintiff below the limits of the uninsured and/or underinsured motorist coverage as stated on the declarations page of the policy, state:
- (a) The policy provision providing for said credit, set-off, reduction, or deduction;
 - (b) The amount of the credit, set-off, reduction, or deduction; and
 - (c) A brief description of the factual basis for the credit, set-off, reduction, or deduction.

NOTE: Interrogatory 6 is not intended to address any reduction in the verdict that may arise from the application of General Statutes § 52-572h (regarding comparative negligence and apportionment) or General Statutes § 52-225a of the General Statutes (regarding collateral sources, as defined by General Statutes § 52-225b).

- (7) Are you aware of any other insurance policy affording uninsured or underinsured motorist coverage, to any plaintiff herein, that is primary to the coverage afforded by your policy?
- (8) If so, for each such policy, state:

- (a) The name and address of the insurer;
 - (b) The name and address of each named insured;
 - (c) The policy number;
 - (d) The limits of uninsured and underinsured motorist coverage under such policy; and
 - (e) The basis for your contention that it is primary to your policy.
- (9) State the names and addresses of all persons known to you who were present at the time of the incident alleged in the complaint or who observed or witnessed all or part of the incident.
- (10) As to each individual named in response to Interrogatory #9, state whether to your knowledge, or the knowledge of your attorney, such individual has given any statement or statements as defined in the Practice Book Sections 13-1 and 13-3 (b) concerning the subject matter of the complaint in this lawsuit. If the answer to this interrogatory is affirmative, state also:
- (a) The name and address of the person giving the statement;
 - (b) The date on which the statement or statements were taken;
 - (c) The names and addresses of the person or people who took such statement(s);
 - (d) The name and address of any person present when such statement(s) was taken;
 - (e) Whether such statement(s) was written, made by recording device, or taken by court reporter or stenographer; and
 - (f) The name and address of each person having custody or a copy or copies of such statement(s).
- (11) Are you aware of any photographs or any recordings by film, video, audio or any other digital or electronic means depicting the incident alleged in the Complaint, the scene of the incident, any vehicle involved in the incident alleged in the Complaint, or any condition or injury alleged to have been caused by the incident alleged in the Complaint? If so, for each set of photographs or each recording taken, obtained or prepared of each such subject, state:
- (a) the name and address of the person who took, obtained or prepared such photograph or recording, other than an expert who will not testify at trial;
 - (b) the dates on which such photographs were taken or such recordings were

obtained or prepared;

- (c) the subject (e.g., "Plaintiff's vehicle," "scene," etc.)
- (d) the number of photographs or recordings
- (e) the nature of the recording (e.g., film, video, audio, etc.)

(12) Identify surveillance material discoverable under Practice Book Section 13-3 (c), by stating the name and address of any person who obtained or prepared any and all recordings, by film, photograph, videotape, audiotape or any other digital or electronic means, of any party concerning this lawsuit or its subject matter, including any transcript thereof which are in your possession or control or in the possession or control of your attorney, and state the date on which each such recording was obtained and the person or persons of whom each such recording was made.

PLAINTIFF,

BY _____

I, _____, hereby certify that I have reviewed the above interrogatories and responses thereto and that they are true and accurate to the best of my knowledge and belief.

(Defendant)

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public/Commissioner of the
Superior Court

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) to all attorneys and self-represented parties of record [and to all parties who have not appeared in this matter] and that written consent for

electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (*Signature of filer*) Print or type name of person signing Date Signed

Mailing address (*Number, street, town, state and zip code*) or E-mail address, if applicable Telephone number

COMMENTARY: The change to the certification on this form is consistent with the provisions of Section 10-14.

(NEW) Form 214

No. CV- :SUPERIOR COURT
(Plaintiff) :JUDICIAL DISTRICT OF
VS. :AT
(Defendant) :(Date)

Defendant's Interrogatories – Uninsured/Underinsured Motorist Cases

The undersigned, on behalf of the Defendant, hereby propounds the following interrogatories to be answered by the Plaintiff, _____, under oath, within sixty (60) days of the filing hereof in compliance with Practice Book Section 13-2.

In answering these interrogatories, the Plaintiff(s) is (are) required to provide all information within their knowledge, possession or power. If an interrogatory has subparts, answer each subpart separately and in full and do not limit the answer to the interrogatory as a whole. If any interrogatories cannot be answered in full, answer to the extent possible.

(1) State the following:

- (a) your full name and any other name(s) by which you have been known;
- (b) your date of birth;
- (c) your motor vehicle operator's license number;
- (d) your home address
- (e) your business address;
- (f) if you were not the owner of the subject vehicle, the name and address of the owner or lessor of the subject vehicle on the date of the alleged occurrence.

(2) If, at the time of the incident alleged in the Complaint, you were covered by any underinsured or uninsured motorist policy, including any excess or umbrella policies, under which an insurer may be liable to satisfy part or all of a judgment after the underlying policy limits are exhausted or reimburse you for payments to satisfy part or all of a judgment after the underlying policy limits are exhausted, state the following:

- (a) the name(s) and address(es) of the insured(s);
- (b) the amount of coverage under each insurance policy;

- (c) the name(s) and address(es) of said insurer(s); and
 - (d) whether a claim has been made for underinsured motorist benefits
- (3) State whether you resided with any relatives at the time of the incident and if so, identify any auto insurance policy they had that was in effect at the time of the accident.
- (4) State whether any insurer, as described in Interrogatory 1 or 2 above, has disclaimed/reserved its duty to indemnify any insured or any other person protected by said policy.
- (5) State the date on which your claim/lawsuit in the underlying matter settled, the sum(s) for which it settled and when you received the check:
- (6) State all liability coverage that covered the person(s) against whom you brought suit in the underlying matter, including the policy limits.
- (7) State whether the driver of the other vehicle in the underlying claim was working at the time of the incident and if so, state whether you made a claim against the other driver's employer.
- (8) Identify and list each injury you claim to have sustained as a result of the incident alleged in the Complaint.
- (9) When, where and from whom did you first receive treatment for said injuries?
- (10) If you were treated at a hospital for injuries sustained in the alleged incident, state the name and location of each hospital and the dates of such treatment and confinement therein.
- (11) State the name and address of each physician, therapist or other source of treatment for the conditions or injuries you sustained as a result of the incident alleged in your Complaint.
- (12) When and from whom did you last receive any medical attention for injuries alleged to have been sustained as a result of the incident alleged in your Complaint?
- (13) On what date were you fully recovered from the injuries or conditions alleged in your Complaint?
- (14) If you claim you are not fully recovered, state precisely from what injuries or conditions you are presently suffering.
- (15) Are you presently under the care of any doctor or other health care provider for the treatment of injuries alleged to have been sustained as a result of the incident alleged in your Complaint?

- (16) If the answer to Interrogatory #15 is in the affirmative, state the name and address of each physician or other health care provider who is treating you.
- (17) Do you claim any present disability resulting from injuries or conditions allegedly sustained as a result of the incident alleged in your Complaint?
- (18) If so, state the nature of the disability claimed.
- (19) Do you claim any permanent disability resulting from said incident?
- (20) If the answer to Interrogatory # 19 is in the affirmative, please answer the following:
- (a) List the parts of your body which are disabled;
 - (b) List the motions, activities or use of your body which you have lost or which you are unable to perform;
 - (c) State the percentage of loss of use or the loss of function claimed as to each part of your body as provided by a medical service provider, if any;
 - (d) State the name and address of the person who made the prognosis for permanent disability and the percentage of loss of use;
 - (e) List the date for each such prognosis.
- (21) If you were or are confined to your home or your bed as a result of injuries or conditions sustained as a result of the incident alleged in your Complaint, state the dates you were so confined.
- (22) List each medical report received by you or your attorney relating to your alleged injuries or conditions by stating the name and address of the treating doctor or other health care provider, and of any doctor or health care person you anticipate calling as a trial witness, who provided each such report and the date thereof.
- (23) List each item of expense which you claim to have incurred as a result of the incident alleged in your Complaint, the amount thereof and state the name and address of the person or organization to whom each item has been paid or is payable.
- (24) For each item of expense identified in response to Interrogatory #23, if any such expense of portion thereof, has been paid or reimbursed or is reimbursable by an insurer, state, as to each such item of expense, the name of the insurer that made such payment or reimbursement or that is responsible for such reimbursement.
- (25) If, during the ten year period prior to the date of the incident alleged in the Complaint, you were under a doctor's care for any conditions which were in any way similar or related to those identified and listed in your response to Interrogatory #8, state the nature of said conditions, the dates on which treatment was received, and the name of the doctor or health care provider.

- (26) If, during the ten year period prior to the date of the incident alleged in your Complaint, you were involved in any incident in which you received personal injuries similar or related to those identified and listed in your response to Interrogatory #8, please answer the following with respect to each such earlier incident:
- (a) On what date and in what manner did you sustain such injuries?
 - (b) Did you make a claim against anyone as a result of said incident?
 - (c) If so, provide the name and address of the person or persons against whom a claim was made;
 - (d) If suit was brought, state the name and location of the Court, the return date of the suit, and the docket number;
 - (e) State the nature of the injuries received in said incident;
 - (f) State the name and address of each physician who treated you for said injuries;
 - (g) State the dates on which you were so treated;
 - (h) State the nature of the treatment received on each such date;
 - (i) If you are presently or permanently disabled as a result of said injuries, please state the nature of such disability, the name and address of each physician who diagnosed said disability and the date of each such diagnosis.
- (27) If you were involved in any incident in which you received personal injuries since the date of the incident alleged in the Complaint, please answer the following:
- (a) On what date and in what manner did you sustain such injuries?
 - (b) Did you make a claim against anyone as a result of said incident?
 - (c) If so, provide the name and address of the person or persons against whom a claim was made;
 - (d) If suit was brought, state the name and location of the Court, the return date of the suit, and the docket number;
 - (e) State the nature of the injuries received in said incident;
 - (f) State the name and address of each physician who treated you for said injuries;
 - (g) State the dates on which you were so treated;
 - (h) State the nature of the treatment received on each such date;
 - (i) If you are presently or permanently disabled as a result of said injuries, please state the nature of such disability, the name and address of each physician who diagnosed said disability and the date of each such diagnosis.

- (28) Please state the name and address of any medical service provider who has rendered an opinion in writing or through testimony that you have sustained a permanent disability to any body part other than those listed in response to Interrogatories #19, #20, #26, or # 27, and:
- (a) list each such part of your body that has been assessed a permanent disability;
 - (b) state the percentage of loss of use or function assessed as to each part of your body, if any;
 - (c) State the date on which each such assessment was made.
- (29) If you claim that as a result of the incident alleged in your complaint you were prevented from following your usual occupation, or otherwise lost time from work, please provide the following information:
- (a) the name and address of your employer on the date of the incident alleged in the Complaint;
 - (b) the nature of your occupation and a precise description of your job responsibilities with said employer on the date of the incident alleged in the Complaint;
 - (c) your average weekly earnings, salary, or income received from said employment for the year preceding the date of the incident alleged in the Complaint;
 - (d) the date following the date of the incident alleged in the Complaint on which you resumed the duties of said employment;
 - (e) what loss of income do you claim as a result of the incident alleged in your Complaint and how is said loss computed?
 - (f) the dates on which you were unable to perform the duties of your occupation and lost time from work as a result of injuries or conditions claimed to have been sustained as a result of the incident alleged in your Complaint;
 - (g) the names and addresses of each employer for whom you worked for three years prior to the date of the incident alleged in your Complaint.
- (30) Do you claim an impairment of earning capacity?
- (31) List any other expenses or loss and the amount thereof not already set forth and which you claim to have incurred as a result of the incident alleged in your Complaint.
- (32) If you have signed a covenant not to sue, a release or discharge of any claim you had, have or may have against any person, corporation or other entity as a result of the

incident alleged in your Complaint, please state in whose favor it was given, the date thereof, and the consideration paid to you for giving it.

- (33) If you or anyone on your behalf agreed or made an agreement with any person, corporation or other entity to limit in any way the liability of such person, corporation or other entity as a result of any claim you have or may have as a result of the incident alleged in your Complaint, please state in whose favor it was given, the date thereof, and the consideration paid to you for giving it.
- (34) If since the date of the incident alleged in your Complaint, you have made any claims for workers' compensation benefits as a result of the incident alleged in your complaint:
- (a) State the nature of such claims and the dates on which they were made.
 - (b) State the workers' compensation claim number and the date of injury of each workers' compensation claim that you have filed as a result of the incident/occurrence alleged in the complaint.
 - (c) State the total amount paid on your behalf on each of the claims filed as a result of the incident/occurrence alleged in the complaint and referred to in interrogatory #34, and if known, specify the amount of medical benefits, loss of income benefits, and specific award benefits, and if unknown, provide an authorization for the same.
 - (d) Identify any First Report of Injury, Notice of Claim for Compensation, Notice of Intention to Reduce or Discontinue Benefits, Notice to Compensation Commissioner and Employee of Intention to Contest Employee's Right to Compensation Benefits, and any reports of medical exams requested by the commissioner, respondent and/or employer arising out of the incident/occurrence alleged in the complaint.
 - (e) Identify any voluntary agreements, approved stipulations to date, approved full and final stipulations and findings and awards, and findings and denials arising out of the incident/occurrence alleged in the complaint and which formed the basis for your answer to interrogatory #34.
 - (f) Which of your claims arising out of the incident/occurrence alleged in the complaint and referenced in your answer to interrogatory #34 are still open?
- (35) Have you made any statements, as defined in Practice Book Section 13-1, to any person regarding any of the events or happenings alleged in your Complaint?
- (36) State the names and addresses of all persons known to you who were present at the time of the incident alleged in your Complaint or who observed or witnessed all or part of the incident.

- (37) As to each individual named in response to Interrogatory #36, state whether to your knowledge, or the knowledge of your attorney, such individual has given any statement or statements as defined in Practice Book Section 13-1 concerning the subject matter of the complaint in this lawsuit. If the answer to this interrogatory is affirmative, state also:
- (a) The date on which the statement or statements were taken;
 - (b) The names and addresses of the person or people who took such statement(s);
 - (c) The name and address of any person present when such statement(s) was taken;
 - (d) Whether such statement(s) was 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(s).
- (38) Are you aware of any photographs or any recordings by film, video, audio or any other digital or electronic means depicting the incident alleged in the Complaint, the scene of the incident, any vehicle involved in the incident alleged in the Complaint, or any condition or injury alleged to have been caused by the incident alleged in the Complaint? If so, for each set of photographs or each recording taken, obtained or prepared of each such subject state:
- (a) the name and address of the person who took, obtained or prepared such photograph or recording, other than an expert who will not testify at trial;
 - (b) the dates on which such photographs were taken or such recordings were obtained or prepared;
 - (c) the subject (e.g., "Plaintiff's vehicle," "scene," etc.);
 - (d) the number of photographs or recordings; and
 - (e) the nature of the recording (e.g., film, videotape, audiotape, etc.)
- (39) If you were the operator of any motor vehicle involved in the incident that is the subject of this action, please state whether you consumed or used any alcoholic beverages, drugs or medications within the eight (8) hours next preceding the time of the incident alleged in the Complaint, and, if so, indicate what you consumed or used, how much you consumed, and when.
- (40) Please state whether, within eight (8) hours after the incident alleged in the Complaint, any testing was performed to determine the presence of alcohol, drugs or other medications in your blood, and, if so, state:

(a) The name and address of the hospital, person or entity performing such test or screen;

(b) The date and time;

(c) The results.

(41) Please identify surveillance material discoverable under Practice Book Section 13-3

(c), by stating the name and address of any person who obtained or prepared any and all recordings, by film, photograph, videotape, audiotape or any other digital or electronic means, of any party concerning this lawsuit or its subject matter, including any transcript thereof which are in your possession or control or in the possession or control of your attorney, and state the date on which each such recording was obtained and the person or persons of whom each such recording was made.

(42) If you were the operator of any motor vehicle involved in the incident that is the subject of this action, please state whether you were using a cellular telephone for any activity including, but not limited to, calling, texting, emailing, posting, tweeting, or visiting sites on the internet for any purpose, at or immediately prior to the time of the incident.

DEFENDANT,

BY _____

I, _____, hereby certify that I have reviewed the above interrogatories and responses thereto and that they are true and accurate to the best of my knowledge and belief.

(Plaintiff)

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public/Commissioner of the
Superior Court

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) to all attorneys and self-represented parties of record [and to all parties who have not appeared in this matter] and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

<hr/>			Signed
(Signature of filer)	Print or type name of person signing	Date Signed	
<hr/>			
Mailing address (Number, street, town, state and zip code) or E-mail address, if applicable		Telephone number	

COMMENTARY: The change to the certification on this form is consistent with the provisions of Section 10-14.

(NEW) Form 215

No. CV-

:SUPERIOR COURT

(Plaintiff)

:JUDICIAL DISTRICT OF

VS.

:AT

(Defendant)

:(Date)

Plaintiff's Requests for Production – Uninsured/Underinsured Motorist Coverage

The Plaintiff(s) hereby request(s) that the Defendant provide counsel for the Plaintiff(s) with copies of the documents described in the following requests for production, or afford counsel for said Plaintiff(s) the opportunity or, if necessary, sufficient written authorization, to inspect, copy, photograph or otherwise reproduce said documents. The production of such documents, copies or written authorizations shall take place at the offices of _____ not later than sixty (60) days after the service of the Requests for Production.

In answering these production requests, the Defendant is required to provide all information within its possession, custody or control. If any production request cannot be answered in full, answer to the extent possible.

- (1) A copy of the declarations page and complete policy for each insurance policy referred to in the allegations against you in the Complaint, and for any other policy of insurance in effect on the date of the incident by which you provided uninsured and underinsured motorist coverage with regard to any person or vehicle involved in the incident that is the subject of this action.
- (2) Copies of all documents and records regarding the existence of or the lack of insurance on the alleged tortfeasor(s) or the motor vehicle operated by the alleged tortfeasor(s), his,

her, its or their agent, servant and/or employee, at the time of this incident, including but not limited to reservations of rights letters and letters about declination of coverage.

- (3) A copy of any written request by any insured for a lesser limit of uninsured and/or underinsured motorist coverage than the amount equal to their limits for liability imposed by law, under the policy or any earlier policy of which the policy was a renewal, extension, change, replacement, or superseding policy.
- (4) Any copy of any nonprivileged statement, as defined in Practice Book Section 13-1 and 13-3 (b) of any party in this lawsuit concerning this action or its subject matter.
- (5) A copy of each and every recording of surveillance material discoverable under Practice Book Section 13-3 (c), by film, photograph, videotape, audiotape or any other digital or electronic means, of any party to this lawsuit concerning this lawsuit or the subject matter thereof, including any transcript of such recording.
- (6) A copy of any photographs or recordings identified in response to Interrogatory #11.

PLAINTIFF,

BY _____

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) to all attorneys and self-represented parties of record [and to all parties who have not appeared in this matter] and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (*Signature of filer*)

Print or type name of person signing

Date Signed

Mailing address (*Number, street, town, state and zip code*) or E-mail address, if applicable Telephone number

COMMENTARY: The change to the certification on this form is consistent with the provisions of Section 10-14.

(NEW) Form 216

No. CV-

:SUPERIOR COURT

(Plaintiff)

:JUDICIAL DISTRICT OF

VS.

:AT

(Defendant)

:(Date)

Defendant's Requests for Production – Uninsured/Underinsured Motorist Cases

The Defendant(s), hereby request(s) that the Plaintiff, _____, provide counsel for the Defendant(s) with copies of the documents described in the following requests for production, or afford counsel for said Defendant(s) the opportunity or, where requested, sufficient written authorization, to inspect, copy, photograph or otherwise reproduce said documents. The production of such documents, copies or written authorizations shall take place at the offices of _____ not later than sixty (60) days after the service of the Requests for Production.

In answering these production requests, the Plaintiff(s) are required to provide all information within their possession, custody or control. If any production request cannot be answered in full, answer to the extent possible.

- (1) A copy of the declarations page and of the complete policy for each insurance policy in effect at the time of the incident alleged in your Complaint, including any excess or umbrella policies identified in response to Interrogatory #2.
- (2) A copy of the declarations page and of the complete policy for each insurance policy in effect at the time of the incident alleged in your Complaint, including any excess or umbrella policies identified in response to Interrogatory #3.
- (3) Copies of all documents and records regarding the existence or the lack of insurance on the alleged tortfeasor(s) or the motor vehicle operated by the alleged tortfeasor(s), his,

her, its or their agent, servant and/or employee, at the time of this incident, including but not limited to reservations of rights letters and declination of coverage letters.

- (4) A copy of any affidavit of "no other insurance" in the underlying matter.
- (5) A copy of any notice to the defendant in writing of your claim in this action.
- (6) All hospital records relating to treatment received as a result of the alleged incident, and to injuries, diseases or defects to which reference is made in the answers to Interrogatories 25, 26, 27 and 28, or written authorization, sufficient to comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA), to inspect and make copies of said hospital records. Information obtained pursuant to the provisions of HIPAA shall not be used or disclosed by the parties for any purpose other than the litigation or proceeding for which such information is requested.
- (7) All reports and records of all doctors and all other care providers relating to treatment allegedly received by the Plaintiff(s) as a result of the alleged incident, and to the injuries, diseases or defects to which reference is made in the answers to Interrogatories 25, 26, 27 and 28, or written authorization, sufficient to comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA), to inspect and make copies of said reports. Information obtained pursuant to the provisions of HIPAA shall not be used or disclosed by the parties for any purpose other than the litigation or proceeding for which such information is requested.
- (8) If a claim for lost wages or lost earning capacity has been made as a result of the alleged incident, copies of, or sufficient written authorization to inspect and make copies of the wage and employment records of all employers of the Plaintiff(s) for three (3) years prior to the date of the incident and for all years subsequent to the date of the incident to and including the date hereof.
- (9) If a claim of impaired earning capacity or lost wages has been made as a result of the alleged incident, copies of, or sufficient written authorization to obtain copies of, that part of all income tax returns relating to lost income filed by the Plaintiff(s) for a period of three (3) years prior to the date of the incident and for all years subsequent to the date of the incident through the time of trial.
- (10) All property damage bills that are claimed to have been incurred as a result of the alleged incident.

- (11) All medical bills that are claimed to have been incurred as a result of this incident or written authorization, sufficient to comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA), to inspect and make copies of said medical bills. Information obtained pursuant to the provisions of HIPAA shall not be used or disclosed by the parties for any purpose other than the litigation or proceeding for which such information is requested.
- (12) All bills for each item of expense that is claimed to have been incurred in the answer to Interrogatory #23, and not already provided in response to Production requests #10 and #11.
- (13) Copies of all documentation of claims of right to reimbursement provided to the Plaintiff by third party payors, and copies of, or written authorization, sufficient to comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA), to obtain any and all documentation of payments made by a third party for medical services received or premiums paid to obtain such payment. Information obtained pursuant to the provisions of HIPAA shall not be used or disclosed by the parties for any purpose other than the litigation or proceeding for which such information is requested.
- (14) All documents identified or referenced in your answer to Interrogatory #32 and #33.
- (15) A copy of any nonprivileged statement, as defined in Practice Book Section 13-1, of any party in this lawsuit concerning this action or its subject matter.
- (16) Any and all photographs or recordings identified in response to Interrogatory #38.
- (17) A copy of all records of blood alcohol testing or drug screens referred to in answer to Interrogatory #39, or a signed authorization, sufficient to comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) or those of the Public Health Service Act, whichever is applicable, to obtain the same. Information obtained pursuant to the provisions of HIPAA or the Public Health Service Act shall not be used or disclosed by the parties for any purpose other than the litigation or proceeding for which such information is requested.
- (18) A copy of each and every recording of surveillance material discoverable under Practice Book Section 13-3 (c), by film, photograph, videotape, audiotape or any other digital or electronic means, of any party to this lawsuit concerning this lawsuit or the subject matter thereof, including any transcript of such recording.

- (19) A copy of the First Report of Injury (Form FRI), Notice of Claim for Compensation (Form 30C), Notice of Intention to Reduce or Discontinue Benefits (Form 36), and Notice to Compensation Commissioner and Employee of Intention to Contest Employee's Right to Compensation Benefits (Form 43) referenced in your answer to Interrogatory #34.
- (20) A copy of all of the approved voluntary agreements, approved stipulations to date, approved full and final stipulations, findings and awards, and findings and denials that relate to one or more of the claims referenced in your answer to Interrogatory #34.
- (21) A copy of all reports of medical exams requested by the commissioner, respondent and/or employer that were prepared concerning any of the claims referenced in your answer to interrogatory #34.
- (22) If you are unable to specify the amount of medical benefits, loss of income benefits, and specific award benefits paid on your behalf, provide an authorization for the same.

DEFENDANT,

BY _____

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) to all attorneys and self-represented parties of record [and to all parties who have not appeared in this matter] and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (*Signature of filer*)

Print or type name of person signing

Date Signed

Mailing address (*Number, street, town, state and zip code*) or E-mail address, if applicable Telephone number

COMMENTARY: The change to the certification on this form is consistent with the provisions of Section 10-14.