

Minutes of the Meeting
Rules Committee
May 15, 2017

On Monday, May 15, 2017, at 10:00 a.m. the Rules Committee conducted a public hearing in the Supreme Court courtroom to receive comments concerning proposed revisions to the Practice Book and, pursuant to subsection (c) of Section 51-14 of the Connecticut General Statutes, to receive comments on any proposed new rule or change in an existing rule that any member of the public deemed desirable. At the conclusion of the public hearing, the Committee met in the Supreme Court courtroom from 10:14 a.m. to 10:24 a.m.

Members in attendance were:

HON. DENNIS G. EVELEIGH, CHAIR
HON. WILLIAM H. BRIGHT, JR.
HON. KEVIN G. DUBAY
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. Judge Jon M. Alander and Judge Roland D. Fasano were not in attendance.

1. The Committee unanimously approved the minutes of the meeting held on March 27, 2017. Judge David M. Sheridan abstained from this vote.
2. The Committee noted the statement submitted by Judge Bozzuto that the Connecticut Bar Association (CBA) has withdrawn any opposition it had to the proposed

revisions to Section 25-60.

3. The Committee noted the combined comments received from Greater Hartford Legal Aid, Connecticut Legal Services and New Haven Legal Assistance Association, Inc. in favor of the proposed revisions to Sections 2-70, 2-73 and 2-77.

4. The Committee considered comments from Ms. Maureen M. Martowska concerning the proposed revisions to Section 25-60.

After discussion, the Committee decided to table to its September meeting consideration of Ms. Martowska's comments and to refer those comments to Judge Bozzuto for her consideration and comment.

5. The Committee considered comments from Mr. Hector Morera concerning the proposed revisions to Section 25-60 and concerning other additional proposed new Practice Book rules.

After discussion, the Committee unanimously voted to further amend Section 25-60 as set forth in Appendix A attached to these minutes. Additionally, the Committee decided to table to its September meeting consideration of the new Practice Book rules proposed by Mr. Morera and to refer those proposals to Judge Bozzuto for her consideration and comment.

6. The Committee considered the testimony and written submission of Mr. Daniel M. Lynch concerning compliance with the ADA, the availability of an audio record of proceedings, and notice regarding attorney resignation.

After discussion, the Committee decided to place those matters on its September agenda.

7. The Committee considered a matter raised by Counsel regarding the

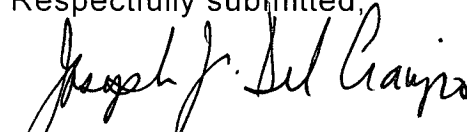
inconsistency in terminology used in the forms that were the subject of the public hearing regarding uninsured/underinsured motorist coverage.

The Committee unanimously voted to use the phrase “uninsured/underinsured” as standard terminology in the relevant Practice Book Forms, where appropriate, as set forth in Appendix B attached to these minutes.

8. Judge Bright discussed comments received from Judge Stevens concerning the proposed amendments to Form 202 regarding Medicare coverage.

After discussion, the Committee unanimously voted to remove Interrogatory #39 from the proposed revisions to Form 202 as set forth in Appendix C attached to these minutes and to refer the proposal regarding Medicare Interrogatories to the Civil Commission for further review and for any relevant rules changes.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Joseph J. Del Ciampo". The signature is fluid and cursive, with the first name "Joseph" and last name "Ciampo" being more prominent.

Joseph J. Del Ciampo
Counsel to the Rules Committee

Attachments

APPENDIX A (051517)

Sec. 25-60. Evaluations, Studies, Family Services Mediation Reports and Family Services Conflict Resolution Reports

(a) Whenever, in any family matter, an evaluation or study has been ordered pursuant to Section 25-60A or Section 25-61, or the Court Support Services Division Family Services Unit has been ordered to conduct mediation or to hold a conflict resolution conference pursuant to Section 25-61, the case shall not be disposed of until the report has been filed as hereinafter provided, and counsel and the parties have had a reasonable opportunity to examine it prior to the time the case is to be heard, unless the judicial authority orders that the case be heard before the report is filed.

(b) Any report of an evaluation or study pursuant to Section 25-60A or Section 25-61, or any mediation report or conflict resolution conference report filed by the Family Services Unit as a result of a referral of the matter to such unit, shall be filed with the clerk, who will seal such report, and shall be provided by the filer to counsel of record, guardians ad litem and self-represented parties unless otherwise ordered by the judicial authority. Any such report shall be available for inspection to counsel of record, guardians ad litem, and the parties to the action, unless otherwise ordered by the judicial authority.

(c) Any report of an evaluation or study prepared pursuant to Section 25-60A or Section 25-61 shall be admissible in evidence provided the author of the report is available for cross-examination.

(d) The file compiled by the Family Services Unit in the course of preparing any mediation report or conflict resolution conference report shall not be available for inspection or copying unless otherwise ordered by the judicial authority. The file compiled by the Family Services Unit in the course of preparing an evaluation or study conducted pursuant to Section 25-61 that has been completed and filed with the clerk in accordance with

subsection (b) shall be available for inspection only to counsel of record, guardians ad litem, and the parties to the action to the extent permitted by any applicable authorization for release of information; and further provided that copies of documents, notes, information or other material in the file shall only be provided to such individuals if they make the request in writing and certify that it is requested for legitimate purposes of trial preparation and/or trial proceedings in the case in which the evaluation or study was filed. For purposes of this section, the word "file" shall include any documents, notes, information or other material retained by the Family Services Unit in any format.

(e) Any information or copies of the file disclosed pursuant to this section shall not be further disclosed unless otherwise ordered by the judicial authority or as otherwise authorized in this section or as otherwise required by law.

COMMENTARY: The changes to this section clarify what information from Family Services files compiled in connection with the reports, evaluations and studies under this section are subject to inspection and copying and by whom, to whom those copies can be provided, and for what purpose can they be requested. The changes also provide that any information or copies disclosed may not be further disclosed except as otherwise ordered, authorized or required.

(Additional recommended language is shown by double underlines.)

**APPENDIX B
(051517)**

(NEW) Form 213

**Plaintiff's Interrogatories – Uninsured/Underinsured
Motorist 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) State whether the plaintiff or plaintiffs were insured by you for purposes of uninsured/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/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/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/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/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.

COMMENT: 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 (regarding collateral sources, as defined by General Statutes § 52-225b).

(7) Are you aware of any other insurance policy affording uninsured/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/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 Practice Book Sections 13-1 and 13-3 (b) concerning the subject

matter of the Complaint in this action. 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; and

(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 action 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 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

Email address, if applicable

Telephone number

COMMENTARY: Standard interrogatories have been developed for use in cases claiming uninsured/underinsured motorist coverage benefits. The standard interrogatories can be used without the need to file a motion for permission to file nonstandard interrogatories in any case for which the use of standard discovery is mandated when the underlying claim is for uninsured/underinsured motorist coverage benefits.

(Revised language shown by double underlines.)

(NEW) Form 214

**Defendant's Interrogatories – Uninsured/Underinsured
Motorist Cases**

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.

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; and

(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 uninsured/underinsured 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; and

(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, 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.

(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; and

(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; and

(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 action. 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; and

(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 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

Email address, if applicable

Telephone number

COMMENTARY: Standard interrogatories have been developed for use in cases claiming uninsured/underinsured motorist coverage benefits. The standard interrogatories can be used without the need to file a motion for permission to file nonstandard interrogatories in any case for which the use of standard discovery is mandated when the underlying claim is for uninsured/underinsured motorist coverage benefits.

(Revised language shown by double underlines.)

(NEW) Form 215

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

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 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/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/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 Sections 13-1 and 13-3 (b) of any party in this action 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 action 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 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

Email address, if applicable

Telephone number

COMMENTARY: Standard requests for production have been developed for use in cases claiming uninsured/underinsured motorist coverage benefits. The standard request for production can be used without the need to file a motion for permission to file nonstandard request for production in any case for which the use of standard discovery is

mandated when the underlying claim is for uninsured/underinsured
motorist coverage benefits.

(Revised language shown by double underlines.)

APPENDIX C
(051517)

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 or each recording taken, obtained or prepared of each such subject [by each photographer], please state:

(a) the name and address of the [photographer] 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.).

(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.

~~(39) State whether you have ever been enrolled in Medicare Part A or Part B.~~

~~(a) If the response to the previous interrogatory is affirmative, provide:~~

~~(i) The effective date(s);~~

~~(ii) Your Medicare claim number(s);~~

~~(iii) Your name exactly as it appears on your Medicare card; and~~

~~(iv) Your date of birth;~~

~~(b) State whether Medicare Part A or Part B has paid any bills for treatment of any injuries allegedly sustained as a result of the incident alleged in the Complaint.~~

~~(c) If the response to the previous interrogatory is affirmative, state the amount Medicare Part A or Part B has paid.~~

~~(d) If you are not presently enrolled in Medicare Part A or Part B, state whether you are eligible to enroll in Medicare Part A or Part B.~~

~~(e) State whether you plan to apply for Medicare Part A or Part B within the next thirty-six (36) months.~~

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 changes to this form conform the language of Interrogatory #32 regarding recordings of an incident by film, photograph, videotape, audiotape or any other digital or electronic means to similar questions in other standard interrogatories in order to avoid any confusion, and make the certification consistent with Section 10-14.

(Deleted language is shown by strikethroughs)