

,									
	<b>Plaintiff</b>								
	<b>vs.</b>								
,									
	<b>Defendant</b>								

**DEFENDANT'S ARBITRATION DISCOVERY REQUESTS  
PERSONAL INJURY CLAIMS**

These discovery requests are directed to \_\_\_\_\_

Within thirty (30) days of service of these discovery requests, you shall provide the information sought in these discovery requests to every other party to this lawsuit.

**IDENTITY OF PLAINTIFF(s)**

1. Set forth you full name and address, age, employer and type of employment.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**WITNESSES**

2. List the names, present addresses, and telephone numbers (if known) of any persons who witnessed the incident (including related events before and after the incident) and any relationship between the witness and you.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**STATEMENTS AND OTHER WRITINGS**

3. (a) Do you have any written or oral statements from any witnesses, including any defendant? Yes \_\_\_\_ No \_\_\_\_

(b) If you answered yes, attach any written statements signed, adopted or approved by any witness, attach a written summary of any other statements (including oral statements), and identify any witness from whom you obtained a stenographic, mechanical, electrical or other recording that has not been transcribed. (This request does not cover a statement by a party to that party's attorney.)

I have \_\_\_\_ have not \_\_\_\_ fully complied with request 3(b).

(c) Do you have any photographs, maps, drawings, diagrams, etc. that you may seek to introduce at trial?

Yes \_\_\_\_ No \_\_\_\_

(d) If you answered yes, attach each of these documents.

I have \_\_\_\_ have not \_\_\_\_ fully complied with request 3(c).

**MEDICAL INFORMATION CONCERNING PERSONAL INJURY CLAIM**

4. (a) Have you received inpatient or outpatient treatment from any hospital for any injuries or other medical conditions for which you seek damages in this lawsuit?

Yes \_\_\_\_ No \_\_\_\_

(b) If you answered yes, list the name of the hospitals, the names and addresses of the attending physicians, and the dates of the hospitalizations.

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(c) Have you received any chiropractic treatment for any injuries or other medical conditions for which you seek damages in this lawsuit?

Yes \_\_\_\_ No \_\_\_\_

(d) If you answered yes, list the names and addresses of each chiropractor and the dates of treatment.

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(e) Have you received any other medical treatment for any injuries or other medical conditions for which you seek damages in this lawsuit?

Yes \_\_\_\_ No \_\_\_\_

(f) If you answered yes, list the name and address of each physician or other treatment provider and the dates of the treatment.

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(g) Attach complete hospital and office records covering the injuries or other medical conditions for which you seek damages for each hospital, chiropractor, and other medical provider identified in 4(b), 4(d), and 4(f) or authorizations for these records.

I have \_\_\_\_ have not \_\_\_\_ fully complied with request 4(g).

### **OTHER MEDICAL INFORMATION**

5. (a) List the name and address of your family physician for the period from five years prior to the incident to the present date.

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(b) Have you received inpatient or outpatient treatment for injuries or physical problems that are not part of your claim in this lawsuit from any hospital within the period from five years prior to the incident to the present date?

Yes \_\_\_\_ No \_\_\_\_

(c) If you answered yes, attach a separate sheet which lists the name of the hospital, the date of each treatment, the reason for the treatment, and the length of the hospitalization.

(d) Have you received chiropractic treatment for injuries or physical problems that are not part of your claim in this lawsuit within the period from five years prior to the incident to the present date?

Yes \_\_\_\_ No \_\_\_\_

(e) If you answered yes, attach a separate sheet which lists the dates of the treatment, the reasons for the treatment, and the chiropractor's name and address.

(f) Within the period of from five years prior to the incident to the present date, have you received any other medical treatment for injuries that are not part of your claim in this lawsuit?

Yes \_\_\_\_ No \_\_\_\_

(g) If you answered yes, attach a separate sheet which lists the dates of the treatment, the reasons for the treatment, and the name and address of the treatment provider.

I have \_\_\_\_ have not \_\_\_\_ fully complied with request 5(b), 5(c), and 5(f).

## **WORK LOSS**

6. (a) Have you sustained any injuries which resulted in work loss within the period from five (5) years prior to the incident to the present date?

Yes \_\_\_\_ No \_\_\_\_

(b) If you answered yes, for each injury list the date of the injury, the nature of the injury, and the dates of the lost work.

7. If a claim is being made for lost income, state the name and address of your employer at the time of the incident, the name and address of your immediate supervisor at the time of the incident, your rate of pay, the dates of work loss due to the injuries from this accident and the total amount of your work loss claim.

## **REQUESTS 8 AND 9 APPLY ONLY TO PERSONAL INJURY CLAIMS ARISING OUT OF A MOTOR VEHICLE ACCIDENT.**

8. (a) If you are raising a claim for medical benefits or lost income, have you received or are you eligible to receive benefits from Workmen's Compensation or any program, group contract, or other arrangement for payment of benefits as defined by 75 P. S. § 1719(b)?

(b) If you answered yes, set forth the type and amount of these benefits.

### INSURANCE INFORMATION

9. (a) Are you subject to the "Limited Tort Option" or "Full Tort Option" as defined in 75 P. S. § 1705(a) and (b)?

\_\_\_\_ Limited Tort Option (no claim made for non-monetary damages)

\_\_\_\_ Limited Tort Option (claim is made for non-monetary damages because the injuries fall within the definition of serious injury or because one of the exceptions set forth in 75 P. S. § 1705(d)(I)-(3) applies)

\_\_\_\_ Full Tort Option

(b) (Applicable only if you checked "Full Tort Option.") Describe each vehicle (make, model, and year) in your household.

(c) (Applicable only if you checked "Full Tort Option".) Attach a copy of the Declaration Sheet for the automobile insurance policy covering each automobile in your household.

I have \_\_\_\_ have not \_\_\_\_ fully complied with request 9(c).

Plaintiff verifies that the statements made herein are true and correct. Plaintiff understands that false statements herein are made subject to the penalties of 18 Pa. C. S. § 4904 relating to unsworn falsifications to authorities.

Date: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff