

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)

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ATTORNEY FOR (Name) Plaintiff

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO

SHORT TITLE:

ATLANTIC

FORM INTERROGATORIES—LIMITED CIVIL CASES (Economic Litigation)

CASE NUMBER

Asking Party: ATLANTIC CREDIT & FINANCE, INC

Answering Party: DARLA

CP

Set No.: ONE

Sec. 1. Instructions to All Parties

- (a) Interrogatories are written questions prepared by a party to an action that are sent to any other party in the action to be answered under oath. The interrogatories below are form interrogatories approved for use in economic litigation.
- (b) For time limitations, requirements for service on other parties, and other details, see Code of Civil Procedure sections 2030.010–2030.410 and the cases construing those sections.
- (c) These form interrogatories do not change existing law relating to interrogatories, nor do they affect an answering party's right to assert any privilege or make any objection.

Sec. 2. Instructions to the Asking Party

- (a) These interrogatories are designed for optional use by parties under economic litigation in limited civil cases. See Code of Civil Procedure sections 90 through 100. However, these interrogatories also may be used in unlimited civil cases.
- (b) There are restrictions on discovery for most limited civil cases. These restrictions limit the number of interrogatories that may be asked. For details, read Code of Civil Procedure section 94.
- (c) Some of these interrogatories are similar to questions in the *Case Questionnaire for Limited Civil Cases* (form DISC-010) and may be omitted if the information sought has already been provided in a completed *Case Questionnaire*.
- (d) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that apply to the case and are within the restrictions discussed above.
- (e) You may insert your own definition of **INCIDENT** in Section 4, but only where the action arises from a course of conduct or a series of events occurring over a period of time.
- (f) The interrogatories in section 1(b), Defendant's Contentions - Personal Injury, should not be used until defendant has had a reasonable opportunity to conduct an investigation or discovery of plaintiff's injuries and damages.
- (g) Additional interrogatories may be attached, subject to the restrictions discussed above.

Sec. 3. Instructions to the Answering Party

- (a) Subject to the restrictions discussed above, you must answer or provide another appropriate response to each interrogatory that has been checked below.

- (b) As a general rule, within 30 days after you are served with these interrogatories, you must serve your responses on the asking party and serve copies of your responses on all other parties who have appeared. See Code of Civil Procedure sections 2030.200–2030.270 for details.
- (c) Each answer must be as complete and straight-forward as the information reasonably available to you permits. If an interrogatory cannot be answered completely, answer it to the extent possible.
- (d) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.
- (e) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.
- (f) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.
- (g) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form at the end of your answer.

I declare under penalty of perjury under the laws of the State of California that the foregoing answers are true and correct.

(DATE)

(SIGNATURE)

Sec. 4. Definitions

Words in **BOLDFACE CAPITALS** in these interrogatories are defined as follows.

(Check one of the following).

- (a) (1) **INCIDENT** includes the circumstances and events surrounding the alleged accident, injury, or other occurrence or breach of contract giving rise to this action or proceeding.

(2) **INCIDENT** means (insert your definition here or on a separate, attached sheet labeled "Sec. 4(a)(2)");

(b) **YOU OR ANYONE ACTING ON YOUR BEHALF** includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.

(c) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, corporation, or public entity.

(d) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of hand-writing, typewriting, printing, photostating, photographing, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.

(e) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 867.7(e)(3)

(f) **ADDRESS** means the street address, including the city, state, and zip code.

Sec. 5. Interrogatories

The following Interrogatories have been approved by the Judicial Council Under Code of Civil Procedure section 2033.710:

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101.0 Identity of Persons Answering These Interrogatories

101.1 State the name, **ADDRESS**, telephone number, and relationship to you of each **PERSON** who prepared or assisted in the preparation of the responses to these interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

102.0 General Background Information - Individual

- 102.1 State your name, any other names by which you have been known, and your **ADDRESS**.
- 102.2 State the date and place of your birth.
- 102.3 State, as of the time of the **INCIDENT**, your driver's license number, the state of issuance, the expiration date, and any restrictions.
- 102.4 State each residence **ADDRESS** for the last five years and the dates you lived at each **ADDRESS**.
- 102.5 State the name, **ADDRESS**, and telephone number of each employer you have had over the past five years and the dates you worked for each.
- 102.6 Describe your work for each employer you have had over the past five years.
- 102.7 State the name and **ADDRESS** of each academic or vocational school you have attended, beginning with high school and the dates you attended each.
- 102.8 If you have ever been convicted of a felony, state, for each, the offense, the date and place of conviction, and the court and case number.
- 102.9 State the name, **ADDRESS**, and telephone number of any **PERSON** for whom you were acting as an agent or employee at the time of the **INCIDENT**.
- 102.10 Describe any physical, emotional or mental disability or condition that you had that may have contributed to the occurrence of the **INCIDENT**.
- 102.11 Describe the nature and quantity of any alcoholic beverage, marijuana, or other drug or medication of any kind that you used within 24 hours before the **INCIDENT**.

103.0 General Background Information - Business Entity

103.1 State your current business name and **ADDRESS**, type of business entity, and your title.

104.0 Insurance

104.1 State the name and **ADDRESS** of each insurance company and the policy number and policy limits of each policy that may cover you, in whole or in part, for the damages related to the **INCIDENT**.

105.0 [Reserved]

106.0 Physical, Mental, or Emotional Injuries

106.1 Describe each injury or illness related to the **INCIDENT**.

106.2 Describe your present complaints about each injury or illness related to the **INCIDENT**.

106.3 State the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** who treated or examined you for each injury or illness related to the **INCIDENT** and the dates of treatment or examination.

106.4 State the type of treatment or examination given to you by each **HEALTH CARE PROVIDER** for each injury or illness related to the **INCIDENT**.

106.5 State the charges made by each **HEALTH CARE PROVIDER** for each injury or illness related to the **INCIDENT**.

106.6 State the nature and cost of each health care service related to the **INCIDENT** not previously listed (for example, medication, ambulance, nursing, prosthetics)

106.7 State the nature and cost of the health care services you anticipate in the future as a result of the **INCIDENT**.

106.8 State the name and **ADDRESS** of each **HEALTH CARE PROVIDER** who has advised you that you may need future health care services as a result of the **INCIDENT**.

107.0 Property Damage

107.1 Itemize your property damage and, for each item, state the amount or attach an itemized bill or estimate.

108.0 Loss of Income or Earning Capacity

108.1 State the name and **ADDRESS** of each employer or other source of the earnings or income you have lost as a result of the **INCIDENT**.

108.2 Show how you compute the earnings or income you have lost, from each employer or other source, as a result of the **INCIDENT**.

108.3 State the name and **ADDRESS** of each employer or other source of the earnings or income you expect to lose in the future as a result of the **INCIDENT**.

108.4 Show how you compute the earnings or income you expect to lose in the future, from each employer or other source, as the result of the **INCIDENT**.

109.0 Other Damages

109.1 Describe each other item of damage or cost that you attribute to the **INCIDENT**, stating the dates of occurrence and the amount.

110.0 Medical History

110.1 Describe and give the date of each complaint or injury, whether occurring before or after **INCIDENT**, that involved the same part of your body claimed to have been injured in the **INCIDENT**.

110.2 State the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** who examined or treated you for each injury or complaint, whether occurring before or after the **INCIDENT**, that involved the same part of your body claimed to have been injured in the **INCIDENT** and the dates of examination or treatment.

111.0 Other Claims and Previous Claims

111.1 Identify each personal injury claim that **YOU OR ANYONE ACTING ON YOUR BEHALF** have made within the past ten years and the dates.

111.2 State the case name, court, and case number of each personal injury action or claim filed by **YOU OR ANYONE ACTING ON YOUR BEHALF** within the past ten years.

112.0 Investigation - General

112.1 State the name, **ADDRESS**, and telephone number of each individual who has knowledge of facts relating to the **INCIDENT**, and specify his or her area of knowledge.

112.2 State the name, **ADDRESS**, and telephone number of each individual who gave a written or recorded statement relating to the **INCIDENT** and the date of the statement.

112.3 State the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of a written or recorded statement relating to the **INCIDENT**.

112.4 Identify each document or photograph that describes or depicts any place, object, or individual concerning the **INCIDENT** or plaintiff's injuries, or attach a copy (if you do not attach a copy, state the name, **ADDRESS**, and telephone number of each **PERSON** who had the original document or photograph or a copy.)

112.5 Identify each other item of physical evidence that shows how the **INCIDENT** occurred or the nature or extent of plaintiff's injuries, and state the location of each item, and the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

113.0 [Reserved]

114.0 Statutory or Regulatory Violations

114.1 If you contend that any **PERSON** involved in the **INCIDENT** violated any statute, ordinance, or regulation and that the violation was a cause of the **INCIDENT**, identify each **PERSON** and the statute, ordinance, or regulation.

115.0 Claims and Defenses

115.1 State in detail the facts upon which you base your claims that the **PERSON** asking this interrogatory is responsible for your damages.

115.2 State in detail the facts upon which you base your contention that you are not responsible, in whole or in part, for plaintiff's damages.

115.3 State the name, **ADDRESS**, and the telephone number of each **PERSON**, other than the **PERSON** asking this interrogatory, who is responsible, in whole or in part, for damages claimed in this action.

116.0 Defendant's Contentions - Personal Injury*(See instruction 2(f))*

- 116.1 If you contend that any **PERSON**, other than you or plaintiff, contributed to the occurrence of the **INCIDENT** or the injuries or damages claimed by plaintiff, state the name, **ADDRESS**, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- 116.2 If you contend that plaintiff was not injured in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- 116.3 If you contend that the injuries or the extent of the injuries claimed by plaintiff were not caused by the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- 116.4 If you contend that any of the services furnished by any **HEALTH CARE PROVIDER** were not related to the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- 116.5 If you contend that any of the costs of services furnished by any **HEALTH CARE PROVIDER** were unreasonable, identify each service that you dispute the cost, and the **HEALTH CARE PROVIDER**.
- 116.6 If you contend that any part of the loss of earnings or income claimed by plaintiff was unreasonable, identify each part of the loss that you dispute and each source of the income or earnings.
- 116.7 If you contend that any of the property damage claimed by plaintiff was not caused by the **INCIDENT**, identify each item of property damage that you dispute.
- 116.8 If you contend that any of the costs of repairing the property damage claimed by plaintiff were unreasonable, identify each cost item that you dispute.
- 116.9 If you contend that, within the last ten years, plaintiff made a claim for personal injuries that are related to the injuries claimed in the **INCIDENT**, identify each related injury and the date.
- 116.10 If you contend that, within the past ten years, plaintiff made a claim for personal injuries that are related to the injuries claimed in the **INCIDENT**, state the name, court, and case number of each action filed.

117.0 [Reserved]**120.0 How the Incident Occurred - Motor Vehicle**

- 120.1 State how the **INCIDENT** occurred.
- 120.2 For each vehicle involved in the **INCIDENT**, state the year, make, model, and license number.
- 120.3 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of the driver.

- 120.4 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each occupant other than the driver.
- 120.5 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each registered owner.
- 120.6 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each lessee.
- 120.7 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each owner other than the registered owner or lessee holder.
- 120.8 For each vehicle involved in the **INCIDENT**, state the name of each owner who gave permission or consent to the driver to operate the vehicle.

160.0 Contract

- 160.1 Identify all **DOCUMENTS** that are part of the agreement and for each state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 160.2 State each part of the agreement not in writing, the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to that provision, and the date that part of the agreement was made.
- 160.3 Identify all **DOCUMENTS** that evidence each part of the agreement not in writing, and for each state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 160.4 Identify all **DOCUMENTS** that are part of each modification to the agreement and for each state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 160.5 State each modification not in writing, the date, and the name, **ADDRESS**, and telephone number of the **PERSON** agreeing to the modification, and the date the modification was made.
- 160.6 Identify all **DOCUMENTS** that evidence each modification of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 160.7 Describe and give the date of every act or omission that you claim is a breach of the agreement.
- 160.8 Identify each agreement excused and state why performance was excused.
- 160.9 Identify each agreement terminated by mutual agreement and state why it was terminated, including dates.
- 160.10 Identify each unenforceable agreement and state the facts upon which your answer is based.
- 160.11 Identify each ambiguous agreement and state the facts upon which your answer is based.

1 PROOF OF SERVICE BY MAIL

2 STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

3 I am employed in the County of Los Angeles, State of California. I am over
4 the age of 18 and not a party to the within action; my business address is: 2850
Artesia Boulevard, Suite 201 Redondo Beach, California 90278.

5 On this date I caused the foregoing document(s) described as

6 **FORM INTERROGATORIES, SET ONE**

7 to be served on the interested parties in this action by placing a true copy
8 thereof enclosed in a sealed envelope addressed as follows:

9
10 Robert Stempler
Consumer Law Office of
11 Robert Stempler
PO BOX 1721
12 Palm Springs, CA 92263

13
14
15
16
17 I am "readily familiar" with this firm's practice of collection and
18 processing correspondence for mailing. It is deposited with the U.S. Postal
19 Service on that same day in the ordinary course of business. I am aware that on
20 motion of party served, service is presumed invalid if postal cancellation date
or postage meter date is more than one (1) day after date of deposit for mailing
in affidavit.

21 [] (By Overnight Courier) I caused each envelope with postage fully prepaid,
22 to be delivered to Federal Express Courier for overnight deliver to the
above addressee(s).

23 [x] (By Mail) I caused such envelope(s) with postage thereon fully prepaid to
24 be placed in the United States mail at Redondo Beach, California.

25 I declare under penalty of perjury under the laws of the State of California
26 that the above is true and correct and executed on July 9, 2009 at Redondo
27 Beach, California.

28 WE ARE ACTING AS A "DEBT COLLECTOR" AND ARE ATTEMPTING TO COLLECT
A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.