

1 Attorney Name(s) or Party without Attorney  
Firm Name  
2 Firm Address  
3 City, State, Zip Code  
Phone Number(s)  
4 Fax Number  
5 Email Address

6 Attorney for (Name) or Self-Represented

7 **SUPERIOR COURT OF CALIFORNIA**

8 **COUNTY OF SAN FRANCISCO**

9 PLAINTIFF'S NAME,

10 Plaintiff,

11 vs.

12 DEFENDANT'S NAME,

13 Defendant

Case Number:

**ASBESTOS – EXHIBIT C  
STANDARD INTERROGATORIES  
(PERSONAL INJURY)**

14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

# EXHIBIT C

1 **DEFENDANTS' STANDARD INTERROGATORIES TO PLAINTIFF**  
2 **(PERSONAL INJURY) [SET ONE]**

---

3 PROPOUNDING PARTY: Defendants

4 RESPONDING PARTY:

5 SET NO.: One  
6

7 **INTRODUCTION**

8 Each plaintiff in the above-captioned asbestos litigation is required to respond to  
9 the following standard interrogatories separately and fully in writing, under oath,  
10 pursuant to *Code of Civil Procedure* section 2030.010 *et seq.* In responding to these  
11 standard interrogatories, YOU are required to furnish all information that is available to  
12 YOU or YOUR attorney(s). If YOU cannot answer a standard interrogatory completely,  
13 answer it to the fullest extent possible and specify the reason(s) for YOUR inability to  
14 respond fully.  
15

16  
17  
18 **DEFINITIONS**

- 19 1. "AREA" means the name of the specific structure, building, building  
20 number, floor of the building, ship compartment, process line, unit, piece of equipment,  
21 or other specific place within the WORKSITE.  
22  
23 2. "ASBESTOS-CONTAINING MATERIAL" means a material or product  
24 which consists of or contains the mineral asbestos.  
25  
26 3. "CONTROL" means the act(s) of directing the manner and/or methods of  
27 conducting the work at a WORKSITE.  
28

1           4.     "DESCRIBE" as it relates to material means provide a complete  
2 description of the material including but not limited to: the material name, manufacturer,  
3 supplier, distributor, color, texture, consistency, shape, size and any markings; a  
4 description of the material's container including size, color and all writing on that  
5 container; and a description of how the material was used.  
6

7           5.     "DOCUMENTS" means any writing, as defined in Evidence Code section  
8 250 and includes the original or a copy of handwriting, typewriting, printing,  
9 photostating, photographing, computer printout, and every other means of recording  
10 upon any tangible thing or form of communication or representation including letters,  
11 words, pictures, sounds or symbols or combinations of them.  
12

13           6.     "IDENTIFY" as it relates to a DOCUMENT means provide the title of the  
14 DOCUMENT, the date the DOCUMENT was generated, the name of the author of the  
15 DOCUMENT, a description of the DOCUMENT (e.g., letter, memorandum, report, book,  
16 photograph, etc.) and any other information which would be required to specify the  
17 DOCUMENT in a request for production of DOCUMENTS issued pursuant to Code of  
18 Civil Procedure section 2031.  
19

20           7.     "IDENTIFY" as it relates to an employer means to state the employer's  
21 name, address and telephone number.  
22

23           8.     "IDENTIFY" as it relates to a person means to provide the name, place of  
24 employment, job title, address and telephone number for each person.  
25

26           9.     "IDENTIFY" as it relates to a ship means to state the name of the ship, the  
27 owner of the ship, the operator of the ship, the type of ship, and the hull number of the  
28 ship.

1           10. "LOCATION" means the city, state, country, street address, intersection or  
2 shipyard. For work aboard ship, please IDENTIFY the ship and where it was located  
3 during the time YOU worked on board.

4           11. "OCCASION" refers to a day, any part of a day, or a series of day(s),  
5 week(s), month(s) or year(s) during which YOU worked continuously at a WORKSITE.

6           12. "RAW ASBESTOS" means asbestos fiber mined or milled, either  
7 packaged or in bulk, not compounded with other substances and essentially pure with  
8 the exception of naturally occurring trace amounts of other substances.

9           13. "RESPONSIBLE PARTY" means any person, business organization, or  
10 enterprise, including but not limited to the defendants in this action.

11           14. "SAFETY PRECAUTION" means respirators, masks, fans, air blowers,  
12 tarps, wet-down procedures, isolation and any other equipment and/or methods used to  
13 limit or prevent exposure to dust.

14           15. "WORKSITE" means any LOCATION where YOU worked at any time.

15           16. "YOU" and "YOUR" refer to the person who is named above as the  
16 responding party. If more than one responding party is named, "YOU" and "YOUR" refer  
17 to each responding party separately, not jointly.

18  
19  
20  
21  
22  
23           **INTERROGATORIES**

24           **INTERROGATORY No. 1:**

25           Please state YOUR:

- 26           a.     Full name including first, middle and last names;  
27           b.     Date of birth;  
28

- 1 c. Age;
- 2 d. Place of birth;
- 3 e. Address;
- 4 f. Height and weight;
- 5 g. Social Security number;
- 6 h. Kaiser number;
- 7 i. Government Serial number;
- 8 j. Military Serial number;
- 9 k. Driver's license number and state;
- 10 l. All of the names by which YOU have been known;
- 11 m. Highest grade level of school completed;
- 12 n. Current spouse's name;
- 13 o. Spouse's date of birth;
- 14 p. Date of current marriage;
- 15 q. Spouse's current address;
- 16 r. Spouse's occupation/employer;
- 17 s. Name(s) of any former spouse(s);
- 18 t. Date(s) of any former marriage(s); and
- 19 u. Place, date and circumstances under which any marriage(s) was (were)

20  
21  
22  
23  
24 dissolved or terminated.

25  
26 **INTERROGATORY No. 2:**

27 For each child (either natural or adopted) of any marriage, state:

- 1 a. Name;
- 2 b. Date of birth;
- 3 c. Whether natural or adopted;
- 4 d. Address;
- 5 e. Occupation; and
- 6 f. Whether the child is living or dead.

8

9 **INTERROGATORY No. 3:**

10 Are either of YOUR natural parents alive? If YOUR answer is "yes", please state

11 for each parent:

- 13 a. Name of parent;
- 14 b. Current age;
- 15 c. Any history of cancer or respiratory disease; and
- 16 d. Occupation.

17

18

19 **INTERROGATORY No. 4:**

20 For each of YOUR blood relatives (for example: parent, grandparent, sibling,

21 child, aunt, uncle) whom YOU believe died of either a malignancy (cancer) or

22 pulmonary (lung) disease other than pneumonia, please state, separately for each

23 person:

- 25 a. Full name;
- 26 b. Blood relation to YOU (for example: parent, grandparent, sibling, aunt,
- 27 uncle);

- 1 c. Age at death;  
2 d. Date of death;  
3 e. City, county and state where the person died; and  
4 f. The cause of death, as specifically described as possible;  
5 g. Either (1) attach all DOCUMENTS evidencing the information sought in  
6

7 this interrogatory and its subparts to YOUR answers to these interrogatories or (2)  
8 attach disks containing such data or (3) describe such DOCUMENTS with sufficient  
9 particularity that they may be made the subject of a request for production of  
10 documents.  
11

12  
13 **INTERROGATORY No. 5:**

14 State as completely as possible the address of each of YOUR residences during  
15 YOUR lifetime and the inclusive dates of each period of such residence.  
16

17  
18 **INTERROGATORY No. 6:**

19 State YOUR educational background and identify all institutions attended, including  
20 any apprenticeship courses, or formal on-the-job training and identify all institutions  
21 attended, the date graduated from each institution, and YOUR major course of study  
22 and any special scholastic honors or degrees received.  
23

24  
25 **INTERROGATORY No. 7:**

26 State the earliest date that service of the summons and complaint was effected on  
27 any defendant in this case.  
28



1  
2 **INTERROGATORY No. 8:**

3 Have YOU ever been convicted of a felony? If "yes", please state fully and in detail  
4 the date, place and nature of each such felony conviction. Either (1) attach all  
5 DOCUMENTS evidencing the information sought in this interrogatory and its subparts to  
6 YOUR answers to these interrogatories or (2) attach disks containing such data or (3)  
7 describe such DOCUMENTS with sufficient particularity that they may be made the  
8 subject of a request for production of documents.  
9  
10

11  
12 **INTERROGATORY No. 9:**

13 Have YOU ever been a member of the Armed Forces? If "yes", please state: each  
14 branch of service in which YOU served; the inclusive dates of YOUR service; the date  
15 of YOUR discharge from active duty; YOUR service number; each place (e.g., fort,  
16 base, station, etc.) at which YOU served; and YOUR duties at each place. If YOU have  
17 not ever been a member of the Armed Forces due to health reasons, please state the  
18 health reasons.  
19

20  
21 **INTERROGATORY No. 10:**

22 For every doctor who has ever treated or examined YOU during the last 10 years  
23 for any condition, and beyond 10 years for cancer and/or conditions related to the lungs,  
24 respiratory system, and/or ribs and any additional complaints or conditions stated in  
25 response to Interrogatory No. 16, please state for each treatment or examination:  
26

- 27 a. Doctor's name;  
28

- 1           b.     Doctor's address;
- 2           c.     Treatment or examination received;
- 3           d.     Date(s) of treatment or examination;
- 4           e.     Reason for treatment or examination;
- 5           f.     Either (1) attach all DOCUMENTS evidencing the information sought in
- 6
- 7 this interrogatory and its subparts to YOUR answers to these interrogatories or (2)
- 8 attach disks containing such data or (3) describe such DOCUMENTS with sufficient
- 9 particularity that they may be made the subject of a request for production of
- 10 documents.
- 11
- 12

13 **INTERROGATORY No. 11:**

14           For every hospital in which YOU have ever been treated, tested, or examined

15 whether as an "inpatient" or as an "outpatient" during the last 10 years for any condition

16 and beyond 10 years for cancer and/or conditions related to the lungs, respiratory

17 system, and/or ribs and any additional complaints or conditions stated in response to

18 Interrogatory No. 16, please state for each hospital visit:

19

- 20           a.     Name of hospital;
- 21           b.     Address of hospital;
- 22           c.     Test, treatment, examination or hospitalization received;
- 23           d.     Date of test, treatment, examination or hospitalization received; and
- 24           e.     Reason for hospital visit;
- 25           f.     Either (1) attach all DOCUMENTS evidencing the information sought in
- 26
- 27 this interrogatory and its subparts to YOUR answers to these interrogatories or (2)
- 28

1 attach disks containing such data or (3) describe such DOCUMENTS with sufficient  
2 particularity that they may be made the subject of a request for production of  
3 documents.  
4

5  
6 **INTERROGATORY No. 12:**

7 Have YOU had taken an X-ray, CT scan or high-resolution CT scan of YOUR  
8 "trunk"? If "yes", please state for each:

9 a. Name and address where taken;  
10 b. Date(s) and number taken of each;  
11 c. Part(s) of body x-rayed or scanned;  
12 d. Results, conclusions and/or diagnosis from each, except those prepared  
13 by consultants;  
14

15 e. Either (1) attach all DOCUMENTS evidencing the information sought in  
16 this interrogatory and its subparts to YOUR answers to these interrogatories or (2)  
17 attach disks containing such data or (3) describe such DOCUMENTS with sufficient  
18 particularity that they may be made the subject of a request for production of  
19 documents.  
20 documents.  
21

22  
23 **INTERROGATORY No. 13:**

24 Have YOU ever undergone a pulmonary function test? If "yes", please state:

25 a. Name and address where test was performed;  
26 b. Date of test;  
27 c. Name of doctor administering and/or interpreting test;  
28

- 1 d. Reason for test;
- 2 e. Results, conclusions and/or diagnosis from each test, except those
- 3 prepared by consultants;
- 4
- 5 f. Were YOU informed of the results of the test?
- 6 g. Who informed YOU of the results of the test?
- 7 h. Either (1) attach all DOCUMENTS evidencing the information sought in
- 8 this interrogatory and its subparts to your answers to these interrogatories, or (2) attach
- 9 disks containing such data, or (3) describe such DOCUMENTS with sufficient
- 10 particularity that they may be made the subject of a request for production of
- 11 documents.
- 12
- 13

14 **INTERROGATORY No. 14:**

15 Describe the name and quantity of each type of drug, tranquilizer, sedative or

16 other medication taken or used by YOU during the last 10 years, specifying the

17 frequency and purpose of use.

18

19

20 **INTERROGATORY No. 15:**

21 Do YOU or YOUR attorney have any medical reports except those prepared by

22 consultants from any persons, hospitals, doctors or medical practitioners or institutions

23 that have ever treated or examined YOU at any time? If "yes", either (1) attach all

24 DOCUMENTS evidencing the information sought in this interrogatory and its subparts to

25 YOUR answers to these interrogatories or (2) attach disks containing such data or (3)

26

27

28

1 describe such DOCUMENTS with sufficient particularity that they may be made the  
2 subject of a request for production of documents.

3  
4  
5 **INTERROGATORY No. 16:**

6 Identify each and every complaint, symptom, adverse reaction or other injury  
7 which YOU allege is directly or indirectly related to YOUR alleged exposure to RAW  
8 ASBESTOS or ASBESTOS-CONTAINING MATERIAL and for each complaint,  
9 symptom, adverse reaction or other injury, please state:

10 a. The date on which YOU first became aware of signs of the complaint,  
11 symptom, adverse reaction or injury;

12 b. The date each such complaint, symptom, adverse reaction or injury  
13 ceased to affect YOU;

14 c. Any physical change in YOUR appearance occasioned by such complaint,  
15 symptom, adverse reaction or injury;

16 d. Each part of YOUR body which YOU contend has been affected;

17 e. The date upon which the complaint, symptom, adverse reaction or injury  
18 was reported to a doctor or physician;

19 f. State the name, address and telephone number of each such physician to  
20 whom said complaint, symptom, adverse reaction or injury was reported;

21 g. Whether YOU have lost any time from work as a result of YOUR  
22 asbestos-related injury or medical condition;

23 h. If such injury has resulted in lost time from work, please state the date on  
24 which YOU first lost work and the amount of time lost from work; and  
25  
26  
27  
28

1 i. Either (1) attach all DOCUMENTS evidencing the information sought in  
2 this interrogatory and its subparts to your answers to these interrogatories, or (2) attach  
3 disks containing such data, or (3) describe such DOCUMENTS with sufficient  
4 particularity that they may be made the subject of a request for production of  
5 documents.  
6 documents.

7  
8 **INTERROGATORY No. 17:**

9 Have YOU been advised that YOU are suffering from an asbestos-related  
10 disease? If "yes", state:

- 11
- 12 a. The nature of the asbestos-related disease(s);
  - 13 b. The date and time YOU were first advised;
  - 14 c. The name, address, and telephone number of the physician and/or other  
15 persons who so informed YOU;
  - 16 d. The name, address and telephone number of the physician who made the  
17 evaluation;
  - 18 e. The method and information upon which such determination was based;
  - 19 f. The name, address, and telephone number of any hospital, medical  
20 institution, laboratory, physician, nurse, laboratory technician, etc., involved in any part  
21 of such determination;
  - 22 g. The name, address, and telephone number of every person, including  
23 YOUR relatives, employer or anyone acting in YOUR behalf who was so advised.  
24 Please include the date when such persons were so advised;
  - 25 h. IDENTIFY YOUR employer(s) at the time YOU were so advised;
  - 26  
27  
28

1 i. The specific course(s) of treatment or therapy, including any medicine  
2 prescribed as a result of such determination and the name, address and telephone  
3 number of each prescribing physician;

4 j. State whether YOU have followed the medication or therapy regime  
5 prescribed by each of the said physicians for the treatment of said complaint, symptom,  
6 adverse reaction or injury;

7 k. State the names and addresses of any other physicians or practitioners  
8 subsequently affirming or making the same determination; and

9 l. Either (1) attach all DOCUMENTS evidencing the information sought in  
10 this interrogatory and its subparts to your answers to these interrogatories, or (2) attach  
11 disks containing such data, or (3) describe such DOCUMENTS with sufficient  
12 particularity that they may be made the subject of a request for production of  
13 documents.  
14  
15  
16

17  
18 **INTERROGATORY No. 18:**

19 Have any of the said treating physicians informed YOU at any time that YOUR  
20 complaints, symptoms, adverse reactions or injuries may have been caused by factor(s)  
21 or reason(s) other than exposure to RAW ASBESTOS or ASBESTOS-CONTAINING  
22 MATERIAL(S)? If "yes", please state:  
23

24 a. The other factor(s) or reason(s) involved;

25 b. The names, addresses and telephone numbers of the physicians  
26 believing or suspecting such other factor(s) or reason(s) to be involved;  
27  
28

1 c. The date(s) that said physicians told YOU that they believed or suspected  
2 that other factor(s) or reason(s) might be involved;

3 d. The reason that said factor(s) or reason(s) were excluded as possible  
4 sources or causes of the symptoms; and

5 e. Either (1) attach all DOCUMENTS evidencing the information sought in  
6 this interrogatory and its subparts to your answers to these interrogatories, or (2) attach  
7 disks containing such data, or (3) describe such DOCUMENTS with sufficient  
8 particularity that they may be made the subject of a request for production of  
9 documents.  
10  
11

12  
13 **INTERROGATORY No. 19:**

14 Please list all respiratory complaints and/or symptoms which YOU have suffered  
15 during the past 10 years and list the inclusive dates for each such complaint.  
16

17  
18 **INTERROGATORY No. 20:**

19 Have YOU ever had any biopsies or tissue samples taken during the past 10  
20 years? If YOUR answer is "yes", state for each such procedure:

- 21 a. The name of the doctor performing such procedure;  
22 b. The address where such procedure was performed;  
23 c. The date when such procedure was performed;  
24 d. The results, conclusions and/or diagnosis from such procedure; and  
25 e. Either (1) attach all DOCUMENTS evidencing the information sought in  
26 this interrogatory and its subparts to your answers to these interrogatories, or (2) attach  
27  
28



1 disks containing such data, or (3) describe such DOCUMENTS with sufficient  
2 particularity that they may be made the subject of a request for production of  
3 documents.  
4

5  
6 **INTERROGATORY No. 21:**

7 Do YOU know of any pathology slides that were made from any of YOUR tissue  
8 samples during the past 10 years? If YOUR answer is "yes", for each set of slides made  
9 please state:

- 10
- 11 a. The name of the hospital;
  - 12 b. The name of the doctor;
  - 13 c. The current location;
  - 14 d. The date said slides were made; and
  - 15 e. The accession number(s).
- 16

17  
18 **INTERROGATORY No. 22:**

19 Have YOU ever suffered any personal injuries other than those involved in  
20 this lawsuit? If "yes", state for each such injury:

- 21
- 22 a. The date, place, names of persons involved, and circumstances  
23 surrounding such injury;
  - 24 b. The nature and extent of the injuries including any ill effects or disabilities  
25 remaining at the time of the last treatment or examination;
  - 26 c. The names, addresses and date(s) of last treatment or examination by all  
27 persons who treated or examined YOU in connection with such injury;
- 28

1 d. The nature and source of any disability benefits, pensions or other  
2 payments for such injuries; and

3 e. Either (1) attach all DOCUMENTS evidencing the information sought in  
4 this interrogatory and its subparts to your answers to these interrogatories, or (2) attach  
5 disks containing such data, or (3) describe such DOCUMENTS with sufficient  
6 particularity that they may be made the subject of a request for production of  
7 documents.  
8

9  
10 **INTERROGATORY No. 23:**

11 Have YOU ever smoked tobacco products of any type? If "yes", state:

12 a. The dates and time periods during which YOU have smoked;

13 b. The type of tobacco products YOU smoke or have smoked. Please state  
14 whether YOU inhaled the smoke or not;

15 c. The daily frequency with which YOU smoke or have smoked;

16 d. If YOU have ever smoked cigarettes, please state the average number of  
17 packs per day YOU smoked;

18 e. Please state the commercial brand name(s) of any tobacco products that  
19 YOU have used; and

20 f. Has any physician ever advised YOU to stop or curtail smoking tobacco  
21 products? If "yes", state:

22 1. The name of each such physician; and

23 2. The date(s) on which YOU were so advised.  
24  
25  
26  
27  
28

1 **INTERROGATORY No. 24:**

2 Has any person with whom YOU have shared a household for more than one  
3 year been a regular user of cigarettes during the time you shared a household with the  
4 person? If "yes", state fully and in detail for each such person:  
5

- 6 a. The name and relationship to YOU of the smoker;
- 7 b. The dates during which YOU shared a household with the person;
- 8 c. The brand name(s) of cigarettes the person used during the time YOU  
9 shared a household with the person and his/her frequency of use; and
- 10 d. The frequency with which the person smoked cigarettes in YOUR  
11 presence during the time YOU shared a household with the person.  
12

13  
14 **INTERROGATORY No. 25:**

15 Describe the extent to which YOU drank alcoholic beverages during YOUR  
16 lifetime, specifying the particular kind of alcoholic beverages and the quantity consumed  
17 per week over the period of time such beverages were consumed.  
18

19  
20 **INTERROGATORY No. 26:**

21 For every type of employment that you have ever had, whether self-employed or  
22 employed by others, please complete the following: (If more space is needed, please  
23 attach additional sheets containing the requested information.)  
24

<b><i>Employer's Name and Address</i></b>	<b><i>Job Title</i></b>	<b><i>Date Started-Date Ended (Month, Day, Year)</i></b>	

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**Description of Job Duties:**

**Job Sites:**

**Your Estimate of Total Time (Days, Weeks, etc.) You Worked at That Site:**

**Do you claim exposure to asbestos at this employment?**  Yes  No

<b>Employer's Name and Address</b>	<b>Job Title</b>	<b>Date Started-Date Ended (Month, Day, Year)</b>	

**Description of Job Duties:**

1 **Job Sites:**

2  
3  
4  
5  
6 **Your Estimate of Total Time (Days, Weeks, etc.) You Worked at That Site:**

7  
8  
9  
10  
11 **Do you claim exposure to asbestos at this employment?**  Yes  No

<b>Employer's Name and Address</b>	<b>Job Title</b>	<b>Date Started-Date Ended (Month, Day, Year)</b>	

12  
13  
14  
15  
16  
17 **Description of Job Duties:**

18  
19  
20  
21  
22 **Job Sites:**

1 **Your Estimate of Total Time (Days, Weeks, etc.) You Worked at that Site:**

2  
3  
4  
5  
6 **Do You claim exposure to asbestos at this employment?**  Yes  No

7  
8 **INTERROGATORY No. 27:**

9  
10 Are YOU or have YOU been a member of any labor union, including but not  
11 limited to the Heat, Frost, Insulation and Asbestos Workers Union? If YOUR answer is  
12 "yes", state for each such union membership:

- 13 a. The name of each such international union and its number, along with the  
14 local number of each such union; and  
15  
16 b. The date and time periods during which YOU maintained membership in  
17 such union.

18  
19 **INTERROGATORY No. 28:**

20 When did YOU first learn that exposure to asbestos was a potential health  
21 hazard?

22  
23  
24 **INTERROGATORY No. 29:**

25 Describe how YOU first became aware that exposure to asbestos was a potential  
26 health hazard.

1 **INTERROGATORY No. 30:**

2 When did YOU first observe anyone use any type of SAFETY PRECAUTION  
3 while working around RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S)?  
4

5  
6 **INTERROGATORY No. 31:**

7 When, where and at whose direction did YOU first use any type of SAFETY  
8 PRECAUTION while working around RAW ASBESTOS or ASBESTOS-CONTAINING  
9 MATERIAL(S)?  
10

11  
12 **INTERROGATORY No. 32:**

13 State whether any of YOUR employers have either required or made available  
14 physical examinations for their employees. If such physical examinations have either  
15 been required or made available to YOU, state for each of YOUR employers:

- 16
- 17 a. IDENTIFY YOUR employer;
  - 18 b. The nature and extent of examinations;
  - 19 c. The frequency of examinations;
  - 20 d. Whether they were required or optional;
  - 21 e. Whether x-ray examination was included;
  - 22 f. The frequency, including specific dates and times, with which YOU  
23 submitted to such examinations;
  - 24
  - 25 g. Whether YOU received the results of any such examinations; the dates  
26 that they were given to YOU and the nature of the results;
  - 27
  - 28

1 h. The name, address and telephone number of the examining physician,  
2 nurse or technician;

3 i. YOUR detailed reasons for failing to submit to such examination when  
4 required or made available, if YOU did so fail to submit; and  
5

6 j. Either (1) attach all DOCUMENTS evidencing the information sought in  
7 this interrogatory and its subparts to your answers to these interrogatories, or (2) attach  
8 disks containing such data, or (3) describe such DOCUMENTS with sufficient  
9 particularity that they may be made the subject of a request for production of  
10 documents.  
11

12  
13 **INTERROGATORY No. 33:**

14 If YOU are not currently employed, please state the last date worked and the  
15 reason that YOU are not currently employed.  
16

17  
18 **INTERROGATORY No. 34:**

19 Are YOU receiving any form of disability pension? If so, state:

- 20 a. From whom;  
21 b. The amounts received each month; and  
22 c. The anticipated duration of the disability.  
23  
24

25 **INTERROGATORY No. 35:**

26 Have YOU ever been discharged from or ever voluntarily left a position due to  
27 health problems? If "yes", state in detail the time, name of employer, place and  
28



1 circumstances. Either (1) attach all DOCUMENTS evidencing the information sought in  
2 this interrogatory and its subparts to your answers to these interrogatories, or (2) attach  
3 disks containing such data, or (3) describe such DOCUMENTS with sufficient  
4 particularity that they may be made the subject of a request for production of  
5 documents.  
6 documents.

7  
8 **INTERROGATORY No. 36:**

9           Were YOU ever exposed to RAW ASBESTOS or ASBESTOS-CONTAINING  
10 MATERIALS(S) outside of YOUR work environment? If "yes", please state for each  
11 such OCCASION:  
12

- 13           a.     Circumstances surrounding the exposure;
- 14           b.     Date(s) and LOCATION;
- 15           c.     Duration and manner of the exposure; and
- 16           d.     DESCRIBE the RAW ASBESTOS or ASBESTOS-CONTAINING

17 MATERIAL(S).  
18

19  
20 **INTERROGATORY No. 37:**

21           State whether you assert a claim for loss of income and, if so, state fully and in  
22 detail the year and YOUR annual earnings for each of the last ten years in which YOU  
23 were employed.  
24  
25  
26  
27  
28

1 **INTERROGATORY No. 38:**

2 Have YOU incurred any hospital expenses to date as a result of the injuries,  
3 complaints, etc. which YOU attribute to YOUR alleged exposure to asbestos? If "yes",  
4 state the total hospital expenses incurred and itemize each charge if more than one  
5 hospital is involved.  
6

7  
8 **INTERROGATORY No. 39:**

9 Have YOU incurred any medical expense (other than hospitalization) or have any  
10 medical expenses been incurred on YOUR behalf to date as a result of the injuries,  
11 complaints, etc. which YOU attribute to YOUR alleged exposure to asbestos? If "yes",  
12 state the total medical expenses incurred, itemizing each such charge.  
13

14  
15 **INTERROGATORY No. 40:**

16 Has any insurance company, union or any other person, firm or corporation paid  
17 for or reimbursed YOU for, or become obligated to pay for, any medical or hospital  
18 expenses incurred by the alleged exposure to asbestos? If "yes", state the name and  
19 address of the insurance company, union, person, firm or corporation who or which has  
20 paid or is obligated for the payment of or reimbursement for said expenses.  
21  
22

23  
24 **INTERROGATORY No. 41:**

25 Have YOU ever at any time made a claim for or received for an asbestos-related  
26 condition any health or accident insurance benefits, Workers' Compensation payments,  
27  
28

1 disability benefits, pension, accident compensation payment or veterans disability  
2 compensation? If "yes", state:

3 a. The illness, injury or injuries for which YOU made the claim;

4 b. The date when such injury or injuries were sustained, the place of  
5 occurrence and the nature of the accident or incident causing such injury;

6 c. The names and addresses of YOUR employer(s) at the time of each injury  
7 or illness;

8 d. The names and addresses of the examining doctors for each injury or  
9 illness;

10 e. The name of the board, tribunal or superior officer which or to whom the  
11 claim or claims were made or filed;

12 f. The date the claim was made or filed;

13 g. The claim, file or other number by which YOUR claim was identified;

14 h. The present status of such claims (pending settlement, dismissal, etc.);

15 i. The amounts of the benefits or awards or payments;

16 j. The dates covering the times during which YOU received the benefits or  
17 awards or payments;

18 k. The identity of the agencies or insurance companies from whom YOU  
19 received the awards, benefits or payments; and

20 l. Either (1) attach all DOCUMENTS evidencing the information sought in  
21 this interrogatory and its subparts to your answers to these interrogatories, or (2) attach  
22 disks containing such data, or (3) describe such DOCUMENTS with sufficient  
23  
24  
25  
26  
27  
28

1 particularity that they may be made the subject of a request for production of  
2 documents.

3  
4  
5 **INTERROGATORY No. 42:**

6 Have YOU lost or do YOU claim any wage or earning loss as a result of YOUR  
7 alleged exposure to asbestos? If so, state:

8 a. How much time was lost from work or employment, listing the dates  
9 involved and the name and address of the employer;

10 b. The gross amount of salary or earnings which YOU received each pay  
11 day, stating the intervals of such paydays (e.g., weekly, bimonthly, monthly);

12 c. State the gross amount of salary or earnings actually lost due to the  
13 exposure;

14 d. If self-employed, state the total time lost from business, listing the dates  
15 involved and the gross financial loss to YOU, stating the nature of such loss and how  
16 incurred; and

17 e. Of the sum stated in YOUR response to subpart D of this interrogatory,  
18 state YOUR net loss.

19  
20  
21  
22 **INTERROGATORY No. 43:**

23 Have YOU incurred any expense or financial loss including property damage,  
24 other than as listed above which YOU attribute in any degree to YOUR exposure to  
25 asbestos products? If so, state such financial losses, expenses and property damage,  
26  
27  
28

1 giving the dates incurred and the amounts involved and the nature of each such  
2 expense or loss.

3  
4  
5 **INTERROGATORY No. 44**

6 Has any insurance company, union or other person, firm or corporation paid for  
7 or reimbursed YOU for or become obligated to pay for or reimburse YOU or anyone on  
8 YOUR behalf for any sums of money (excluding medical or hospital expenses) to  
9 provide any of the following: disability or other benefits; loss of earnings; property  
10 damage resulting from the alleged exposure to asbestos? If "yes", state:

11  
12 a. The nature of the obligation giving rise to the payment or reimbursement;  
13 and

14 b. The name and address of the insurance company, union or other person,  
15 firm or corporation who or which has paid for or is obligated for payment of or  
16 reimbursement for such sums of money.  
17

18  
19 **INTERROGATORY No. 45:**

20 Have you ever given a deposition or other testimony under oath? If so, state for  
21 each such deposition or testimony:

22  
23 a. The date(s) it was given:

24 b. The name of the court or other body before which it was given; the identity  
25 of the proceeding including name, docket or other number, and venue or location;

26 c. The name, address and telephone number of the court reporter or other  
27 transcriber, If the proceeding was not transcribed, please so state;  
28

1 d. Whether you or your attorney have a copy of the transcript; and

2 e. Either (1) attach all DOCUMENTS evidencing the information sought in  
3 this interrogatory and its subpart to your answers to these interrogatories; or (2) attach  
4 disks containing such data, or (3) describe such DOCUMENTS with sufficient  
5 particularly that they may be made the subject of a request for production of documents.  
6

7  
8 **INTERROGATORY No. 46:**

9 Have YOU ever had an application for life, health, accident, medical or hospital  
10 insurance rejected for health reasons? If "yes", state:

11  
12 a. The date of the application(s);

13 b. The date of rejection(s);

14 c. The type of insurance for which YOU applied;

15 d. The identity of the insurance company with which each application was  
16 filed;

17  
18 e. The reason for the rejection(s); and

19 f. Either (1) attach all DOCUMENTS evidencing the information sought in  
20 this interrogatory and its subparts to your answers to these interrogatories, or (2) attach  
21 disks containing such data, or (3) describe such DOCUMENTS with sufficient  
22 particularity that they may be made the subject of a request for production of  
23 documents.  
24  
25  
26  
27  
28

1 **INTERROGATORY No. 47:**

2 Have YOU ever been a party to an action for damages for any personal injury  
3 YOU have suffered? If "yes", state:

- 4 a. The identity of all parties to the action(s) and their attorneys;
- 5 b. The court and place where each such action was filed and the date(s) of  
6 filing;
- 7 c. The nature and extent of the injuries claimed and whether any permanent  
8 disability remains;
- 9 d. The present status of each action and, if concluded, the final result thereof  
10 including the amount of any settlement or judgment.  
11  
12

13  
14 **INTERROGATORY No. 48:**

15 Have YOU ever made any claim for personal injury, other than this lawsuit, for  
16 injuries which YOU claim are related to YOUR alleged exposure to asbestos? If "yes",  
17 please state:

- 18 a. The nature of such injury or injuries;
- 19 b. The date when such injury or injuries were sustained in each instance, the  
20 place of occurrence and the nature of the incident or accident causing this injury;
- 21 c. The names and addresses of all persons and companies to whom said  
22 claims were made;
- 23 d. The caption and case number;
- 24 e. The court filing including state and county;
- 25 f. The name and address of YOUR counsel of record;
- 26  
27  
28

1 g. The present status of such claims (pending settlement, dismissal, etc.).  
2

3 **INTERROGATORY No. 49:**  
4

5 Have YOU received any payments or reimbursements or have any payments  
6 been made on YOUR behalf from any source as a result of YOUR alleged exposure to  
7 asbestos, including without limitation settlements with defendants in this action,  
8 potential defendants, a bankrupt company, or any RESPONSIBLE PARTIES? If so, for  
9 each payment, please state:  
10

- 11 a. The name of each person or company making said payment(s);  
12 b. Total amount of payments from all sources; and  
13 c. Either (1) attach all DOCUMENTS evidencing the information sought in  
14 this interrogatory and its subparts to your answers to these interrogatories, or (2) attach  
15 disks containing such data, or (3) describe such DOCUMENTS with sufficient  
16 particularity that they may be made the subject of a request for production of  
17 documents.  
18

19  
20 **INTERROGATORY No. 50:**  
21

22 Do YOU have in YOUR possession or under YOUR control a Social Security  
23 office listing of past employers and dates of employment? If "yes", please either attach a  
24 copy or give the employer's name, address, date and quarterly Social Security Credit for  
25 each employer listed. Either (1) attach all DOCUMENTS evidencing the information  
26 sought in this interrogatory and its subparts to your answers to these interrogatories, or  
27 (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient  
28



1 particularity that they may be made the subject of a request for production of  
2 documents.

3  
4  
5 **INTERROGATORY No. 51:**

6 Are YOU Medicare-eligible? If so, please state:

- 7 a. Whether you are currently enrolled in Medicare;
- 8 b. If you are not currently enrolled in Medicare, whether you have previously  
9 been enrolled;
- 10 c. The dates on which you are or were enrolled in Medicare;
- 11 d. YOUR Medicare number.
- 12

13  
14 **INTERROGATORY No. 52:**

15 Has any person other than YOU received or sought treatment from  
16 Medicare for any reason related to your claims in this case? If so, please state, for each  
17 such person:

- 18 a. The name, address, and telephone number;
- 19 b. The person's relation to you (e.g. spouse, natural child);
- 20 c. The person's Medicare number;
- 21 d. The inclusive dates of such treatment.
- 22  
23  
24

25 **INTERROGATORY No. 53:**

26 Have YOU filed a claim against a bankruptcy trust? If "yes," state for each claim:

- 27 a. The name and address of that trust;
- 28

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

b. The date YOUR claim was filed;

c. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory to your answers to interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.