To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

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

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

SHORT TITLE:

FORM INTERROGATORIES – EMPLOYMENT LAW

Asking Party:

Answering Party:

Set No.:

CASE NUMBER:

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 employment cases.

(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 form interrogatories are designed for optional use by parties in employment cases. (Separate sets of interrogatories, *Form Interrogatories—General* (form DISC-001) and *Form Interrogatories—Limited Civil Cases (Economic Litigation)* (form DISC-004) may also be used where applicable in employment cases.)

(b) Insert the names of the **EMPLOYEE** and **EMPLOYER** to whom these interrogatories apply in the definitions in sections 4(d) and (e) below.

(c) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that are applicable to the case.

(d) The interrogatories in section 211.0, Loss of Income Interrogatories to Employer, should not be used until the employer has had a reasonable opportunity to conduct an investigation or discovery of the employee's injuries and damages.

(e) Additional interrogatories may be attached.

Sec. 3. Instructions to the Answering Party

(a) 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 to the action who have appeared. See Code of Civil Procedure sections 2030.260–2030.270 for details.

(c) Each answer must be as complete and straightforward 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) If you are asserting a privilege or making an objection to an interrogatory, you must specifically assert the privilege or state the objection in your written response.

(h) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form at the end of your answers:

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:

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

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(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) **EMPLOYMENT** means a relationship in which an **EMPLOYEE** provides services requested by or on behalf of an **EMPLOYER**, other than an independent contractor relationship.

(d) **EMPLOYEE** means a **PERSON** who provides services in an **EMPLOYMENT** relationship and who is a party to this lawsuit. For purposes of these interrogatories, **EMPLOYEE** refers to *(insert name):*

*(If no name is inserted, **EMPLOYEE** means all such **PERSONS**.)*

(e) **EMPLOYER** means a **PERSON** who employs an **EMPLOYEE** to provide services in an **EMPLOYMENT** relationship and who is a party to this lawsuit. For purposes of these interrogatories, **EMPLOYER** refers to *(insert name):*

*(If no name is inserted, **EMPLOYER** means all such **PERSONS**.)*

(f) **ADVERSE EMPLOYMENT ACTION** means any **TERMINATION**, suspension, demotion, reprimand, loss of pay, failure or refusal to hire, failure or refusal to promote, or other action or failure to act that adversely affects the **EMPLOYEE'S** rights or interests and which is alleged in the **PLEADINGS**.

(g) **TERMINATION** means the actual or constructive termination of employment and includes a discharge, firing, layoff, resignation, or completion of the term of the employment agreement.

(h) **PUBLISH** means to communicate orally or in writing to anyone other than the plaintiff. This includes communications by one of the defendant's employees to others. *(Kelly v. General Telephone Co.* (1982) 136 Cal.App.3d 278, 284.)

(i) **PLEADINGS** means the original or most recent amended version of any complaint, answer, cross-complaint, or answer to cross-complaint.

(j) **BENEFIT** means any benefit from an **EMPLOYER,** including an "employee welfare benefit plan" or employee pension benefit plan" within the meaning of Title 29 United States Code section 1002(1) or (2) or ERISA.

(k) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).

(l) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs, 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.

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

Sec. 5. Interrogatories

The following interrogatories for employment law cases have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

CONTENTS

200.0 Contract Formation
201.0 Adverse Employment Action
202.0 Discrimination Interrogatories to Employee
203.0 Harassment Interrogatories to Employee
204.0 Disability Discrimination
205.0 Discharge in Violation of Public Policy
206.0 Defamation
207.0 Internal Complaints
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209.0 Other Employment Claims by Employee or Against Employer
210.0 Loss of income Interrogatories to Employee
211.0 Loss of income Interrogatories to Employer
212.0 Physical, Mental, or Emotional Injuries—Interrogatories to Employee
213.0 Other Damages Interrogatories to Employee
214.0 Insurance
215.0 Investigation
216.0 Denials and Special or Affirmative Defenses
217.0 Response to Request for Admissions

200.0 Contract Formation

☐ 200.1 Do you contend that the **EMPLOYMENT** relationship was at "at will"? If so:
(a) state all facts upon which you base this contention;
(b) state the name, **ADDRESS,** and telephone number of each **PERSON** who has knowledge of those facts; and
(c) identify all **DOCUMENTS** that support your contention.

☐ 200.2 Do you contend that the **EMPLOYMENT** relationship was not "at will"? If so:
(a) state all facts upon which you base this contention;
(b) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of those facts; and
(c) identify all **DOCUMENTS** that support your contention.

☐ 200.3 Do you contend that the **EMPLOYMENT** relationship was governed by any agreement—written, oral, or implied? If so:
(a) state all facts upon which you base this contention;
(b) state the name, **ADDRESS,** and telephone number of each **PERSON** who has knowledge of those facts; and
(c) identify all **DOCUMENTS** that support your contention.

☐ 200.4 Was any part of the parties' **EMPLOYMENT** relationship governed in whole or in part by any written rules, guidelines, policies, or procedures established by the **EMPLOYER**? If so, for each **DOCUMENT** containing the written rules, guidelines, policies, or procedures:

(a) state the date and title of the **DOCUMENT** and a general description of its contents;

(b) state the manner in which the **DOCUMENT** was communicated to employees; and

(c) state the manner, if any, in which employees acknowledged either receipt of the **DOCUMENT** or knowledge of its contents.

☐ 200.5 Was any part of the parties' **EMPLOYMENT** relationship covered by one or more collective bargaining agreements or memorandums of understanding between the **EMPLOYER** (or an association of employers) and any labor union or employee association? If so, for each collective bargaining agreement or memorandum of understanding, state:

(a) the names and **ADDRESSES** of the parties to the collective bargaining agreement or memorandum of understanding;

(b) the beginning and ending dates, if applicable, of the collective bargaining agreement or memorandum of understanding; and

(c) which parts of the collective bargaining agreement or memorandum of understanding, if any, govern (1) any dispute or claim referred to in the **PLEADINGS** and (2) the rules or procedures for resolving any dispute or claim referred to in the **PLEADINGS**.

☐ 200.6 Do you contend that the **EMPLOYEE** and the **EMPLOYER** were in a business relationship other than an **EMPLOYMENT** relationship? If so, for each relationship:

(a) state the names of the parties to the relationship;

(b) identify the relationship; and

(c) state all facts upon which you base your contention that the parties were in a relationship other than an **EMPLOYMENT** relationship.

201.0 Adverse Employment Action

☐ 201.1 Was the **EMPLOYEE** involved in a **TERMINATION**? If so:

(a) state all reasons for the **EMPLOYEE'S TERMINATION**;

(b) state the name, **ADDRESS**, and telephone number of each **PERSON** who participated in the **TERMINATION** decision;

(c) state the name, **ADDRESS**, and telephone number of each **PERSON** who provided any information relied upon in the **TERMINATION** decision; and

(d) identify all **DOCUMENTS** relied upon in the **TERMINATION** decision.

☐ 201.2 Are there any facts that would support the **EMPLOYEE'S TERMINATION** that were first discovered after the **TERMINATION**? If so:

(a) state the specific facts;

(b) state when and how **EMPLOYER** first learned of each specific fact;

(c) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of the specific facts; and

(d) identify all **DOCUMENTS** that evidence these specific facts.

☐ 201.3 Were there any other **ADVERSE EMPLOYMENT ACTIONS,** including *(the asking party should list the **ADVERSE EMPLOYMENT ACTIONS**):*

If so, for each action, provide the following:

(a) all reasons for each **ADVERSE EMPLOYMENT ACTION**;

(b) the name, **ADDRESS**, and telephone number of each **PERSON** who participated in making each **ADVERSE EMPLOYMENT ACTION** decision;

(c) the name, **ADDRESS,** and telephone number of each **PERSON** who provided any information relied upon in making each **ADVERSE EMPLOYMENT ACTION** decision; and

(d) the identity of all **DOCUMENTS** relied upon in making each **ADVERSE EMPLOYMENT ACTION** decision.

☐ 201.4 Was the **TERMINATION** or any other **ADVERSE EMPLOYMENT ACTIONS** referred to in Interrogatories 201.1 through 201.3 based in whole or in part on the **EMPLOYEE'S** job performance? If so, for each action:

(a) identify the **ADVERSE EMPLOYMENT ACTION**;

(b) identify the **EMPLOYEE'S** specific job performance that played a role in that **ADVERSE EMPLOYMENT ACTION**;

(c) identify any rules, guidelines, policies, or procedures that were used to evaluate the **EMPLOYEE'S** specific job performance;

(d) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who had responsibility for evaluating the specific job performance of the **EMPLOYEE**;

(e) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the EMPLOYEE'S specific job performance that played a role in that **ADVERSE EMPLOYMENT ACTION**; and

(f) describe all warnings given with respect to the **EMPLOYEE'S** specific job performance.

☐ 201.5 Was any **PERSON** hired to replace the **EMPLOYEE** after the **EMPLOYEE'S TERMINATION** or demotion? If so, state the **PERSON'S** name, job title, qualifications, **ADDRESS** and telephone number, and the date the **PERSON** was hired.

☐ 201.6 Has any **PERSON** performed any of the **EMPLOYEE'S** former job duties after the **EMPLOYEE'S TERMINATION** or demotion? If so:

(a) state the **PERSON'S** name, job title, **ADDRESS,** and telephone number;
(b) identify the duties; and
(c) state the date on which the **PERSON** started to perform the duties.

☐ 201.7 If the **ADVERSE EMPLOYMENT ACTION** involved the failure or refusal to select the **EMPLOYEE** (for example, for hire, promotion, transfer, or training), was any other **PERSON** selected instead? If so, for each **ADVERSE EMPLOYMENT ACTION,** state the name, **ADDRESS**, and telephone number of each **PERSON** selected; the date the **PERSON** was selected; and the reason the **PERSON** was selected instead of the **EMPLOYEE**.

202.0 Discrimination—Interrogatories to Employee

☐ 202.1 Do you contend that any **ADVERSE EMPLOYMENT ACTIONS** against you were discriminatory? If so:

(a) identify each **ADVERSE EMPLOYMENT ACTION** that involved unlawful discrimination;
(b) identify each characteristic (for example, gender, race, age, etc.) on which you base your claim or claims of discrimination;
(c) state all facts upon which you base each claim of discrimination;
(d) state the name, **ADDRESS**, and telephone number of each **PERSON** with knowledge of those facts; and
(e) identify all **DOCUMENTS** evidencing those facts.

☐ 202.2 State all facts upon which you base your contention that you were qualified to perform any job which you contend was denied to you on account of unlawful discrimination.

203.0 Harassment—Interrogatories to Employee

☐ 203.1 Do you contend that you were unlawfully harassed in your employment? If so:

(a) state the name, **ADDRESS,** telephone number, and employment position of each **PERSON** whom you contend harassed you;
(b) for each **PERSON** whom you contend harassed you, describe the harassment;
(c) identify each characteristic (for example, gender, race, age, etc.) on which you base your claim of harassment;
(d) state all facts upon which you base your contention that you were unlawfully harassed;
(e) state the name, **ADDRESS**, and telephone number of each **PERSON** with knowledge of those facts; and
(f) identify all **DOCUMENTS** evidencing those facts.

204.0 Disability Discrimination

☐ 204.1 Name and describe each disability alleged in the **PLEADINGS**.

☐ 204.2 Does the **EMPLOYEE** allege any injury or illness that arose out of or in the course of **EMPLOYMENT**? If so, state:

(a) the nature of such injury or illness;
(b) how such injury or illness occurred;
(c) the date on which such injury or illness occurred;
(d) whether **EMPLOYEE** has filed a workers' compensation claim. If so, state the date and outcome of the claim; and
(e) whether **EMPLOYEE** has filed or applied for disability benefits of any type. If so, state the date, identify the nature of the benefits applied for, and the outcome of any such application.

☐ 204.3 Were there any communications between the **EMPLOYEE** (or the **EMPLOYEE'S HEALTH CARE PROVIDER)** and the **EMPLOYER** about the type or extent of any disability of **EMPLOYEE**? If so:

(a) state the name, **ADDRESS**, and telephone number of each person who made or received the communications;
(b) state the name, **ADDRESS**, and telephone number of each **PERSON** who witnessed the communications;
(c) describe the date and substance of the communications; and
(d) identify each **DOCUMENT** that refers to the communications.

☐ 204.4 Did the **EMPLOYER** have any information about the type, existence, or extent of any disability of **EMPLOYEE** other than from communications with the **EMPLOYEE** or the **EMPLOYEE'S HEALTH CARE PROVIDER**? If so, state the sources and substance of that information and the name, **ADDRESS,** and telephone number of each **PERSON** who provided or received the information.

☐ 204.5 Did the **EMPLOYEE** need any accommodation to perform any function of the **EMPLOYEE'S** job position or need a transfer to another position as an accommodation? If so, describe the accommodations needed.

☐ 204.6 Were there any communications between the **EMPLOYEE** (or the **EMPLOYEE'S HEALTH CARE PROVIDER**) and the **EMPLOYER** about any possible accommodation of **EMPLOYEE**? If so, for each communication:

(a) state the name, **ADDRESS**, and telephone number of each **PERSON** who made or received the communication;

(b) state the name, **ADDRESS**, and telephone number of each **PERSON** who witnessed the communication;

(c) describe the date and substance of the communication; and

(d) identify each **DOCUMENT** that refers to the communication.

☐ 204.7 What did the **EMPLOYER** consider doing to accommodate the **EMPLOYEE**? For each accommodation considered:

(a) describe the accommodation considered;

(b) state whether the accommodation was offered to the **EMPLOYEE**;

(c) state the **EMPLOYEE'S** response; or

(d) if the accommodation was not offered, state all the reasons why this decision was made;

(e) state the name, **ADDRESS**, and telephone number of each **PERSON** who on behalf of **EMPLOYER** made any decision about what accommodations, if any, to make for the **EMPLOYEE**; and

(f) state the name, **ADDRESS**, and telephone number of **each PERSON** who on behalf of the **EMPLOYER** made or received any communications about what accommodations, if any, to make for the **EMPLOYEE**.

205.0 Discharge in Violation of Public Policy

☐ 205.1 Do you contend that the **EMPLOYER** took any **ADVERSE EMPLOYMENT ACTION** against you in violation of public policy? If so:

(a) identify the constitutional provision, statute, regulation, or other source of the public policy that you contend was violated; and

(b) state all facts upon which you base your contention that the **EMPLOYER** violated public policy.

206.0 Defamation

☐ 206.1 Did the **EMPLOYER'S** agents or employees **PUBLISH** any of the allegedly defamatory statements identified in the **PLEADINGS**? If so, for each statement:

(a) identify the PUBLISHED statement;

(b) state the name, ADDRESS, telephone number, and job title of each person who **PUBLISHED** the statement;

(c) state the name, **ADDRESS**, and telephone number of each person to whom the statement was **PUBLISHED**;

(d) state whether, at the time the statement was **PUBLISHED**, the **PERSON** who **PUBLISHED** the statement believed it to be true; and

(e) state all facts upon which the **PERSON** who published the statement based the belief that it was true.

☐ 206.2 State the name and **ADDRESS** of each agent or employee of the **EMPLOYER** who responded to any inquiries regarding the **EMPLOYEE** after the **EMPLOYEE'S TERMINATION**.

☐ 206.3 State the name and **ADDRESS** of the recipient and the substance of each post-**TERMINATION** statement **PUBLISHED** about **EMPLOYEE** by any agent or employee of **EMPLOYER**.

207.0 Internal Complaints

☐ 207.1 Were there any internal written policies or regulations of the **EMPLOYER** that apply to the making of a complaint of the type that is the subject matter of this lawsuit? If so:

(a) state the title and date of each **DOCUMENT** containing the policies or regulations and a general description of the **DOCUMENT'S** contents;

(b) state the manner in which the **DOCUMENT** was communicated to **EMPLOYEES**;

(c) state the manner, if any, in which **EMPLOYEES** acknowledged receipt of the **DOCUMENT** or knowledge of its contents, or both;

(d) state, if you contend that the **EMPLOYEE** failed to use any available internal complaint procedures, all facts that support that contention; and

(e) state, if you contend that the **EMPLOYEE'S** failure to use internal complaint procedures was excused, all facts why the **EMPLOYEE'S** use of the procedures was excused.

☐ 207.2 Did the **EMPLOYEE** complain to the **EMPLOYER** about any of the unlawful conduct alleged in the **PLEADINGS**? If so, for each complaint:

(a) state the date of the complaint;

(b) state the nature of the complaint;

(c) state the name and **ADDRESS** of each **PERSON** to whom the complaint was made;

(d) state the name, **ADDRESS**, telephone number, and job title of each **PERSON** who investigated the complaint;

(e) state the name, **ADDRESS**, telephone number, and job title of each **PERSON** who participated in making decisions about how to conduct the investigation;

(f) state the name, **ADDRESS,** telephone number, and job title of each **PERSON** who was interviewed or who provided an oral or written statement as part of the investigation of the complaint;

(g) state the nature and date of any action taken in response to the complaint;

(h) state whether the **EMPLOYEE** who made the complaint was made aware of the actions taken by the **EMPLOYER** in response to the complaint, and, if so, state how and when;

(i) identify all **DOCUMENTS** relating to the complaint, the investigation, and any action taken in response to the complaint; and

(j) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of the **EMPLOYEE'S** complaint or the **EMPLOYER'S** response to the complaint.

208.0 Governmental Complaints

☐ 208.1 Did the **EMPLOYEE** file a claim, complaint, or charge with any governmental agency that involved any of the material allegations made in the **PLEADINGS**? If so, for each claim, complaint, or charge:

(a) state the date on which it was filed;

(b) state the name and **ADDRESS** of the agency with which it was filed;

(c) state the number assigned to the claim, complaint, or charge by the agency;

(d) state the nature of each claim, complaint, or charge made;

(e) state the date on which the **EMPLOYER** was notified of the claim, complaint, or charge;

(f) state the name, **ADDRESS**, and telephone number of all **PERSONS** within the governmental agency with whom the **EMPLOYER** has had any contact or communication regarding the claim, complaint, or charge;

(g) state whether a right to sue notice was issued and, if so, when; and

(h) state whether any findings or conclusions regarding the complaint or charge have been made, and, if so, the date and description of the agency's findings or conclusions.

☐ 208.2 Did the **EMPLOYER** respond to any claim, complaint, or charge identified in Interrogatory 208.1? If so, for each claim, complaint, or charge:

(a) state the nature and date of any investigation done or any other action taken by the **EMPLOYER** in response to the claim, complaint, or charge:

(b) state the name, **ADDRESS**, telephone number, and job title of each person who investigated the claim, complaint, or charge;

(c) state the name, **ADDRESS**, telephone number, and job title of each **PERSON** who participated in making decisions about how to conduct the investigation; and

(d) state the name, **ADDRESS**, telephone number, and job title of each **PERSON** who was interviewed or who provided an oral or written statement as part of the investigation.

209.0 Other Employment Claims by Employee or Against Employer

☐ 209.1 Except for this action, in the past 10 years has the **EMPLOYEE** filed a civil action against any employer regarding the **EMPLOYEE'S** employment? If so, for each civil action:

(a) state the name, **ADDRESS,** and telephone number of each employer against whom the action was filed;

(b) state the court, names of the parties, and case number of the civil action;

(c) state the name, **ADDRESS**, and telephone number of any attorney representing the **EMPLOYEE**; and

(d) state whether the action has been resolved or is pending.

☐ 209.2 Except for this action, in the past 10 years has any employee filed a civil action against the **EMPLOYER** regarding his or her employment? If so, for each civil action:

(a) state the name, **ADDRESS**, and telephone number of each employee who filed the action;

(b) state the court, names of the parties, and case number of the civil action;

(c) state the name, **ADDRESS**, and telephone number of any attorney representing the **EMPLOYER**; and

(d) state whether the action has been resolved or is pending.

210.0 Loss of Income—Interrogatories to Employee

☐ 210.1 Do you attribute any loss of income, benefits, or earning capacity to any **ADVERSE EMPLOYMENT ACTION?** *(If your answer is "no," do not answer Interrogatories 210.2 through 210.6.)*

☐ 210.2 State the total amount of income, benefits, or earning capacity you have lost to date and how the amount was calculated.

☐ 210.3 Will you lose income, benefits, or earning capacity in the future as a result of any **ADVERSE EMPLOYMENT ACTION**? If so, state the total amount of income, benefits, or earning capacity you expect to lose, and how the amount was calculated.

☐ 210.4 Have you attempted to minimize the amount of your lost income? If so, describe how; if not, explain why not.

☐ 210.5 Have you purchased any benefits to replace any benefits to which you would have been entitled if the **ADVERSE EMPLOYMENT ACTION** had not occurred? If so, state the cost for each benefit purchased.

☐ 210.6 Have you obtained other employment since any **ADVERSE EMPLOYMENT ACTION**? If so, for each new employment:

(a) state when the new employment commenced;
(b) state the hourly rate or monthly salary for the new employment; and
(c) state the benefits available from the new employment.

211.0 Loss of Income—Interrogatories to Employer
[See instruction 2(d).]

☐ 211.1 Identify each type of **BENEFIT** to which the **EMPLOYEE** would have been entitled, from the date of the **ADVERSE EMPLOYMENT ACTION** to the present, if the **ADVERSE EMPLOYMENT ACTION** had not happened and the **EMPLOYEE** had remained in the same job position. For each type of benefit, state the amount the **EMPLOYER** would have paid to provide the benefit for the **EMPLOYEE** during this time period and the value of the **BENEFIT** to the **EMPLOYEE**.

☐ 211.2 Do you contend that the **EMPLOYEE** has not made reasonable efforts to minimize the amount of the **EMPLOYEE'S** lost income? If so:

(a) describe what more **EMPLOYEE** should have done;
(b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts that support your contention; and
(c) identify all **DOCUMENTS** that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

☐ 211.3 Do you contend that any of the lost income claimed by the **EMPLOYEE**, as disclosed in discovery thus far in this case, is unreasonable or was not caused by the **ADVERSE EMPLOYMENT ACTION**? If so:

(a) state the amount of claimed lost income that you dispute;
(b) state all facts upon which you base your contention;
(c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
(d) identify all **DOCUMENTS** that support your contention and state the name, **ADDRESS**, and telephone number of the PERSON who has each **DOCUMENT**.

212.0 Physical, Mental, or Emotional Injuries—Interrogatories to Employee

☐ 212.1 Do you attribute any physical, mental, or emotional injuries to the **ADVERSE EMPLOYMENT ACTION**? *(If your answer is "no," do not answer Interrogatories 212.2 through 212.7.)*

☐ 212.2 Identify each physical, mental, or emotional injury that you attribute to the **ADVERSE EMPLOYMENT ACTION** and the area of your body affected.

☐ 212.3 Do you still have any complaints of physical, mental, or emotional injuries that you attribute to the **ADVERSE EMPLOYMENT ACTION**? If so, for each complaint state:

(a) a description of the injury;
(b) whether the complaint is subsiding, remaining the same, or becoming worse; and
(c) the frequency and duration.

☐ 212.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure section 2034) or treatment from a **HEALTH CARE PROVIDER** for any injury you attribute to the **ADVERSE EMPLOYMENT ACTION**? If so, for each **HEALTH CARE PROVIDER** state:

(a) the name, **ADDRESS,** and telephone number;
(b) the type of consultation, examination, or treatment provided;
(c) the dates you received consultation, examination, or treatment; and
(d) the charges to date.

☐ 212.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the **ADVERSE EMPLOYMENT ACTION**? If so, for each medication state:

(a) the name of the medication;
(b) the name, **ADDRESS** and telephone number of the **PERSON** who prescribed or furnished it;
(c) the date prescribed or furnished;
(d) the dates you began and stopped taking it; and
(e) the cost to date.

☐ 212.6 Are there any other medical services not previously listed in response to interrogatory 212.4 (for example, ambulance, nursing, prosthetics) that you received for injuries attributed to the **ADVERSE EMPLOYMENT ACTION**? If so, for each service state:

(a) the nature;
(b) the date;
(c) the cost; and
(d) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER**.

☐ 212.7 Has any **HEALTH CARE PROVIDER** advised that you may require future or additional treatment for any injuries that you attribute to the **ADVERSE EMPLOYMENT ACTION**? If so, for each injury state:

(a) the name and **ADDRESS** of each **HEALTH CARE PROVIDER**;

(b) the complaints for which the treatment was advised; and

(c) the nature, duration, and estimated cost of the treatment.

213.0 Other Damages—Interrogatories to Employee

☐ 213.1 Are there any other damages that you attribute to the **ADVERSE EMPLOYMENT ACTION**? If so, for each item of damage state:

(a) the nature;

(b) the date it occurred;

(c) the amount; and

(d) the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of the nature or amount of the damage.

☐ 213.2 Do any **DOCUMENTS** support the existence or amount of any item of damages claimed in Interrogatory 213.1 ? If so, identify the **DOCUMENTS** and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

214.0 Insurance

☐ 214.1 At the time of the **ADVERSE EMPLOYMENT ACTION**, was there in effect any policy of insurance through which you were or might be insured in any manner for the damages, claims, or actions that have arisen out of the **ADVERSE EMPLOYMENT ACTION**? If so, for each policy state:

(a) the kind of coverage;

(b) the name and **ADDRESS** of the insurance company;

(c) the name, **ADDRESS**, and telephone number of each named insured;

(d) the policy number;

(e) the limits of coverage for each type of coverage contained in the policy;

(f) whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and

(g) the name, **ADDRESS**, and telephone number of the custodian of the policy.

☐ 214.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the **ADVERSE EMPLOYMENT ACTION**? If so, specify the statute.

215.0 Investigation

☐ 215.1 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** interviewed any individual concerning the **ADVERSE EMPLOYMENT ACTION**? If so, for each individual state:

(a) the name, **ADDRESS**, and telephone number of the individual interviewed;

(b) the date of the interview; and

(c) the name, **ADDRESS,** and telephone number of the **PERSON** who conducted the interview.

☐ 215.2 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** obtained a written or recorded statement from any individual concerning the **ADVERSE EMPLOYMENT ACTION?** If so, for each statement state:

(a) the name, **ADDRESS**, and telephone number of the individual from whom the statement was obtained;

(b) the name, **ADDRESS**, and telephone number of the individual who obtained the statement;

(c) the date the statement was obtained; and

(d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original statement or a copy.

216.0 Denials and Special or Affirmative Defenses

☐ 216.1 Identify each denial of a material allegation and each special or affirmative defense in your **PLEADINGS** and for each:

(a) state all facts upon which you base the denial or special or affirmative defense;

(b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts; and

(c) identify all **DOCUMENTS** and all other tangible things, that support your denial or special or affirmative defense, and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

217.0 Response to Request for Admissions

☐ 217.1 Is your response to each request for admission served with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission:

(a) state the number of the request;

(b) state all facts upon which you base your response;

(c) state the names, **ADDRESSES,** and telephone numbers of all **PERSONS** who have knowledge of those facts; and

(d) identify all **DOCUMENTS** and other tangible things that support your response and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

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