

**DEFENDANT'S NOTICE OF SERVICE**  
**OF CONSORTIUM INTERROGATORIES TO THE PLAINTIFF**

COMES NOW the Defendant, by and through her undersigned attorneys, and hereby requests the Plaintiff, to answer the attached Consortium Interrogatories consisting of eleven (11) Interrogatories under oath, in writing, and within the time allowed by the Florida Rules of Civil Procedure.

**DEFENDANT'S CONSORTIUM INTERROGATORIES TO**  
**PLAINTIFF**

1. State your name, all addresses where you have resided for the past seven (7) years (include dates for each), your date of birth and social security number.

2. State the name and last known address of each of your employers for the past seven (7) years and, as to each, your job title, job description, highest rate of pay and reason for leaving.

3. Have you ever been convicted of a crime and, if so, as to each, state the date of conviction, place of conviction, nature of conviction, disposition of the matter and case number.

4. With regard to your claim for damages in this case, state with specificity, what injuries, damages or losses you have sustained as a result of the incident.

5. During the past five (5) years, have you or your spouse had assistance from any person in connection with the maintenance of your home or family and, if so, state the name, last known address, age and relationship to you or your spouse of any such persons, a description of the assistance rendered, the dates and hours during which the assistance was rendered, the amount of money paid for such assistance and, whether or not such assistance was related to the incident and, if so, why.

6. Describe in detail your leisure activities during the twelve (12) month period prior to the incident and compare them with your leisure activities since the accident.

7. If you claim that the alleged injuries suffered by your spouse as a result of the incident terminated or limited your sexual activities with your spouse, state in what manner these injuries to your spouse terminated or limited such relations by giving a comparison of your sexual activities for the period of time one (1) year prior to the incident and your sexual activities as of the date of the incident through the present, and state how the injuries suffered by your spouse as a result of the incident has contributed to or caused these changes in your sexual activities.

8. Describe in detail any marital difficulties you and your spouse have had (including all dates and how addressed and resolved) which you claim are related to the incident and describe in what manner they are related to the incident or were caused by the incident.

9. As a result of the incident, have you and your spouse consulted any marriage counselor or any other person performing a similar function and, if so, state the dates of all visits, name and last known address of each such person seen.

10. Did you consume any alcoholic beverages or take any drugs or medications within twenty-four (24) hours prior to the incident described in the Complaint and, if so, specify the precise nature of what was ingested, the amount, date, time and reason.

11. State whether you witnessed the incident upon which you spouse's claim is based and, if so, set forth what you saw, identify who or what entities caused or contributed to the incident, identify all witnesses, describe what took place at the scene immediately following the incident.

**JURAT PAGE**

I hereby swear or affirm that I have read the foregoing Answers to Interrogatories and that said Answers are true and correct and to the best of my knowledge and belief this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

STATE OF FLORIDA        )  
  )        SS:  
COUNTY OF \_\_\_\_\_ )

Before me, the undersigned authority personally appeared \_\_\_\_\_ who is personally known to me or has produced the following identification \_\_\_\_\_ and who has signed the foregoing Answers to Interrogatories swearing or affirming that said answers are true and correct to the best of her knowledge and belief.

\_\_\_\_\_  
Name:  
Notary Public, State of Florida  
Commission No:  
My Commission Expires: