

**DEFENDANT’S NOTICE OF SERVICE**  
**OF UPDATED INTERROGATORIES TO THE PLAINTIFF**

COMES NOW the Defendant, \_\_\_\_\_ (hereinafter “Defendant”),  
by and through her undersigned attorneys, and hereby requests the Plaintiff,  
\_\_\_\_\_ (hereinafter “Plaintiff”), to answer the attached Updated  
Interrogatories consisting of ten (10) Interrogatories under oath, in writing, and within the time  
allowed by the Florida Rules of Civil Procedure.

**DEFENDANT'S UPDATED INTERROGATORIES TO PLAINTIFF**

1. What is your name, address, and, if you are answering for someone else, your official position?

2. State the name, residence address and telephone number, business address and telephone number of each person whose names have not been previously disclosed, believed or known by you, your agents or attorneys to have any knowledge concerning any of the issues raised by the pleadings and specify the subject matter about which the witness has knowledge.

3. State the name of each physician and/or medical facility, together with their business addresses and telephone numbers, which have rendered treatment to you since the date you last answered interrogatories in this cause. Specify the date of the treatment(s) together with the nature of the treatment and for which injury you claim the treatment was rendered.

Case Number:

4. List each item of expense that you claim to have incurred as a result of the injuries sued on which have not previously been disclosed in answers to interrogatories. Give for each item the date incurred, to whom owed or paid by, name, telephone number and address, and the goods or services for which each was incurred.

5. If you contend to have lost compensation or earning capacity as a result of the injuries for which you claim damage, state the amount lost in the past and expected to be lost in the future, together with the method employed by you in calculating the amount.

6. Have any benefits been paid or are any payable for the damages you claim to have incurred as a result of the injuries you sustained in the accident? If so, state the name, telephone number and address of the entity paying the benefits, the reasons for the payments, and if the payments were by an insurance company, its policy and claim numbers.

7. Do you intend to call any non-medical expert witnesses at the trial of this cause? If so, identify each witness not previously disclosed. For each of these witnesses, or any expert witness who has altered or changed his previously disclosed opinions, describe his qualifications as an expert; state the subject matter upon which he will be expected to testify; state the substance of the facts and opinions to which he is expected to testify; and give a summary of the grounds for each opinion.

8. Do you have any appointments in the future to receive treatment or be examined for any injuries you claim resulted from the subject accident? If so, state the names and addresses of each person or facility with whom you have such an appointment, together with the date of the appointment.

9. Please state the full names, addresses and telephone numbers of all healthcare providers that the Plaintiff treated with to date as a result of the subject accident; and specify the **total and outstanding** amount of medical bills incurred by the Plaintiff with each healthcare provider.

Case Number:

10. Please state the full names, addresses and telephone numbers of all healthcare providers that the Plaintiff has treated with to date since our accident, **but not as a result of our accident**; and specify the **total and outstanding** amount of medical bills incurred by the Plaintiff with each healthcare provider.

**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\_\_.

\_\_\_\_\_  
PLAINTIFF NAME

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

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 his/her knowledge and belief.

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