

CIVIL LITIGATION

**Timothy R. Miley
and
Jeffrey A. Taylor**

FORMS FOR PERSONAL INJURY CASE – PLAINTIFF

1. Client Information Sheet for Accidents
2. Contingent Fee Contract
3. File Insert
4. Medical Authorization and Request for Confidential Treatment of Information.
5. Authorization to Release Employment Information
6. Case Inventory
7. Negotiations Sheet
8. Letter of Representation
9. Bill Request
10. Doctor's Records Request
11. Hospital Records Request
12. Wage Information Request
13. Accident Report Request
14. Letter of Protection
15. Medicare Subrogation Request
16. Medical Payments Information Request
17. Insurance Waiver of Subrogation Rights Request
18. Workers' Compensation Subrogation Worksheet

19. Complaint – Car Wreck Case
20. Interrogatories to Defendant – Car Wreck Case
21. Demand Letter

CLIENT INFORMATION SHEET FOR ACCIDENTS

FORM PREPARED BY: _____ ATTORNEY: _____

DATE: _____ TYPE OF CASE: _____

DOI: _____ S/L: _____

CLIENT: _____ AGE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO.: ____-____-____

MARITAL STATUS: _____ SPOUSE'S NAME _____

CLIENT'S ADDRESS: _____

TELEPHONE (HOME): _____ (WORK): _____

EMPLOYER: _____

POSITION: _____

ARE LOST WAGES A PART OF THIS CLAIM: _____

IF SO, WHO SHOULD BE CONTRACTED FOR VERIFICATION: _____

PUBLIC ASSISTANCE: SSI: _____ WELFARE: _____ MEDICARE: _____

OTHER: _____

CLIENT AUTO INSURANCE COMPANY: _____

AGENT'S NAME: _____

DO YOU HAVE UNINSURED COVERAGE: _____ UNDERINSURED: _____

ANY OTHER ATTORNEYS CONSULTATED: _____

HOW WAS THIS FIRM SELECTED: _____

LOCATION OF ACCIDENT (CITY, COUNTY, & STATE): _____

NAME OF DEFENDANT (1): _____

ADDRESS: _____

INSURANCE COMPANY: _____

ADJUSTER: _____

NAME OF DEFENDANT (2): _____

INSURANCE COMPANY: _____

ADJUSTER: _____

DESCRIPTION OF ACCIDENT: _____

POLICE ON SCENE: _____

WITNESS (1): NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: (HOME): _____ (WORK): _____

WITNESS (2): NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: (HOME): _____ (WORK): _____

WITNESS (3): NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: (HOME): _____ (WORK): _____

WITNESS (4): NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: (HOME): _____ (WORK): _____

AMBULANCE COMPANY: _____

EMERGENCY ROOM: _____

HOSPITALIZATIONS: _____

TREATING DOCTORS: _____

DESCRIPTION OF INJURIES FROM THIS ACCIDENT: _____

ANY PRE-EXISTING CONDITIONS THAT COULD AFFECT THIS CASE:

NOTES: _____

THIS CONTRACT, made and entered into this ____ day of _____, 20__, by and between _____, whether singular or plural, hereinafter referred to as Client, and Jeffrey A. Taylor, hereinafter referred to as Attorney, to pursue a cause of action for damages and/or injuries against such persons, firms and corporations and otherwise as Attorney deems appropriate for an incident which occurred on the ____ day of _____, 20__, in which _____.

NOW, THEREFORE, THE PARTIES HERETO AGREE AS FOLLOWS:

1. Attorney's fee for legal services rendered in connection with this matter is contingent upon recovering money or other things of value in the claim either by way of compromise, settlement, suit, trial, mediation, arbitration, or otherwise. The client agrees to pay, out of any value recovered, according to the following:

_____ %	if settled without suit;
_____ %	if settled after filing suit but without full preparation for trial;
_____ %	if full preparation for trial is made and/or the case is tried.

2. Attorney shall have a lien upon all monies and things of value recovered in said claim as aforesaid.

3. In addition to the fee set forth above, which is contingent upon recovering money, client is responsible for the payment of all expenses and costs incurred in and about the institution and prosecution of said suit or claim whether or not there is any recovery of monies or things of value. Client authorized Attorney to advance costs and expenses, and client further agrees to promptly repay them upon request.

4. Client understands that if at any time Attorney determines that the prosecution of said claim or suit shall not, in his sole discretion, be feasible, Attorney is then entitled to withdraw from representation of Client.

5. It is further agreed and understood that, in the event Attorney negotiated and recommends acceptance of what he believes, in his sole discretion, to be a fair and equitable settlement offer, and if Client refuses to accept said settlement offer, Attorney shall have the right to withdraw from representation of Client and to take necessary action to protect Client's interests in accordance with the Code of Professional Responsibility. If Attorney exercises his right to withdraw from further representation of Client under these circumstances, Attorney shall have a lien on any settlement for the fee and expense to which Attorney would have been entitled had Client accepted the recommended settlement offer.

6. In the event Client terminates the Attorney/Client relationship, Client shall promptly remit payment to Attorney for all costs and expenses advanced by Attorney, and Attorney shall have a lien upon any settlement for *quantum meruit* value of services rendered.

WITNESS the following signatures and seals:

Jeffrey A. Taylor, Esquire
Damron & Taylor, PLLC
401 Tenth Street, Suite 310
P.O. Box 1822
Huntington, WV 25719
(304) 522-7110

D/L: _____ S/L: _____ TYPE: _____ File: _____

Client. _____

SS#	DOR	Spouse
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Plain. Ins. Company/Adjuster/Phone & File No.:

Defend. Ins. Company/Adjuster/Phone & File No.:

Employer & Lost Wages:

Location of Accident _____ PR on File: _____

<u>Subrogated Parties</u>	<u>Date Put On Notice</u>	<u>Admow.</u>
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<u>Specials:</u>	<u>Charges</u>	<u>Prot. Let.</u>	<u>\$ Pd. by Ins</u>
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Costs Incurred:

Sett. Demand: _____

Sett. Officer: _____

[illegible][illegible]

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

TO:

You are hereby authorized and directed to permit the examination of, and the copying or reproduction in any manner, whether photographic, or otherwise, by my attorney, JEFFREY A. TAYLOR, or such other person as he may authorize, all or any portions desired by him of the following:

A. Hospital Records (including those related to psychiatric care and/or substance abuse), X-ray readings and reports, laboratory records and reports, all test of any type, character and reports thereof, statement of charges, and any and all records pertaining to hospitalization, history, condition, treatment, diagnosis, prognosis, etiology, or expenses;

B. Medical Records (including those related to psychiatric care and/or substance abuse), including patient's record cards, X-ray readings and reports, laboratory records and reports, all test of any type, character and reports thereof, statement of charges, and any and all records pertaining to medical care, history, condition, treatment, diagnosis, prognosis, etiology, or expense;

You are further authorized and directed to furnish oral and written reports, including medical bills, to my attorney, or his delegate, as requested by him on any of the foregoing matters.

By reason of the fact that such information that you have acquired as my physician or surgeon is confidential to me, you are requested not to furnish any of such information in any form to anyone, without written authorization from me or my attorney.

I also authorize my attorney or his delegate to photograph my person while I am present in any hospital or other medical treatment facility.

Date: _____

Patient: _____

SSN: _____

DOB: _____

**AUTHORIZATION FOR RELEASE
OF CONFIDENTIAL INFORMATION
RELATING TO EMPLOYMENT**

To:

You are hereby authorized and directed to permit the examination of, and the copying or reproduction in any manner, whether photographic, or otherwise, by my attorney, **Jeffrey A. Taylor**, or such other person as he may authorize, all or any portions desired by him of the following:

- A. Any and all records relating to my employment, including my complete personnel file;
- B. A statement of my dates of absences and wage information;
- C. And any such information in your possession relating to my employment.

By reason of the fact that such information that you have acquired is confidential to me, you are requested not to furnish any such information in any form to anyone, without written authorization from me or my attorney.

Date: _____

Employee: _____

SSN: _____

DOB: _____

CASE INVENTORY

Client: _____

Case No.: _____

Type of Case: _____

DOI: _____

S/L: _____

SOURCE OF CASE:

TV _____
Client: _____
Other: _____

ATTORNEY: _____

Fact Situation: _____

Special Concerns:

- * When file is opened, fill out above information, place one copy in file and give one copy to managing attorney to be kept in case inventory.
- * When File is closed = Add any special information regarding case, such as companion cases, structured settlement info, etc., to copy in file.

NEGOTIATIONS

CASE NO. _____

CLIENT: _____

OFFERS

DATE

DEMAND

DATE

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CLIENT CONCERNS:

SPECIAL INFORMATION:

LETTER OF REPRESENTATION

Bart Simpson
Claim Representative
Dairyland Insurance Company
P.O. Box 35728
Richmond, VA 23235

RE: Your Claim No.: 45683-88
Your Insured: Smith
My Client: Doe
Date of Loss: May 15, 2000

Dear Mr. Doe:

I have been retained to represent John Doe in a claim for damages arising from injuries he sustained in an accident involving your insured on May 15, 2000. The purpose of this letter is to advise you of my representation of Mr. Doe and ask that you forward all correspondence to me.

Very truly yours,

JEFFREY A. TAYLOR

JAT:kdm

BILL REQUEST

July 1, 2000

Billing Information

Facility Name

Street

City

RE: Name

DOB:

SSN:

DOI:

Date of Service:

Dear Sir or Madam:

I have been retained to represent (Client's Name) in a claim for damages arising from injuries sustained in an incident which occurred on (Date of Service).

In order to properly represent Mr. Client I would request that you forward to me the following:

1. A copy of an itemized statement for the services provided from Date of Service.

Please find enclosed a copy of an authorization which has been executed by my client for the release of this information.

Very truly yours,

JEFFREY A. TAYLOR

JAT:kdm

DOCTOR'S RECORDS

July 1, 2000

Medical Records

Doctor Name

Address

City

RE: Name

SSN:

DOB:

DOA:

Dates of Service:

Dear Dr :

This office represents the above-named client.

In order to properly handle this matter, we are requesting copies of your medical notes and other pertinent medical information regarding the above-named client. Enclosed is a medical authorization executed by our client authorizing you to release this information to us.

If there is a charge for this information, please send your bill with the information and you will be promptly paid.

Very truly yours,

JEFFREY A. TAYLOR

JAT:kdm

Enclosure

HOSPITAL RECORDS

July 15, 2000

Medical Records
Name of Hospital
Address
City

RE: Name
SSN:
DOB:
DOA:
Dates of Service:

Dear Sir or Madam:

My office represents the above-named client for injuries sustained on the above date.

Please forward to me the items listed below:

1. A complete set of records available pertaining to the referenced dates of service.

Enclosed please find a medical authorization executed by our client for the release of this information. Thank you for your cooperation in this matter.

Very truly yours,

JEFFREY A. TAYLOR

JAT:kdm

Enclosure

WAGE REQUEST

July 15, 2000

Employer
Street
City

RE: Name
DOI:
SSN:
DOB:

Dear Sir or Madam:

Please be advised that I have been retained with respect to your above-named employee's claim for personal injuries sustained in an accident which occurred on the above date.

Would you be so kind as to furnish me with a written statement as to the amount of time your employee was absent from employment following said accident, together with a statement of your employee's rate of pay between the date of his injury and the time he returned to work.

If your employee was not paid during this absence or if payments were made and charged against sick leave, pension, vacation or other similar plans, please advise.

If your employee was paid during this absence and such payments were not charged against sick leave, pension, vacation or other similar plans, your reply should be limited solely to the amount of time he/she was absent from employment and his/her rate of pay.

If you should have any questions, please do not hesitate to contact me.

July 15, 2000
Page 2

Very truly yours,

JEFFREY A. TAYLOR

JAT:kdm

ACCIDENT REPORT

July 15, 2000

West Virginia Department of Public Safety
725 Jefferson Road
South Charleston, WV 25309

RE: Accident Report

Dear Sir or Madam:

Enclosed please find our check in the amount of Ten Dollars(\$10.00) for the accident report on the following accident:

Date of Accident:	DATE OF ACCIDENT
Location:	LOCATION
County:	COUNTY
Parties Involved:	INVOLVED PARTIES

Thank you for your cooperation in this request.

Very truly yours,

JEFFREY A. TAYLOR

JAT:kdm

Enclosure

LETTER OF PROTECTION

July 15, 2000

Hospital
Street Address
City

RE: Name
SSN:
DOB:
DOI:

Dear Sir or Madam:

This firm represents John Doe in a claim for damages arising from injuries he sustained on May 31, 2000. The purpose of this letter is to request that you withhold any attempts at collection pending resolution of the claim that we are handling for Mr. Doe, at which time we will protect your account to the extent that we are able.

Please address any further correspondence to me.

Very truly yours,

JEFFREY A. TAYLOR

JAT:kdm

cc: John Doe

MEDICARE SUBROGATION

July 15, 2000

Darrell Peters
Subrogation Unit
Department of Health & Human Resources
Office of Medical Services
Third Party Liability
P.O. Box 3762
Charleston, WV 25337-3762

RE: John Doe
SSN: 999-99-9999

Dear Mr. Peters:

I represent John Doe in a claim resulting from injuries he sustained in an automobile accident on May 31, 2000. The purpose of this letter is to determine the total amount of medical bills which have been paid to date and the amount which needs to be reimbursed from settlement proceeds.

I look forward to hearing back from you at your earliest convenience.

Very truly yours,

JEFFREY A. TAYLOR

JAT:kdm

MED PAYMENTS

July 15, 2000

Allstate Insurance Company
P.O. Box 9999
Charleston, WV 25301

RE: Your Policyholder: John Doe
Policy No.: 9999999
My Client: John Doe
Date of Loss: May 31, 2000

Dear Sir or Madam:

Could you please send me a printout showing the total medical bills paid by the med pay coverage available on the referenced policy.

Very truly yours,

JEFFREY A. TAYLOR

JAT:kdm

INSURANCE WAIVER OF SUBROGATION RIGHTS

July 15, 2000

Insurance Company
Address
City

RE: Your Insured: John Doe
Policy No.: 1234567
Date of Loss: May 31, 2000

Gentlemen:

I represent John Doe in a claim for damages arising from injuries sustained in a motor vehicle accident that occurred on May 31, 2000. In that accident, your insured, John Doe, was run off the road by another driver. According to the police report, the other driver told the investigating officer that he fell asleep while driving.

The automobile being operated by the other driver at the time of the accident was insured by Dairyland Insurance Company with a policy including limits of liability of \$20,000.00. I have negotiated a tentative settlement with Dairyland by which the \$20,000.00 limits have been offered. Mr. Doe has underinsured coverage on the referenced insurance policy issued by Smith Insurance Company in the amount of \$100,000.00. My purpose in writing you at this time is to request that you waive your right of subrogation as to the tort-feasor and allow us to settle with Dairyland. It is my intent to pursue an underinsured claim on behalf of Mr. Doe.

I am enclosing relative to this claim copies of the following medical records and bills:

July 15, 2000
Page 2

Thank you for your assistance and please let me know if anything further is required from me.

Very truly yours,

JEFFREY A. TAYLOR

JAT:kdm

Enclosure

**STATE OF WEST VIRGINIA
LEGAL SERVICES DIVISION LITIGATION UNIT
WORKERS' COMPENSATION SUBROGATION WORK SHEET**

PURSUANT TO WEST VIRGINIA CODE § 23-2A-1, THE WORKERS' COMPENSATION DIVISION ASSERTS A RIGHT OF SUBROGATION AGAINST ANY AND ALL RECOVERIES OBTAINED BY A WORKERS' COMPENSATION CLAIMANT AGAINST A THIRD PARTY TO THE OCCUPATIONAL INJURY OR DISEASE WHICH GAVE RISE TO THE WORKERS' COMPENSATION CLAIM. THE RIGHT OF SUBROGATION EXTENDS "TO MEDICAL BENEFITS PAID AS OF THE DATE OF THE RECOVERY" AND IS LIMITED TO 50 PERCENT OF THE TOTAL RECOVERY. IN ORDER TO FULFILL THE COMMISSIONER'S AND THE WORKERS' COMPENSATION DIVISION'S FIDUCIARY DUTIES TO THE FUND, THE FOLLOWING INFORMATION MUST BE PROVIDED TO THE DIVISION BEFORE ANY SUBROGATION LIEN WILL BE RELEASED.

1. CLAIMANT'S NAME: _____
2. CLAIM NUMBER: _____
3. STYLE OF CASE, DOCKET NUMBER AND COURT, IF ANY, WHERE RECOVERY OBTAINED: _____
4. NAME OF THIRD PARTY FROM WHOM RECOVERY WAS OBTAINED: _____
5. FULL AMOUNT OF RECOVERY OBTAINED: \$ _____
6. DATE OF RECOVERY: _____
7. ATTORNEY FEE PERCENTAGE TO BE APPLIED TO RECOVERY: _____ %
8. TOTAL ATTORNEY FEES WITHHELD FROM RECOVERY: \$ _____
9. TOTAL LITIGATION COSTS AND EXPENSES WITHHELD FROM RECOVERY: \$ _____
10. AMOUNT OF MEDICAL EXPENSES TO BE REIMBURSED TO THE DIVISION: \$ _____

**PLEASE ATTACH AN ITEMIZATION OF ALL EXPENSES CLAIMED FOR
REIMBURSEMENT.**

PURSUANT TO WEST VIRGINIA CODE § 23-1-16(b), I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE AND ATTACHED HERETO IS CORRECT.

DATE: _____

NAME: _____
(SIGNATURE)

PRINTED NAME _____

PLEASE COMPLETE AND RETURN TO: ATTN: SUBROGATION SECTION. LEGAL SERVICES DIVISION LITIGATION UNIT, ONE PLAYERS CLUB DRIVE, CHARLESTON, WEST VIRGINIA 25311.

IN THE CIRCUIT COURT OF CABELL COUNTY, WEST VIRGINIA

JOHN DOE,

Plaintiff,

v.

CIVIL ACTION NO.: _____

JANE SMITH,

Defendant.

COMPLAINT

1. On May 31, 2000, plaintiff, John Doe, was operating his vehicle in an easterly direction on Route 6 near Smithtown in Cabell County, West Virginia. At the same time that plaintiff, John Doe, was operating his automobile, as aforesaid, the defendant, Jane Smith, was operating her automobile in a westerly direction on Route 6 near Smithtown in Cabell County, West Virginia.

2. The defendant, Jane Smith, negligently caused or allowed the automobile which she was operating to travel left of center and thus to collide with the automobile being operated by the plaintiff, John Doe.

3. As a direct and proximate result of the negligence of the defendant, as aforesaid, plaintiff, John Doe, suffered numerous disabling injuries, and was otherwise permanently injured. He has suffered great

pain of body and mind and mental anguish and distress. He has required up to the present time and will in the future and for the remainder of his life continue to require and will incur expenses for hospitalization, therapy treatments, medication and travel expenses to and from doctors' offices and hospitals. He is permanently injured and handicapped by reason of the injuries which were negligently inflicted upon him and he has been to the present time and will be in the future and for the remainder of his life disabled from performing his usual and normal vocations and avocations, and he has been otherwise injured and damaged.

WHEREFORE, plaintiff, John Doe, demands judgment against the defendant, Jane Smith, in an amount adequate to compensate him for his injuries and damages, plus all interest allowed by law and his costs of action.

Plaintiff demands a trial by jury.

JEFFREY A. TAYLOR
Damron & Taylor, PLLC
P.O. Box 1822
Huntington, WV 25719

IN THE CIRCUIT COURT OF CABELL COUNTY, WEST VIRGINIA

JOHN DOE

Plaintiff,

Vs.

Civil Action No. 00-C-1234
Judge David Pancake

JANE SMITH,

Defendant.

**COMBINED INTERROGATORIES
AND REQUESTS FOR PRODUCTION OF DOCUMENTS
OF PLAINTIFFS TO DEFENDANT**

Pursuant to the provisions of Rule 33 West Virginia Rules of Civil Procedure, plaintiff, John Doe, by counsel hereby requests that the defendant answer in writing and under oath the following Interrogatories and that service of the answers be made upon the undersigned counsel for the plaintiffs within thirty (30) days after service of these Interrogatories upon defendant.

INTRODUCTION

In answering these Interrogatories, defendant must furnish all requested information not subject to a valid objection, which is known by, possessed by, or available to defendant or any of defendant's attorneys, consultants, representatives, or other agents. If defendant is unable to answer fully any of these Interrogatories, defendant must answer them to the fullest extent possible, specifying the reason or reasons for defendant's inability to answer the remainder, and stating whatever information, knowledge, or belief defendant has concerning the unanswerable portion. An evasive or incomplete answer is deemed to be failure to answer under Rule 37 West Virginia Rules of Civil Procedure, and may render defendant or defendant's attorney or both liable for the expenses of a motion pursuant to that Rule.

Each lettered or other sub-part of a numbered Interrogatory is to be considered a separate Interrogatory for the purposes of any objection. The defendant must object separately to each sub-part, and if the defendant objects to less than all of the sub-parts of a numbered Interrogatory, then the defendant must answer the remaining sub-parts. In addition, if defendant objects to an Interrogatory or a sub-part thereof as calling for information which is beyond the scope of discovery (e.g. "not reasonably calculated to lead to the discovery of admissible evidence", "work product", "unduly burdensome", etc.), defendant must, nevertheless, answer the Interrogatory or subpart thereof to the extent that it is not objectionable.

The defendant must supplement defendant's responses to these Interrogatories if necessary prior to trial. In addition, without being requested to do so by the plaintiffs, the defendant must also amend any answer when it is discovered to have been incorrect when made or when it is discovered to be no longer true and circumstances are such that a failure to supplement it is substance and knowing concealment.

Plaintiffs acknowledge their obligation to pay the reasonable costs of reproduction of any documents requested in these Interrogatories. Upon presentment of an invoice in a reasonable amount, payment for such reproduction will be tendered.

DEFINITIONS

A. The term "document" refers to any paper, book, record, letter, correspondence, memorandum, telephone memorandum or note, contract, agreement, invoice, receipt, cancelled check, drawing, sketch, or other similar materials that may contain any verbal, graphic or pictorial information.

B. The term "oral" when used in conjunction with the term connecting information refers to any spoken expression, exchange or transmission of thoughts, messages, information, or the like at any time or place, and under any circumstances whatsoever.

C. The term “person” refers to any individual person, whether living or deceased, partnership, firm, corporation, association, joint venture, or other entity.

D. The phrase “what are the names, numbers or other identifying mark”, the phrase “identify with reasonable particularity”, or other similar phrases when used in conjunction with documents or other physical items requires the answering party to furnish sufficient information to form the basis of a request for production or inspection under Rule 34 West Virginia Rules of Civil Procedure, or a subpoena duces tecum.

E. In construing or interpreting these Interrogatories, all words in the plural may be read in singular, and vice versa, whichever reading results in the provision of the larger amount of information or documents being the correct reading.

F. In construing or interpreting these Interrogatories, all words of a conjunctive meaning (e.g., “and”), may be read in the disjunctive meaning (e.g., “or”) and vice versa, or both, whichever reading results in the provision of the larger amount of information or documents being the correct reading.

G. Unless otherwise stated, the terms “the accident” or “the collision” or “the incident” when used in these interrogatories refer to the incident that occurred on Interstate 64, West Bound Lane, in Huntington, Cabell County, West Virginia, on May 1, 2000, in which a collision occurred between plaintiff, John Doe, and defendant, Jane Smith.

INTERROGATORIES

1. Please state your full and complete name, age and current address.

ANSWER:

2. On May 1, 2000, were you operating a vehicle on Interstate 64 in or near Huntington, Cabell County, West Virginia, when a collision occurred between you and John Doe?

ANSWER:

3. On May 1, 2000 at the time of the collision:

- a. From what location had you departed prior to the collision and at what time did you leave?
- b. What was your destination?
- c. What was the purpose of your trip?

ANSWER:

4. Was an investigation made by you or on your behalf, in the regular course of business concerning matters relating to the occurrences complained of in this action? If so, for each such investigation, state:

- a. The date and place it was made;
- b. The description of each matter investigated;
- c. the reason it was made;
- d. the name, address, capacity and qualifications of each person who made it;
- e. the name and address of each person who requested it; and,
- f. whether a record or report was made of it, and, if so, the name and address of the person who has custody of it and attach a copy of each investigation record for your answers to these interrogatories.

ANSWER:

5. Please provide the names, addresses and telephone numbers of each individual who has any knowledge regarding the circumstances complained of in the Complaint

whose identities have not been provided in answer to the foregoing Interrogatories, and provide the specific facts of which each such individual has knowledge.

ANSWER:

6. Please provide the names, addresses, telephone numbers, titles and capacities of each person you intend to call as a witness at the trial of this case.

ANSWER:

7. List each exhibit you intend to present as evidence at the trial of this case and attach copies of each such exhibit to your response.

ANSWER:

8. Were any pictures, videotapes or audiotapes taken pertaining to an investigation of the facts and circumstances giving rise to this lawsuit?

ANSWER:

9. If your answer to the previous interrogatory was in the affirmative, please state:

- a. the date and place it was made or taken;
- b. the name and address of the person who made it or took it;
- c. the reason it was made or taken; and,
- d. the name and address of each person who has custody of it.

ANSWER:

10. Please attach to your response a copy at plaintiffs' expense of each picture, videotape or audiotape referred to in the previous two (2) Interrogatories.

ANSWER:

11. State the name, address, title and specialty of any expert witness, or any witness who will be called upon to render any opinion evidence at trial.

ANSWER:

12. With regard to experts which defendant proposes to call as witnesses in this case, please state the following as it pertains to each individual expert:

- a. state the subject matter on which each such expert is expected to testify;
- b. state the substance of the facts and opinions to which each such expert is expected to testify;
- c. provide a summary of the ground for each opinion rendered by each such expert; and,
- d. if any written or recorded report was made by any such expert please state the date of said report, and the name and address of its author and attach a copy to your answer.

ANSWER:

13. State the name of your automobile liability insurance carrier at the time of the events complained of in the Complaint, the policy coverage period and the per person/per accident limits of liability coverage.

ANSWER:

14. Are you aware of any other insurance or indemnity agreement, including, but not limited to excess or umbrella coverage, that may provide coverage to you for the incident that is the subject of this civil action? If so, please state the name of each such company that may provide coverage, the policy coverage period and the limits of liability coverage.

ANSWER:

15. Have you ever been a party to any lawsuit, civil or criminal, other than the present one? If so, for each lawsuit, state:

- a. the style of the case, including the court, the names of the parties and the civil action number or criminal action number;
- b. the present status of the case, meaning whether it is pending, settled or tried; and,
- c. for any cases that are not currently pending, the outcome of the litigation in each such case.

ANSWER:

16. With respect to each defense that you intend to assert at the time trial of this matter please state:

- a. describe the defense;
- b. identify each document relevant to such event;
- c. summarize all evidence in support of each such defense; and,
- d. identify each person with knowledge of the basis of each such defense.

ANSWER:

17. Are you aware of any persons who may have witnessed the collision that is the subject of this lawsuit? If so, for each such witness, please provide the following current information:

- a. The name of each such witness.
- b. The current address and current telephone number of each such witness.
- c. The occupation of each such witness.

ANSWER:

18. Have you or has anyone on your behalf obtained statements from any person relating to the collision? If so, for each such statement please provide:

- a. The name, current address, and current telephone number of each such person.
- b. the date and the place the statement was obtained.
- c. The name of the person to whom the statement was made.
- d. Whether the statement was oral or written.
- e. Please attach a copy of any statement that has been made reduced to writing to your answers to these interrogatories.

ANSWER:

19. Describe the weather and road conditions on the date and at the time and location of the collision that is the subject of this lawsuit.

ANSWER:

20. Describe in your own words the events leading up to the collision and the manner in which the collision occurred.

ANSWER:

21. Have you or has anyone on your behalf conducted any test, experiment or accident reconstruction the purpose of which was to determine the cause or causes of the collision that occurred on May 1, 2000? If so:

- a. Who conducted each such test or experiment?
- b. On what date was such test or experiment conducted?
- c. What was the nature of the test or experiment?
- d. Attach to your answers to these interrogatories a copy of any report resulting from any test or experiment conducted.

ANSWER:

JOHN DOE,

By Counsel

Jeffrey A. Taylor, Esquire
WV State Bar ID #4305
Damron & Taylor, PLLC
401 Tenth Street, Suite 310
P.O. Box 1822
Huntington, WV 25719
(304) 522-7110

IN THE CIRCUIT COURT OF CABELL COUNTY, WEST VIRGINIA

JOHN DOE

Plaintiff,

Vs.

Civil Action No. 00-C-1234
Judge David Pancake

JANE SMITH,

Defendant.

CERTIFICATE OF SERVICE

I, Jeffrey A. Taylor, Esquire, co-counsel for plaintiffs herein, do hereby certify that service of the foregoing "COMBINED INTERROGATORIES AND REQUESTS FOR PRODUCTION OF DOCUMENTS OF PLAINTIFF TO DEFENDANT" was made by mailing a true and exact copy thereof to:

DEFENSE LAW FIRM

Address

Street Address

Charleston, WV zip

(Counsel for defendant, Jane Smith)

in a properly stamped and addressed envelope this ____ day of July, 2000.

Jeffrey A. Taylor
Counsel for Plaintiff

Damron & Taylor, PLLC
401 Tenth Street, Suite 310
P.O. Box 1822
Huntington, WV 25719
(304) 522-7110

July 14, 2000

Defense Lawyer
Defense Firm
Address
City, ST 12345

Re: *Doe v. Smith*
Civil Action No.: 00-C-1234
Circuit Court of Cabell County, West Virginia

Dear Ms. Lawyer:

Liability in this case cannot be seriously disputed. It is clear from the West Virginia Uniform Traffic Crash Report, as well as from the deposition of Trooper Bear and the two witnesses, that the wreck was caused by your client driving left of center. Moreover, your client admitted in his deposition that he went left of center and. Although you apparently continue to assert that my client's negligence contributed to the wreck, there is simply no evidence to support that allegation. In fact, your client testified that the only thing my client could have done to avoid the crash would have been to have veered to the right into the playground. I am confident that the jury will find that my client's conduct was reasonable under the circumstances and that he was not negligent.

You have previously been provided with copies of all of my client's medical bills and medical records for treatment necessitated by the injuries he suffered in the collision. Mr. Doe was treated and released from the emergency room with a diagnosis of cervical sprain. He followed with Dr. Bonecutter, who prescribed muscle relaxers and physical therapy. Both Dr. Bonecutter and the physical therapist noted that Mr. Doe's condition was caused by the collision.

Mr. Doe was unable to work for six weeks, at which time he was able to return without any restrictions. His activities were limited by pain for an additional period of four or five weeks, and since then he has been mostly pain free, other than occasional headaches. Although Mr. Doe's condition is not totally disabling,

Dr. Bonecutter testified that to a reasonable degree of medical certainty, he expects Mr. Doe to suffer three or four headaches of duration of one or two days per year, for which he will probably need over-the-counter medication.

Your discovery responses indicate that the limit of liability under Ms. Smith's insurance policy is \$20,000. Due to the nature and extent of my client's injuries, I believe that his damages exceed the policy limits. Accordingly, on behalf of Mr. Doe, I make a settlement demand for the policy limits.

I look forward to your timely, good faith offer of settlement.

Very truly yours,

Jeffrey A. Taylor

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****While not all pleadings herein contain an attached certificate of service, Rule 5(d) of the W.V. Rule of Civil Procedure requires that all documents to be served upon a party contain a certification by the attorney that the document was served by the manner prescribed in Rule 5.**

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

SUSAN JONES,

Plaintiff,

v.

//

Civil Action No. _____

JOHN SMITH,

Defendant.

NOTICE OF BONA FIDE DEFENSE

TO: JANE DOE, ATTORNEY FOR PLAINTIFF

Take notice that defendant John Smith has a bona fide defense, including matters covered by Rule 12(b) of the West Virginia Rules of Civil Procedure, to the Complaint served upon him in this action and that in accordance with Rule 12(a) of said Rules, his response to said Complaint will be served within thirty (30) days after the date of service upon him.

Dated this ____ day of _____, 199__.

Attorney Name
Address

CERTIFICATE OF SERVICE

I hereby certify that on the ____ day of _____, 199____, I served the foregoing "Notice of Bona Fide Defense" upon _____, Esquire, by depositing a true copy thereof in the United States mail, postage prepaid, in an envelope addressed to him as follows:

Opposing Attorney Name and Address

Attorney for Defendant

IN THE UNITED STATES DISTRICT COURT
FOR THE _____ DISTRICT OF WEST VIRGINIA

JOHN SMITH,

Plaintiff,

v.

//

Civil Action No. _____

XYZ CORPORATION,
a corporation,

Defendant.

DEFENDANT XYZ CORPORATION'S MOTION TO DISMISS

Pursuant to Rule 12(b) of the Federal Rules of Civil Procedure, defendant, XYZ Corporation, by its attorney, Attorney Name, moves this Court for an order dismissing it as a party to this action. Defendant XYZ Corporation asserts the following as a basis for its motion:

1. Reason #1 for moving to dismiss Complaint.
2. Reason #2 for moving to dismiss Complaint.
3. Reason #3 for moving to dismiss Complaint.

WHEREFORE, defendant, XYZ Corporation demands that it be dismissed as a party to this action and that it be awarded its costs in defense thereof. A memorandum of law is submitted contemporaneously herewith in support of this motion.

Dated this ____ day of _____, 199__.

Attorney Name
Address

Attorney for Defendant
XYZ Corporation

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

JOHN JONES,

Plaintiff,

v.

//

Civil Action No. _____

LOCAL COMPANY,

Defendant.

ANSWER

First Defense

The complaint fails to state a cause of action against defendant upon which relief can be granted.

Second Defense

1. Defendant is without knowledge or information sufficient to form a belief as to the truth of the allegations in paragraph 1 of the complaint.

2. Defendant admits the allegations in paragraph 2 of the complaint.

3. Defendant admits the allegations in paragraph 3 of the complaint.

4, 5, 6. Defendant denies the allegations in paragraphs 4, 5, and 6 of the complaint.

7, 8. Defendant denies that it was negligent and is without knowledge or information sufficient to form a belief as to the truth of the remainder of the allegations in paragraphs 7 and 8 of the complaint.

Except for any allegations hereinabove expressly admitted, defendant denies each and every allegation in the complaint.

Third Defense

The following defenses must be set forth affirmatively in the answer to the complaint. The list is not exhaustive, and you must carefully research applicable issues and possible defenses for each case prior to filing the answer.

- Failure to state a claim upon which relief may be granted - Rule 12(b)(6)
- Statute of limitations - W. Va. Code § 55-2-12
- Statute of frauds - no written contract
- Lack of consideration
- Accord and satisfaction
- Contributory negligence of plaintiff
- Comparative negligence of third party
- Offset
- Assumption of risk
- Equitable or collateral estoppel
- Fraud
- Release
- Res judicata
- Waiver
- No mitigation of damages
- Duress
- Illegality

- Laches
- Unclean hands - equitable defense

The following defenses may be pled or made by motion:

- Lack of jurisdiction over subject matter
- Lack of jurisdiction over person
- Improper venue
- Insufficiency of service of process
- Failure to state a claim
- Failure to join an indispensable party

WHEREFORE, defendant demands that it be dismissed from this action and that it be awarded its costs in defense thereof.

Dated this ____ day of _____, 199__.

Attorney Name
 Address
 Attorney for Local Company

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA
JANE SMITH,

Plaintiff,

v.

//

Civil Action No. _____

JOHN JONES,

Defendant.

**MOTION FOR LEAVE
TO FILE THIRD PARTY COMPLAINT**

Pursuant to Rule 14 of the West Virginia Rules of Civil Procedure, defendant John Jones hereby moves this Court for an order granting him leave to file a third party complaint, which complaint is attached hereto as "Exhibit A." As the bases for his motion, defendant represents to the Court as follows:

1. The original complaint was filed on or about _____, with a timely answer filed by defendant.
2. Basis #1 for filing third-party complaint.
3. Basis #2 for filing third-party complaint.
4. Bases #3 for filing third-party complaint.

WHEREFORE, defendant respectfully requests this Court to grant this motion and order that the attached third-party complaint be filed and served as provided by law.

Dated this ____ day of _____, 199__.

Attorney Name
Address

Attorney for Defendant

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

JANE SMITH,

Plaintiff,

v.

//

Civil Action No. _____

JOHN JONES,

Defendant.

ORDER

On _____ (date) came the parties, by counsel, pursuant to Defendant's Motion for Leave to File Third Party Complaint. After reviewing the legal memoranda filed by the parties, and after hearing the arguments of counsel, the Court is of the opinion that the motion should be granted.

It is hereby ORDERED that defendant is granted leave to file its third-party complaint, to which ruling the plaintiff objects.

ENTER: _____

Judge

Prepared by:

Counsel for Defendant

Approved as to form only:

Counsel for Plaintiff

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA
WILLIAM J. CLINTON,

Plaintiff,

v.

//

Civil Action No. _____

ROBERT DOLE and
NEWT GINGRICH,

Defendants.

**DEFENDANTS' FIRST SET OF
INTERROGATORIES TO PLAINTIFF**

Pursuant to Rule 33 of the West Virginia Rules of Civil Procedure, defendants hereby request that the plaintiff respond to the following interrogatories, in writing and under oath, within thirty (30) days from the date of service hereof.

INTERROGATORY NO. 1. State your full name, social security number, date of birth and place of birth.

ANSWER:

INTERROGATORY NO. 2. State your present address and list all addresses at which you have lived during the past ten (10) years and the dates when you lived at each location.

ANSWER:

INTERROGATORY NO. 3. State the name, date of birth and present address of any person to whom you are or have been married and the date and termination of each marriage, if applicable.

ANSWER:

INTERROGATORY NO. 4. State the names of any children, including adopted children and stepchildren, which you have, and also state:

- a. the birth date of each; and
- b. the current address of each.

ANSWER:

INTERROGATORY NO. 5. State the names of all persons related to you by blood and marriage who reside in the county where this litigation is pending who are not listed in the answers to Interrogatory Nos. 3 and 4.

ANSWER:

INTERROGATORY NO. 6. Identify each person who provided information or assisted in preparing the answers to these interrogatories.

ANSWER:

INTERROGATORY NO. 7. State the names, addresses and telephone numbers of all persons you presently intend to call as witnesses at a trial of this action.

ANSWER:

INTERROGATORY NO. 8. State the name and address of each person you presently expect to call as an expert witness at the trial of this action, the subject matter on which each expert is expected to testify, the substance of the facts and opinions to which each expert is expected to testify, and a summary of the grounds and basis for each opinion.

ANSWER:

INTERROGATORY NO. 9.

With respect to your allegations that

Robert Dole negligently caused your injuries:

- a. State why you believe Robert Dole was negligent;
- b. State the names and addresses of all persons known to you, or your attorney, to have any knowledge or information which may, in any way, support or tend to support your belief that Robert Dole negligently caused your injuries; and
- c. Identify all writings, documents, or other tangible things known to you, or your attorney, which may, in any way, support or tend to support your belief.

INTERROGATORY NO. 10.

Describe in detail each and every injury you claim you sustained as a result of the accident described in your complaint.

ANSWER:

INTERROGATORY NO. 11.

Identify each physician or health service person who has treated or examined you as a result of the accident described in your complaint, and for each such person, state the nature of the treatment or examination and the dates each treatment or examination occurred.

ANSWER:

INTERROGATORY NO. 12.

If you were hospitalized at any time as a result of the injuries you claim to have sustained as a result of the accident described in your complaint, state the name and address of each such hospital and the inclusive dates for each such hospitalization.

ANSWER:

INTERROGATORY NO. 13.

State the dates you were confined to your home during convalescence, if any.

ANSWER:

INTERROGATORY NO. 14.

If you have suffered any injuries of any nature before or after the accident referred to in the complaint, please state the date and place of each injury; a detailed description of all the injuries you received; the details of how each injury occurred; the names and addresses of any hospitals rendering treatment for each injury; and the names and addresses of all physicians or medical personnel who treated you for each injury.

ANSWER:

INTERROGATORY NO. 15.

Describe the condition of your health prior to the accident.

ANSWER:

INTERROGATORY NO. 16.

If you are still being treated for injuries arising from the accident, provide the name and address of each doctor, health service person or other person rendering treatment, the nature of the treatment, where each treatment is received and how often the treatment is received.

ANSWER:

INTERROGATORY NO. 17.

Have you, or anyone acting for you or on your behalf, obtained a statement from any person, and in any form, relating to the events and happenings before, at the time of, or after the accident? If so, state the name,

address and telephone number of each person from whom each statement was taken name, address and telephone number of each person having possession, custody or control of the original, or any copies, of each written statement.

ANSWER:

INTERROGATORY NO. 18. Itemize in detail each and every expense you incurred as a result of the incident described in your complaint, including the amount of each expense and the payee.

ANSWER:

INTERROGATORY NO. 19. Do you claim lost income, lost profits, or lost earnings as a result of this incident? If so, state the source of your income, profits, or earnings, the amount of each such loss; and the method in which your loss was computed.

ANSWER:

INTERROGATORY NO. 20. Do you or your attorney or anyone acting on your behalf have or know of any photographs, maps, drawings, diagrams, measurements, surveys or other descriptions covering the events and happenings alleged in the complaint made either before, after or at the time of the events in question? If so, please state the nature of each item; what each item purports to show, illustrate or represent; the date each item was made or taken; the name and last known address of the person making or taking each item; and the name and address of the person having present custody of each item.

ANSWER:

INTERROGATORY NO. 21. List and generally describe all exhibits you presently intend to introduce at a trial of this action.

ANSWER:

INTERROGATORY NO. 22. Describe all medications, whether prescription or over the counter, which you have taken and which you contend was necessary because of the injuries you received in the accident. For each such medication, state how often the medication was taken and how long you took the medication.

ANSWER:

INTERROGATORY NO. 23. Describe in detail each and every injury you sustained as a result of the accident which you claim to be permanent.

ANSWER:

INTERROGATORY NO. 24. Identify all physicians or health service persons who told you your injuries were permanent.

ANSWER:

INTERROGATORY NO. 25. State all restrictions that were placed upon you by any physician or health service person as a result of the accident and the length of time of any such restriction.

ANSWER:

INTERROGATORY NO. 26. State all future medical treatments which you anticipate you will need as a result of the accident, and for each such treatment, specify the nature of the treatment and the number of treatments you will need.

These interrogatories shall be deemed continuing so as to require supplemental answers if you or your attorney obtain further information regarding them, or any one of them, between the time your answers are served and the trial of this action. Plaintiff is also demanded to execute the attached "Verification," pursuant to Rule 33 of the West Virginia Rules of Civil Procedure.

Dated this ____ day of _____, 199__.

Attorney Name
Address

VERIFICATION

STATE OF WEST VIRGINIA,

COUNTY OF _____, TO-WIT:

William J. Clinton, being first duly sworn, deposes and says that he has read the foregoing answers to interrogatories; that said answers are made based on information and belief and that he believes the answers to be true and correct to the best of his knowledge and belief, subject to correction if error should appear at a later date.

William J. Clinton

Subscribed and sworn to before me this ____ day of _____, 199__.

My commission expires: _____

Notary Public

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

WILLIAM J. CLINTON,

Plaintiff,

v.

//

Civil Action No. _____

ROBERT DOLE and
NEWT GINGRICH,

Defendants.

REQUEST FOR SUPPLEMENTAL INTERROGATORY ANSWERS

Pursuant to Rule 26(e) of the West Virginia Rules of Civil Procedure, defendants Robert Dole and Newt Gingrich call upon plaintiff William J. Clinton to supplement his interrogatory answers to "Defendants' First Set of Interrogatory Plaintiff," which were served on the ____ day of _____, 199____. In accordance with Rule 26(e) of the West Virginia Rules of Civil Procedure, these interrogatories should be supplemented as soon as possible, but in no event later than 30 days from the date of service hereof.

Dated this the ____ day of _____, 199____.

Attorney Name
Address

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA
WILLIAM J. CLINTON,

Plaintiff,

v.

//

Civil Action No. _____

ROBERT DOLE and
NEWT GINGRICH,

Defendants.

DEFENDANTS' FIRST REQUEST FOR PRODUCTION OF DOCUMENTS

Pursuant to Rule 34 of the West Virginia Rules of Civil Procedure, defendants request that the plaintiff produce the following documents for examination and, if appropriate, copying by counsel for the defendants at the offices of defense counsel address within 30 days, on a date and at a time convenient to counsel for the parties.

1. Personal federal income tax returns filed for the taxable years ____, ____, ____ and ____.
2. All medical bills, reports or other documents which show the nature of your injuries and the cost of any treatment or hospitalization, including drugs, medicines and appliances and which are a part of your claim in this civil action.
3. Any and all written, transcribed or taped statements or narratives you have given to any person concerning the incident described in the complaint.
4. Any and all statements or narratives taken by you or your representative from any person regarding the incident and injuries described in the complaint.

5. Any and all photographs, exhibits, maps, drawings, diagrams, measurements, surveys or other description pertaining to the facts of the incident described in the complaint.

6. Each and every exhibit which you may attempt to introduce at any trial of this civil action.

7. All documents which support your claim that defendant negligently caused your injuries.

8. All records relating to any physical therapy treatments which you received.

9. All statements identified by you in your answers to interrogatory numbers _____, _____, _____ and _____.

10. All documents relating to the expenses identified by you in your answer to interrogatory number _____.

11. All documents which support any claims of lost income.

12. All documents which support any claims of permanent injury.

13. All documents relating to any restrictions, exercises, or any similar activities relating to your injuries which were caused by the accident.

14. All documents relating to any future medical treatment.

15. All medical records from (date) to the present.

Dated this _____ day of _____, 199____.

Attorney Name
Address

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

WILLIAM J. CLINTON,

Plaintiff,

v.

//

Civil Action No. _____

ROBERT DOLE and
NEWT GINGRICH,

Defendants.

DEFENDANTS' MOTION FOR ORDER COMPELLING DISCOVERY

Pursuant to Rule 37 of the West Virginia Rules of Civil Procedure, defendants Robert Dole and Newt Gingrich, hereby move the Court for an order compelling the plaintiff William J. Clinton, to respond to the discovery requests previously served upon him. In support of its motion, defendants allege as follows:

1. On (date), defendants served a copy of "Defendants' First Set of Interrogatories To Plaintiff" upon _____, Esquire, counsel for plaintiff;
2. On (date) defendants served a copy of "Defendants' First Request For Production of Documents" upon _____, Esquire, counsel for plaintiff;
3. Responses to these discovery requests were due on (date);
4. By letter dated _____, counsel for defendants inquired of plaintiff's counsel as to when plaintiff will respond to the pending discovery requests;
5. Plaintiff has not filed a motion for a protective order, nor has he communicated in any manner with counsel for defendants regarding the discovery responses; and

6. Defendants are unable to proceed with the preparation of their defense in the action unless and until plaintiff responds to discovery.

WHEREFORE, defendants Robert Dole and Newt Gingrich respectfully request that this Court enter an order compelling plaintiff to respond to their discovery requests and that they be awarded their costs in bringing this motion.

Dated this ____ day of _____, 199__.

Attorney Name
Address

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

WILLIAM J. CLINTON,

Plaintiff,

v.

//

Civil Action No. _____

ROBERT DOLE and
NEWT GINGRICH,

Defendants.

DEFENDANTS' MOTION FOR PROTECTIVE ORDER

Pursuant to Rule 26 of the West Virginia Rules of Civil Procedure, defendants hereby move the Court for an order prohibiting discovery in this matter and relieving defendants from having to respond to the discovery requests already filed by plaintiff until the Court has had the opportunity to rule on matters presently before it. As grounds for its motion, defendants represent unto your Honor that they have filed a motion for summary judgment, asserting as grounds for that motion that: _____
_____; that to require defendants to respond to extensive discovery that may be unnecessary would create an undue burden and needless expense; that the factual matters relating to the motion for summary judgment are not in dispute; that discovery is not necessary to establish defendants' right to summary judgment or to enable plaintiff to defend against the motion; and that plaintiff will not be prejudiced by the entry of a protective order in that if the Court rules in favor of the defendants on their motion, then the case is resolved, and if the Court rules against the defendants, then plaintiff will still be able to obtain the requested discovery.

For these reasons, defendants respectfully ask the Court to grant their motion and enter an order prohibiting discovery and relieving defendants from having to respond to the previously filed discovery requests.

Dated this ____ day of _____, 199__.

Attorney Name
Address

IN THE CIRCUIT COURT OF _____, COUNTY, WEST VIRGINIA

JOHN SMITH,

Plaintiff,

v.

Civil Action No. _____

JANE DOE,

Defendant.

NOTICE OF DEPOSITION OF JOHN SMITH

TO: Attorney Name
Address

Please take notice that on _____, _____, 199____, at the law offices of _____, Jane Doe, the defendants in the above-captioned action will depose, upon oral examination, the plaintiff John Smith at _____.m.

The taking of said deposition may be adjourned or continued from time-to-time without further notice to you other than oral notice at the time of such adjournment or continuance.

Dated this _____ day of _____, 199____.

Attorney Name
Address

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, 199____, I served
the foregoing "NOTICE OF DEPOSITION OF JOHN SMITH" upon counsel of record by
depositing a true copy thereof in the United States mail, postage prepaid, as follows:

Attorney Name
Address

IN THE CIRCUIT COURT OF _____, COUNTY, WEST VIRGINIA
JOHN SMITH,

Plaintiff,

v.

Civil Action No. _____

JANE DOE,

Defendant.

NOTICE OF DEPOSITION OF DR. _____ (WITH DOCUMENT REQUEST)

TO: Attorney Name
Address

Please take notice that on _____, _____, 199____, at the law offices of _____, Jane Doe, _____, the defendant in the above-captioned action will depose, upon oral examination, Dr. _____ beginning at _____.m. Dr. _____ is hereby requested to bring with him the documents referred to in Exhibit A, attached hereto, and which are the same documents identified in the subpoena duces tecum previously served upon Dr. _____.

The taking of said deposition may be adjourned or continued from time-to-time without further notice to you other than oral notice at the time of such adjournment or continuance.

Dated this _____ day of _____, 199____.

Attorney Name
Address

EXHIBIT A

All documents and things generated, prepared, reviewed or relied upon by Dr. _____, in preparation for, or as a result of, his evaluation and treatment of John Smith. This request includes, but is not limited to, documents generated or prepared by John Smith as well as documents prepared or relied upon by any other individual rendering treatment of any kind to John Smith that Dr. _____ has in his actual or constructive possession. Dr. _____ is also requested to bring with him the most recent version of his curriculum vitae, as well as all documents reflecting correspondence between (attorney for plaintiff) and any individual employed or associated with the law firm of _____.

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, 199____, I served
the foregoing "NOTICE OF DEPOSITION OF DR. _____" upon counsel of record
by depositing a true copy thereof in the United States mail, postage prepaid, as follows:

Attorney Name
Address

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

JOHN DOE,

Plaintiff,

v.

//

Civil Action No. _____

JANE ROE,

Defendant.

NOTICE OF MOTION

Please take notice that, on the ____ day of _____, 199____, at
____ o'clock ____m., the undersigned will bring on for hearing the attached "Motion to
_____" before the Honorable _____, Judge of the Circuit Court of
_____ County, West Virginia. You may wish to appear and protect your
interests.

Dated this ____ day of _____, 199____.

Attorney Name
Address

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA
JOHN DOE,

Plaintiff,

v.

//

Civil Action No. _____

JANE ROE,

Defendant.

MOTION FOR CONTINUANCE

Defendant Jane Roe, by counsel, hereby moves the Court for a continuance of the above action which was previously set for trial beginning _____. In support of her motion, defendant represents to the Court the following matters:

1. Reason #1 for continuance;
2. Reason #2 for continuance;
3. Reason #3 for continuance;

WHEREFORE, defendant Jane Roe respectfully requests this Court to grant her motion for a continuance and reschedule this matter for trial after discovery is complete and a pretrial conference has been held.

Dated this ____ day of _____, 199__.

Attorney Name
Address

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

WILLIAM J. CLINTON,

Plaintiff,

v.

Civil Action No. _____

ROBERT DOLE and
NEWT GINGRICH,

Defendants.

MOTION IN LIMINE

Defendants hereby move the Court in limine to instruct, direct and order plaintiff, his witnesses, and his attorneys, not to mention, refer to, interrogate concerning, or argue, either directly or indirectly, during the course of the trial of this action, the following matters:

1. Matter #1;
2. Matter #2;
3. Matter #3;
4. Matter #4.

WHEREFORE, defendants respectfully move the Court to exercise its inherent power over the conduct of trials and order plaintiff, his attorneys, and his witnesses not to mention, refer to, interrogate concerning, or argue, in any way, either directly or indirectly, the above matters during the trial of this action. A memorandum of law addressing each matter sought to be excluded from this trial is being filed contemporaneously herewith.

Dated this ____ day of _____, 199__.

Attorney Name
Address

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

JOHN JONES,

Plaintiff,

v.

//

Civil Action No. _____

ABC INSURANCE and
XYZ INSURANCE COMPANY,

Defendants.

MOTION FOR LEAVE TO MAKE DEPOSIT IN COURT

Pursuant to Rule 67 of the West Virginia Rules of Civil Procedure, ABC Company moves the Court for an order granting it leave to make a deposit into court in the amount of \$_____, said amount being in dispute between John Jones and XYZ Insurance Company, parties to the above-captioned matter.

WHEREFORE, ABC Insurance Company respectfully asks that the Court grant its motion and permit it to deposit with the Circuit Court of _____ County a check, payable to the Circuit Court of _____ County, in the amount of \$_____, and that said clerk be directed to hold and pay out this sum in accordance with W. Va. Code § 51-6-1 and other orders of this Court.

Dated this ____ day of _____, 199__.

Attorney Name
Address

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

JANE DOE,

Plaintiff,

v.

Civil Action No. _____

ABC INSURANCE
COMPANY,

Defendant.

OFFER OF JUDGMENT

TO: Attorney Name
Address
Counsel for Plaintiff

Pursuant to Rule 68 of the West Virginia Rules of Civil Procedure, defendant ABC Insurance Company, hereby offers to allow judgment to be taken against it and in favor of the plaintiff in this civil action in the amount of \$_____, with costs to this date accrued.

The defendant will seek application of the provisions of Rule 68 with regard to the plaintiffs' acceptance, or lack of acceptance, of the aforesaid offer.

Dated this ____ day of _____, 199__.

Attorney Name
Counsel for ABC Insurance Company

IN THE CIRCUIT COURT OF _____, COUNTY, WEST VIRGINIA
JOHN DOE,

Plaintiff,

v.

CIVIL ACTION NO. _____

JANE ROE,

Defendant.

**MOTION FOR JUDGMENT NOTWITHSTANDING
THE VERDICT, OR, IN THE ALTERNATIVE, FOR A NEW TRIAL**

Defendant Jane Roe hereby moves this Court for judgment notwithstanding the verdict, or, in the alternative, moves this Court to set aside the verdict and award a new trial, pursuant to Rule 59 of the West Virginia Rules of Civil Procedure. The bases for the motion are as follows:

1. Bases #1;
2. Bases #2;
3. Bases #3;

AND SUCH OTHER ERRORS AS ARE APPARENT ON THE FACE
OF THE RECORD.

Dated this ____ day of _____, 199__.

Attorney Name
Address

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

JOHN SMITH,

Plaintiff,

v.

Civil Action No. _____

XYZ COMPANY,

Defendant.

**XYZ COMPANY'S MOTION FOR STAY OF EXECUTION
UPON JUDGMENT PENDING APPLICATION FOR APPEAL**

Comes now the defendant, XYZ Company, and moves this Court pursuant to the provisions of Rule 62 of the West Virginia Rules of Civil Procedure, and W. Va. Code § 58-5-5, for a stay of execution upon the judgment against them, and any other proceedings for its enforcement for a period of 120 days in order to enable defendant to present to the West Virginia Supreme Court of Appeals a petition for appeal from the judgment.

Dated this ____ day of _____, 199__.

Attorney Name
Address

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

JOHN SMITH,

Plaintiff,

v.

CIVIL ACTION NO. _____

BIG COMPANY, a corporation,

Defendant.

DISMISSAL ORDER

On this the ____ day of _____, 199__, came the plaintiff John Smith and the defendant Big Company, by its counsel, (name) and jointly advised the Court that all claims arising out of the accident alleged in the Complaint have been settled.

Whereupon, the parties jointly moved the Court for an order dismissing this action, and all claims herein, with prejudice based upon the amicable resolution of claims.

It is, therefore, ORDERED that all claims herein are dismissed with prejudice, and it is further ORDERED that the Clerk remove this case from the active docket of this Court.

ENTER: _____

Judge

Approved by:

Attorney Name
Counsel for John Smith

Attorney Name
Counsel for Big Company

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

JANE DOE,

Plaintiff,

v.

Civil Action No. _____

ABC INSURANCE
COMPANY,

Defendant.

SATISFACTION OF JUDGMENT ORDER

Comes now the plaintiff, John Doe by his attorney (attorney name) and states to the Court that the Judgment Order rendered herein on _____, 199____, the amount of \$_____ plus pre-judgment interest thereon, for a total of \$_____ in favor of the plaintiff and against the defendant, _____, has been fully paid and satisfied and, therefore, plaintiff hereby moves this Court to enter an order removing this case from the docket of the Court as having been fully paid and satisfied.

Wherefore, it appearing to the Court that plaintiff's motion should be granted, it is hereby ADJUDGED, ORDERED and DECREED that the judgment rendered in this action in favor of John Doe, et al. and against Jane Roe having been fully paid and satisfied, this Civil Action is retired and removed from the docket of this Court.

The Circuit Clerk of _____ County is hereby ORDERED to send
a certified copy of this order to all counsel of record.

ENTER: _____

Judge: _____

Prepared by:

Attorney Name

Approved:

Attorney Name

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA
JANE DOE,

Plaintiff,

v.

Civil Action No. _____

ABC INSURANCE
COMPANY,

Defendant.

SATISFACTION OF JUDGMENT

The undersigned, John Doe, hereby acknowledges satisfaction of that certain judgment in the amount of Thirty-nine Thousand Four Hundred Ninety-seven Dollars and 44/100 (\$39,497.44) in favor of him entered by the Circuit Court of _____ County on the 6th day of April, 1995, against Jane Roe, by payment to him by _____ Insurance Company of the sum of Thirty-nine Thousand Four Hundred Ninety-seven Dollars and 44/100 (\$39,497.44), plus pre-judgment interest, for a total of Forty-seven Thousand Two Hundred Twenty-four Dollars and 37/100 (\$47,224.37).

Dated this ____ day of _____, 199__.

John Doe

