

**COUNTY, TENNESSEE**

No. \_\_\_\_\_

VS.

Respondent.

Comes now the Respondent, \_\_\_\_\_, and propounds the following Interrogatories and Requests for Production of Documents to the Plaintiff, to be answered within thirty (30) days of service:

INTERROGATORY NO. 1: State the name, address and telephone number of each and every lay witness you intend to call in this matter and each and every person that you are aware of that has personal knowledge regarding any matter contained within the Petition.

INTERROGATORY NO. 2: State the name, address and telephone number of each and every expert witness you intend to call in this matter. For each expert witness named, please state:

- a) The qualifications of said expert;
- b) The subject matter upon which each such person may testify;
- c) The substance of each fact and opinion to which each such person may testify; and
- d) A summary of the grounds for each such opinion.

RESPONSE:

INTERROGATORY NO. 3: Identify each and every exhibit, document, or other tangible thing you intend to rely upon at the trial, adjudication, or any hearing of this matter.

RESPONSE:

INTERROGATORY NO. 4: Please state the name, address, and telephone number and relationship to you of each person who prepared or assisted in the preparation of your responses to these interrogatories and requests for production of documents.

RESPONSE:

INTERROGATORY NO. 5: Give a detailed description of all evidence to support the allegation that subject child was subjected to severe abuse by any party or nonparty in this matter and/or that the Respondent \_\_\_\_\_ failed to protect the child from alleged child sexual abuse. Include in your answer the dates and time and location of any events and any witnesses to these statements and the substance of the statements.

Please take note that “See Petition” or a similar response will not be deemed responsive to this interrogatory request. Please also take note that an objection will be made at the trial or any hearing of this matter as to any actions or inactions of any party or nonparty that is not included in this response to the interrogatory request.

RESPONSE:

INTERROGATORY NO. 6: Please list each and every statement known to you to have been made by the Respondent regarding any incident related to the facts and circumstances alleged in the subject Petition. Include in your answer the dates and time and location of any events and any witnesses to these statements and the substance of the statements.

RESPONSE:

INTERROGATORY NO. 7: Please list each and every statement known to you to have been made by the subject child regarding any incident related to the facts and circumstances alleged in the subject Petition. Include in your answer the dates and time and location of any events and any witnesses to these statements and the substance of the statements.

RESPONSE:

INTERROGATORY NO. 8: Please consider the foregoing as continuing and supplement your answers to interrogatories and request for production of documents. Will you do so?

RESPONSE:

---

Authorized Representative of the  
Department of Children's Services

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he/she executed the same as his/her free act and deed, for the purposes therein set forth.

Sworn to and subscribed before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

### **REQUEST FOR PRODUCTION OF DOCUMENTS**

REQUEST FOR PRODUCTION NO. 1: Please produce and attach to your responses hereto a copy of each and every medical record or treatment record or sexual abuse evaluation or psychological evaluation relating to the children subject to this petition.

RESPONSE:

REQUEST FOR PRODUCTION NO. 2: Please produce and attach to your responses hereto a copy of each and every document in your possession relating to the past history of the Respondents with the Department of Children's Services other than the present case filed (if applicable).

RESPONSE:

REQUEST FOR PRODUCTION NO. 3: Please produce and attach to your responses hereto a copy of each and every record or document related to this case that is not protected by attorney-client privilege or work product privilege including but not limited to any TFACTS entries or law enforcement records.

RESPONSE:

REQUEST FOR PRODUCTION NO. 4: Please produce and attach to your responses hereto a copy of each and every exhibit, document, or other tangible thing you intend to rely upon at the trial or hearing of this matter.

RESPONSE:

REQUEST FOR PRODUCTION NO. 5: Please produce and attach to your responses hereto a copy of each and every document or other tangible thing that was used to prepare answer to interrogatories and request for production of documents.

RESPONSE:

REQUEST FOR PRODUCTION NO. 6: Please produce and attach to your responses hereto a copy of the Curriculum Vitae of each and every individual you intend to call as an expert witness at any trial, hearing, deposition, or other proceeding of this matter.

RESPONSE:

REQUEST FOR PRODUCTION NO. 7: Please produce and attach to your responses hereto a copy of each and every interview/statement taken by you or anyone acting on your behalf, a verbatim transcript of any recorded interview/statement, and a true and correct copy of any tape recording, whether video or audio.

RESPONSE:

REQUEST FOR PRODUCTION NO. 8: Please produce and attach to your responses hereto a copy of each and every drawing, diagram, photograph, film, videotape, or any other recording depicting any place, object, or individual concerning any action or inaction of the Respondents or any other party relating to the matters contained within the subject petition.

RESPONSE:

REQUEST FOR PRODUCTION NO. 9: Please produce and attach to your responses hereto a copy of each and every document that Thomas Scott has a past history of child sexual abuse in California or in any other state or that he was required to attend sexual offender treatment.

RESPONSE:

Respectfully submitted this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
ATTORNEY NAME (BPR # \_\_\_\_\_)

Address

Phone Number

Email address

*Attorney for Respondent*

**CERTIFICATE OF SERVICE**

This is to certify that a true and correct copy of the foregoing document has been served on the following counsel of record in the manner of service indicated below:

*[List the names and addresses of each attorney/person/party noticed.]*

\_\_\_\_\_ By placing this document in a postage prepaid envelope in the United States Mail Service addressed to:

\_\_\_\_\_ By emailing this document to:

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
ATTORNEY NAME