

**IN THE CIRCUIT COURT OF THE 17TH
JUDICIAL CIRCUIT, IN AND FOR BROWARD, FLORIDA**

CASE NO. 00xxxx (xx)

P.A.,
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ **Plaintiff,**
□ **v.**

J.D.,
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ **Defendant.**
_____/

PLAINTIFF’S NOTICE OF SERVICE OF INTERROGATORIES TO DEFENDANT

The Plaintiff, P.A., pursuant to Rule 1.340 and other applicable rules of the Florida Rules of Civil Procedure and Local Rules governing practice in and for the Seventeenth Judicial Circuit in and for Broward County, Florida, hereby files this Notice of Service of Interrogatories propounded to Defendant, V.B., and states that the original and one copy of said Interrogatories were served with the Complaint herein.

LAW OFFICE OF ALAN D. SACKRIN
Counsel for Plaintiff
2100 East Hallandale Beach Boulevard
Hallandale, FL 33309
Telephone: (954) 455-0800

By _____
Alan D. Sackrin
Florida Bar No. 349070

/kb

DOGBITE INTERROGATORIES

1. Is the defendant properly named in the Complaint? If not, please state the defendant's proper and full name.
2. Is the defendant the owner of the dog which bit the plaintiff on the date and place as alleged in the Complaint? If not, please state the name and address of the owner.

Dogbite Interrogatories

3. Please state the name, breed, age, color and any descriptive markings of said dog.
4. Has said dog bitten any other persons during said dog's lifetime up until the present? If the answer to this interrogatory is in the affirmative, please state the name, address, date of attack, place and circumstances of each attack by said dog on any individual.
5. Was the defendant, or any other person, ever sued for any attacks by said dog, other than the one alleged in the Complaint? If so, please state the name and address of the plaintiff and defendant of each lawsuit, date of filing of said lawsuit, case number and disposition either by verdict or settlement, including amount.
6. Please state the name and address of all veterinarians or veterinary hospitals which have treated said dog, or which have any records pertaining to said dog.
7. Does the defendant own the residence as referred to in the Complaint?
8. If the defendant is not the owner of said residence, please state the name and address of the owner of said property.
9. Please state the name of the defendant's homeowners liability carrier, including the policy number and the policy limits for an occurrence such as the one alleged in the Complaint.
10. Please identify by name and address all eyewitnesses to the subject incident.
11. Please identify by name and address all persons present on the property of the subject residence at the time of the incident as alleged in the Complaint.
12. Please state whether the defendant, or any other person on the premises of said residence, immediately after said dog bite, rendered medical care, treatment or assistance to the plaintiff, and if so, please identify such person or persons by name and address and describe all care and treatment rendered.

J.D., Defendant

STATE OF)
)ss
COUNTY OF)

The foregoing instrument was acknowledged before me this day of , 200 , by , is personally known to me or who has produced as identification and who did/did not take an oath.

S
E
A
L

Signature of person taking acknowledgment

Name of Officer taking acknowledgment

Title or rank

Serial number

/kb

/kb

The above pleading is a sample of Alan Sackrin's 30-plus years of litigation experience. To learn more about Alan Sackrin, click on this link: [South Florida Personal Injury Lawyer](#)

Do You Have a Question?

Call us at 954-458-8655. We promise to get back to you promptly. [Ask now](#) .

The pleading above is a sample document related to a specific set of facts and circumstances and should not be used or relied upon for any personal injury matter. We recommend and urge you to consult with an experienced lawyer for professional advice as each case is unique.