

Information or instructions: Response to a request for disclosure

PREVIEW

1. This pleading responds to a Request for Disclosure per TRCP 194. It should provide the basic information about the case, parties, theory, etc. The response must be made no later than 30 days from the date the Request was received.

2. Per TRCP 194.4: Copies of documents and other tangible items ordinarily must be served with the response, but if the responsive documents are voluminous, the response must state a reasonable time and place for the production of the documents. The responding party must produce the documents at the time and place stated, unless otherwise agreed by the parties or ordered by the court, and must provide the requesting party a reasonable opportunity to inspect them.

3. Per TRCP 194.5: No Objection. No objection or assertion of work product is permitted to a request under this rule.

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4. For a discussion on the rule changes and copies of the new rules see p 1153- 1154, Texas Bar Journal December 1998- Supreme Court of Texas Misc. Docket No. 98-9196.

Form: Response to a request for disclosure

CAUSE NUMBER _____

[Name],
PLAINTIFF

IN THE [Type of Court] COURT

THIS DOCUMENT

[Court Number]

vs.

[Name],
DEFENDANT

OF [NAME], COUNTY, TEXAS

RESPONSE TO A REQUEST FOR DISCLOSURE

TO: [Requesting Party's Name], [Plaintiff or Defendant], by and through the attorney of record, [Name of Requesting Party's Attorney], [Law Firm's Address], [City] [Zip Code]

This response to request for disclosure is made by [Name of Responding Party] pursuant to Rule 194 of the Texas Rules of Civil Procedure.

THANK YOU

1. [Name of Responding Party] is [Plaintiff or Defendant] in this suit.

2. This response is being served prior to the expiration of 30 days from the date upon which the request was served.

3. Responses.

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194.2(a) the correct names of the parties to the lawsuit

PREVIEW
PLAINTIFFS

[Plaintiff's Name]

DEFENDANTS

[Defendant's Name]

194.2(b) the name, address and telephone number of any potential parties.

Name, Address and Telephone Number

[Potential Party's Name, Address and Telephone Number]

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194.2(c) the legal theories, and in general, the factual bases of your claims or defenses (you need not marshal all evidence that may be offered at trial).

194.2(d) the amount and method of calculating economic damages.

[\$[Amount of Economic Damages] in economic damages.

Method of calculation:

[Method of Damage Calculation]

THIS DOCUMENT

194.2(e) the name, address, and telephone number of persons having knowledge of relevant facts, and a brief statement of each identified person's connection with the case.

Name, Address, Telephone Number

[Name of Person with Relevant Facts, Address, Telephone Number]

194.2(f) for any testifying expert:

THANK YOU

1. the expert's name, address and telephone number:

2. the subject matter on which the expert will testify;

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3. the general substance of the expert's mental impressions and opinions and a brief summary of the basis for them, or if the expert is not obtained by you, employed by you, or otherwise subject to your control, documents reflecting such information;

4. if the expert is retained by you, employed by you, or otherwise subject to your control:

A. all documents, tangible things, reports, models or data

compilations that have been provided to you, reviewed by you, or prepared by or for the expert in anticipation of the expert's

testimony; and

B. the expert's current resume and bibliography;

EXPERTS

194.2(g). any discoverable indemnity and insuring agreements.

194.2(h). any discoverable settlement agreements;

194.2(i). any discoverable witness statements,

194.2(j). in a suit alleging physical or mental injury and damages from the occurrence that is the subject of the case, all medical records and bills that are reasonably related to the injuries or damages asserted or, in lieu thereof, an authorization permitting the disclosure of such medical records and bills;

194.2(k). in a suit alleging physical or mental injury and damages from the occurrence that is the subject of the case, all medical records and bills obtained by you by virtue of an authorization furnished by Plaintiff.

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Respectfully Submitted,

PREVIEW

[Law Firm Name]

By _____

[Attorney's Name]

Attorney for [Plaintiff, Defendant or Movant]

[Attorney's Address]

[Telephone Number]

[Facsimile Number]

[Bar Card Number]

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CERTIFICATE OF SERVICE

I certify that a true and correct copy of the foregoing Response to A Request for Disclosure has been served upon all attorneys of record and any parties who are not represented by an attorney on _____.

Attorney for: [Other attorney's client's name]

Attorney's name: [Other attorney's name]

Attorney's Address [Other attorney's address]

Type of Service:

THIS DOCUMENT

___ U.S. Mail, certified mail, return receipt requested No. _____.

___ U.S. Mail, first class mail.

___ Hand delivery by [name of delivery service]: _____.

___ Facsimile transmission to _____ [fax number] before 5 p.m.

[Name of Client's Attorney]

THANK YOU

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