

IN THE CIRCUIT COURT OF PULASKI, ARKANSAS

SEAN LYNN; and
LAURA HAMMETT

PLAINTIFFS

v.

Case No. 60CV-26-216

BOARD OF TRUSTEES of the UNIVERSITY
of ARKANSAS, in their official capacity;
et al.

DEFENDANTS

PLAINTIFFS' EXHIBIT 5 – Dr. Margolick's First Set of Interrogatories to Sean Lynn

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

SEAN LYNN and
LAURA HAMMETT

PLAINTIFFS

V.

CASE NO. 60CV-26-216

BOARD OF TRUSTEES OF THE
UNIVERSITY OF ARKANSAS; et al.

DEFENDANTS

**DEFENDANT JOSEPH F. MARGOLICK, MD'S
FIRST INTERROGATORIES TO PLAINTIFF SEAN LYNN**

Defendant Joseph F. Margolick, MD propounds the following first interrogatories to the plaintiff Sean Lynn to be answered by him pursuant to Rule 33 of the Arkansas Rules of Civil Procedure:

INTERROGATORY NO. 1: Please state your full name, your date of birth, your place of birth and your Social Security number.

INTERROGATORY NO. 2: Please list in chronological order your home address for the last ten years, including the dates you each lived at each address and all persons with whom you lived at each address.

INTERROGATORY NO. 3: Please state whether you have ever been married. If so, please state the name of any spouse, the date of marriage, the date of divorce or death and the county and state in which the divorce or death occurred, if applicable, and the current name and address of each spouse.

INTERROGATORY NO. 4: Please state whether you have any children, and provide the names, dates of birth, address and the mother and/or father's name of each child.

INTERROGATORY NO. 5: Please state the names, addresses, and telephone numbers of all relatives you have in Pulaski County, Arkansas.

INTERROGATORY NO. 6: State the names, addresses and telephone numbers of all persons who know anything about the alleged incidents giving rise to this lawsuit.

INTERROGATORY NO. 7: Please state whether you have ever been a party to a lawsuit, whether domestic, civil, criminal, and/or an administrative proceeding. If so, please state for each:

- (a) the names of all parties;
- (b) the court in which the suit is (was) pending;
- (c) the case number;
- (d) the attorneys representing you and the defendants;
- (e) the underlying basis for the lawsuit; and
- (f) the final resolution of the lawsuit.

INTERROGATORY NO. 8: If you have ever sought relief for any chapter of bankruptcy, state for each case:

- (a) the names of all parties;
- (b) the court in which the suit is (was) pending;
- (c) the case number;

- (d) the attorney representing you; and
- (e) the final resolution.

INTERROGATORY NO. 9: Have you ever been charged, convicted or pled guilty or no contest to a violation of any criminal or civil statute or regulation? If your answer is yes, please state for each:

- (a) the complete style of the case, including court and case number;
- (b) the name and address of the attorney, governmental official or entity alleging the violation;
- (c) the date the action was filed;
- (d) the date of the resolution;
- (e) if settled or verdict returned, the full amount and complete terms of the settlement or of the penalties/fines/sentence awarded; and
- (f) a complete description of the circumstances alleged to have occurred upon which the action was based.

INTERROGATORY NO. 10: Please state your current occupation and the length of time engaged at same, and provide the name, address and telephone number of your employers for the past ten years.

INTERROGATORY NO. 11: Please list your educational background to include names of school attended, dates of attendance, dates of graduations and degrees obtained.

INTERROGATORY NO. 12: Identify the name, address, and telephone number of all medical care providers, including physicians and hospitals, who

examined or provided care and treatment to you during the ten years prior to the allegations of the subject litigation and all medical care providers who have provided treatment to you thereafter.

INTERROGATORY NO. 13: For each hospitalization you have had, please state:

- (a) the name and address of each hospital;
- (b) the dates of admission and discharge;
- (c) the identity of the physician who admitted you;
- (d) the reason for admittance;
- (e) the identity of all physicians who treated you;
- (f) a description of the treatment received;
- (g) the diagnosis made; and
- (h) the prognosis given.

INTERROGATORY NO. 14: Please state the name, address and telephone number of all pharmacies or prescriptive services you have utilized for ten years prior to the allegations of the subject litigation and thereafter.

INTERROGATORY NO. 15: If at any time you suffered from any chronic or permanent adverse health condition, state what condition you have had and names and addresses of medical care providers who treated you for that condition.

INTERROGATORY NO. 16: Please identify all hobbies and forms of recreation in which you participated prior to January 13, 2024 which you can no longer participate as a result of the allegations contained in your complaint.

INTERROGATORY NO. 17: State all social clubs, lodges, churches or associations of any nature in which you participate or have been a member for the past five years.

INTERROGATORY NO. 18: Please state whether either of you created any entry on any form of social media relating to the events described in the complaint. If the answer is in the affirmative, please state the date, time, substance of each entry, and form of social media, including your user name on which such entries were made. If you have altered or deleted any posts related to the subject matter contained in your complaint either prior to or after filing of your complaint, please identify the date, time and content of the alteration or deletion and the reason for doing so. Please confirm that you will not alter or delete any posts concerning the subject matter of your complaint until the conclusion of this lawsuit.

INTERROGATORY NO. 19: Please identify any form of social media websites or applications, including but not limited to, Facebook, Linked In, Twitter, Instagram or similar sites, for which you have an account, and provide your user domain name(s) for each account.

INTERROGATORY NO. 20: Please identify each insurance company or plan that at any time has provided or been obligated to provide you with medical, health, disability and/or compensation coverage. Include the company name, address, telephone number, policy or identification number, and policy period.

INTERROGATORY NO. 21: Please identify in detail any statements that defendants or any employee or representative of defendants, in matters arising out of

the same transaction or occurrence alleged in the Complaint, has made relating to the subject matter of the Complaint, including but not limited to any statement that you believe qualifies as a statement against interest, present sense impression, and/or an excited utterance with regard to any of your contentions in this case.

INTERROGATORY NO. 22: Please state whether you claim or contend that any individual has made any statement or statements with reference to your care and treatment, to the alleged occurrences giving rise to this lawsuit, or to any of the matters alleged in your complaint. If so, please state the names, addresses, and telephone numbers of the persons claimed to have made the statements, the substance of the statements, when made, where made, to whom made, and in whose presence made.

INTERROGATORY NO. 23: State the name, address, occupation, and qualifications of each person you intend to call as an expert witness at the trial of this case.

INTERROGATORY NO. 24: With respect to each expert identified, please state the following:

- a. his or her professional specialty;
- b. the subject matter on which he or she is expected to testify;
- c. the opinions to which he or she will testify at trial;
- d. the facts upon which each opinion set forth in subparagraph (c) is based;

- e. whether or not such expert has submitted a written report or opinion related to the subject matter of the case;
- f. identify the documents and any other material relied upon by and/or provided to each such expert for review;
- g. the amount of the expert's fee;
- h. the hourly rate charged by the expert in litigation matters;
- i. the total amount of income earned during the preceding year from testifying or consulting with attorneys in litigation matters;
- j. the number of cases the expert has testified (at trial or in deposition) on behalf of plaintiffs in general;
- k. the total number of cases the expert has testified (at trial or in deposition) on behalf of defendants in general; and
- l. a list of all other cases in which the witness has testified as an expert at trial or by deposition within the past four years. Each case should be identified by style, court in which it was filed, docket number, and the name, address and telephone number of the attorney retaining the expert's services.

INTERROGATORY NO. 25: Does there exist, either written or oral, any understanding, agreement, or contract, including, but not limited to, guaranty agreements, loan receipts, Mary Carter agreements, releases, quasi-releases, compromise or settlement agreements, hold harmless agreements, covenants not to sue, covenants not to execute, indemnity or contribution agreements, high/low

agreements or the like, between you and any person or entity with regard to any potential liability, directly or indirectly, that any such person or entity might have had or might in the future have, which liability is based in whole or in part, directly or indirectly, on the occurrences made the basis of this lawsuit? If your answer is yes, state verbatim the contents of such understanding, agreement or contract including, but not limited to: the parties thereto, the terms thereof, and the date on which such agreement was reached. If you will do so without a formal request for production, attach all documents that relate to or reflect the understanding, agreement, or contract referred to in this interrogatory, if any such documents exist. If you will not attach the documents or if you do not have a copy of them, identify the documents.

INTERROGATORY NO. 26: State the name, complete address, and current business and residence telephone numbers of all lay witnesses who may testify on your behalf at the trial of this case, stating the substance of each fact to which such person is expected to testify.

INTERROGATORY NO. 27: Please identify any and all exhibits and demonstrative aids that will be offered or used at trial.

INTERROGATORY NO. 28: Please state whether you or anyone on your behalf has maintained any written or audio notes, diaries, calendar entries, or the like, which in any way pertain to the allegations in this case.

INTERROGATORY NO. 29: Please set forth an itemized list of all medical, hospital, physician, prescription drug and related expenses that you are claiming as

damages in this lawsuit. Include in your answer the name and address of the charging entity, the amount of the expense, the reason for the expense, and whether you or any insurance company or medical care payor has paid that expense.

INTERROGATORY NO. 30: Because you are claiming permanent injury as an element of damage in this lawsuit, please list any physician or medical care provider who has diagnosed a permanent injury, describe in detail what each physician has concluded and provide the names and addresses of the physicians who manage care for the identified permanent injury(ies).

INTERROGATORY NO. 31: Please describe what you allege are any physical or psychological injury(ies), resulting from treatment or services rendered by defendants including in your description:

- (a) the identity of any treating or examining physician supporting this diagnosis;
- (b) the date and place of any such treatment or examination;
- (c) the duration of any treatment received for said injury(ies);
- (d) any prognosis or diagnosis concerning such injury(ies);
- (e) the identity of each person rendering any such diagnosis or prognosis;
- and
- (f) whether the injury is permanent.

INTERROGATORY NO. 32: Please state in accordance with Ark. Code Ann. § 16-114-205(b) the total amount of damages, including actual, special, and punitive damages, that you claim in this case, including but not limited to the nature

of each element, the amount of money sought for each element of damage, all bases for your computation of each element of damage, all payments you have made to or received from any source in connection with each of these elements of damage, and all medical treatment you have sought or received to alleviate each element of damage (including but not limited to each person from whom you have sought or received such treatment).

INTERROGATORY NO. 33: If you are claiming past or future loss of income, please identify the amount of such loss and the name, address, and telephone number of the person or entity that would have paid the income. Please list how long you were employed by each employer.

INTERROGATORY NO. 34: Have you ever filed a worker's compensation claim? If so, please state the jurisdiction in which you filed the claim, the year in which you filed the claims, and the name of the employer and/or employer's worker's compensation carrier against whom you filed the claim.

INTERROGATORY NO. 35: Has you ever served in the military? If so, please state the branch of the military in which you served and your dates of service.

INTERROGATORY NO. 36: Please provide the following information:

- a. Full name as set forth on Social Security Card, Medicare Card and/or Medicaid Card;
- b. Whether you ever applied for or received benefits from Medicare, Medicaid or the Social Security Administration at any time. If so, please identify the specific entity(ies); the date(s) on which you applied for said benefits; the date(s)

you first received benefits from said entity(ies); and any claim number associated with your receipt of benefits.

INTERROGATORY NO. 37: Do you have any existing Medicare or Medicaid lien for treatment of any physical or mental injury which you allege to have been proximately caused by the incident which is the subject of this lawsuit? If so, identify all applicable liens, the amount of the liens and the associated healthcare providers from whom you sought treatment.

INTERROGATORY NO. 38: Are you disabled or receiving disability benefits from a private or other group health plan? Please explain.

INTERROGATORY NO. 39: If you ever received Medicare and/or Medicaid benefits, please provide the following information:

a. Please identify any and all amounts that have been paid by Medicare and/or Medicaid in satisfaction of medical expenses from any health care provider involved in the treatment of your injuries you are claiming in this lawsuit and for each amount, please indicate the health care provider, date of service, and service provided;

b. Please outline the steps you or your representative(s) have taken to notify Medicare/Medicaid of this lawsuit;

c. Please provide the dates on which you or your representative(s) mailed written correspondence to Medicare/Medicaid or specifically any Medicare/Medicaid secondary payer contractor (MSPRC) regarding its lien;

d. Please provide the dates on which you or your representative(s) communicated orally with Medicare and/or Medicaid or specifically any Medicare and/or Medicaid secondary payer contractor (MSPRC) regarding its lien;

e. Please outline what documents, if any, you or your representatives have received from Medicare/Medicaid including any secondary payer contractors regarding a lien;

f. Please provide the name, address and telephone number for the Medicare Coordinator or Benefit Contractor handling your claim; or

g. Please provide the name, address and telephone number for the Medicare Secondary Payment Recovery Contractor (MSPRC) Representative handling your claim.

INTERROGATORY NO. 40: Have any photographs, audiotapes, or videotapes been taken or made related to any matters pertaining to the subject of this lawsuit? If so, please state when these photographs, audiotapes, and/or videotapes were taken, the person taking them, and state the name of the present custodian of the photographs, audiotapes, and/or videotapes.


INTERROGATORY NO. 41: Did you or any member of your family ever communicate with defendants or any employee or representative thereof, by phone call (home or cell), text message, email or any other form of electronic communication (whether written or recorded), or any other form of written communication? If your answer is “yes”, please state the date, approximate time, parties involved, method and description of the communication.

INTERROGATORY NO. 42: Please identify, by name and address, any party holding a contingency interest in the outcome of this litigation including, but not limited to, Medicare, Medicaid disability insurers, governmental entities, medical providers, treatment facilities or clinics, litigation finance companies, banks, and any other entities or individuals who expect to be reimbursed in part or in full by the plaintiffs from any settlement or award obtained by the plaintiffs in this case. This interrogatory specifically excludes identification of any arrangement with counsel, should one exist.

INTERROGATORY NO. 43: Please state all persons who drafted or assisted in drafting your responses to Defendant Dr. Joseph Margolick's (a) First Set of Interrogatories, (b) First Set of Requests for Production, and (c) First Set of Requests for Admission and identify which discovery responses were drafted by whom.

INTERROGATORY NO. 44: Please consider these interrogatories and requests as continuing and supplement your answers in the event new or additional information comes to the attention of you or your attorney in order to avoid the possibility of surprise to defendants at the trial of this case. Will you do so?

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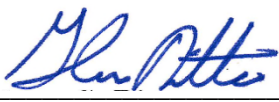
By 
Glenn S. Ritter (2011146)
Attorneys for Joseph F. Margolick, MD

CERTIFICATE OF SERVICE

On March 19, 2026, a copy of the foregoing was served on the following as indicated

below:

Sean Lynn, Pro Se – <i>Via Certified mail, restricted delivery</i> 10 Theresa Drive North Little Rock, AR 72118 <i>Pro se Plaintiff</i>	Laura Lynn Hammett, Pro Se – <i>Via U.S. Mail</i> 16 Gold Lake Club Road Conway, AR 72032 <i>Pro se Plaintiff</i>
Sherri L. Robinson – <i>Via Email</i> SLRobinson@uams.edu <i>Attorney for Board of Trustees of the University of Arkansas</i>	


Glenn S. Ritter