

**STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS**

_____,
on behalf of and as parents and natural guardians
of _____, a deceased minor,

Petitioners,

CASE NO.:

vs.

FLORIDA BIRTH-RELATED NEUROLOGICAL
INJURY COMPENSATION ASSOCIATION,

Respondent.

_____ /

**PETITION FOR BENEFITS PURSUANT TO
FLORIDA STATUTE SECTION 766.301 et seq.**

COMES NOW, the Petitioners, _____ ,
on behalf of and as parents and natural guardians of _____, and petition
for benefits pursuant to Florida Statute Section 766.301 et seq. and state:

Legal representatives of the claimant:

1. This petition is brought on behalf of _____ , deceased, by and
through(his/her) parents and natural guardians, _____ ,

_____ .

Name of deceased infant:

2. The deceased infant's name is _____ .

Name and address of physician:

3. The physician providing obstetric services who was present at the birth is:

_____ .

Time and place of birth:

4. At, _____ ,

D.O.B.: _____ .

Time and place of injury:

5. At _____ , _____

Description of disability:

6. It is alleged that _____, deceased, suffered brain damage as a result of a birth-related neurological injury.

Statement of facts:

7. It is alleged that _____ , deceased, suffered brain damage as a result of a difficult birth.

Medical Records of Claimant:

8. The medical records and hospital records of the mother, _____ , and _____ , the deceased infant have been forwarded to Florida Birth Related Neurological Injury Compensation Association (NICA).

9. Forwarded to NICA were the medical records from:

A. _____ for the mother, _____ .

B. _____ for the deceased infant, _____ .

Medical bills, expenses, and evaluations:

All available documents have been requested from each health care provider noted above and are attached hereto.

10. A certified copy of the birth certificate is attached.

11. The Petitioners request the following relief:

A. Past medical expenses.

B. Lump sum payment of an award to the parents of the deceased minor in an amount not to exceed \$250,000.00.

C. All expenses requested hereunder are to be awarded pursuant to the provisions of Sections 766.301 - 766.316, Florida Statutes, and subject to exclusions contained in said sections.

D. Reasonable expenses incurred in connection with the filing of this claim.

I affirm that the representations set forth in this Petition for Benefits do not contain any false, incomplete or misleading information, that I have not omitted nor concealed any material information, and that I understand this Petition for Benefits is being submitted to obtain benefits under the NICA Plan, and that NICA is materially and substantially relying upon the representations contained herein.

WHEREFORE, the Petitioners respectfully request that they be granted the benefits available to them under the Florida Statutes governing birth-related neurological injuries. Dated this _____ day of _____, _____.

_____, Mother

_____, Father

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Petition for Benefits has been furnished by certified mail, return receipt requested, to Claudia Llado, Division of Administrative Hearings, 1230 Apalachee Parkway, Tallahassee, Florida 32399-3060 this _____ day of _____, _____.

_____, Mother

_____, Father