

**STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS**

_____,
on behalf of and as parent and natural guardian
of _____, a minor,

Petitioner,

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 Petitioner, _____ on behalf of and as parent and natural guardian of _____, and petitions for benefits pursuant to Florida Statute Section 766.301 et seq. and states:

Legal representatives of the claimant:

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

Name and address of injured infant:

2. The injured infant's name is _____, (his/her) address is _____

Name and address of physician:

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

_____.

Description of disability:

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

Time and place of birth:

5. At _____, _____

D.O.B.: _____

Time and place of injury:

6. At _____, _____ on _____ or
about _____.

Statement of facts:

7. It is alleged that _____ 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 infant, _____, were 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 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 Petitioner requests the following relief for (him/her)self and (his/her) minor
child:

A. Expenses for items or services that are medically necessary and reasonable
for the child's medical and hospital care, habilitation and training, custodial
care and services and related care in the past and in the future for the rest of
his life.

B. Periodic payments (or lump sum) of an award to the parent of the minor in an
amount not to exceed \$250,000.

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 Petitioner respectfully requests that she be granted the benefits available to herself and her minor child under the Florida Statutes governing birth-related neurological injuries. Dated this _____ day of _____, _____.

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, (850) 488-9675, this _____ day of _____, _____.

