

**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. Periodic payments (or lump sum) of an award to the parent(s) of the minor in an amount not to exceed the amount authorized in section 766.31(1)(d)1.a., Florida Statutes.
- 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 The Division of Administrative Hearings, 1230 Apalachee Parkway, Tallahassee, Florida 32301-3060 this _____ day of _____, _____.

(_____), Mother
(_____)

(_____), Father
(_____)