STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

PARENT NAME,
on behalf of and as parent and natural guardian
of CHILD NAME, 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, PARENT NAME, on behalf of and as parent and natural guardian of CHILD NAME, by and through their undersigned counsel, 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 CHILD NAME, by and through HIS/HER parent and natural guardian , PARENT NAME / ADDRESS, and ATTORNEY NAME ATTORNEY ADDRESS, Esquire, their attorney.

Name and address of injured infant:

2. The injured infant's name is CHILD NAME, HIS/HER address is ADDR 1 ADDR 2 .

Name and address of physician:

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

Time and place of birth:

4. At HOSPITAL NAME / ADDRESS,
D.O.B.: CHILD DOB

Time and Place of injury:

5. At HOSPITAL NAME / ADDRESS, DATE

Description of disability:

6. It is alleged that CHILD NAME suffered brain damage as a result of a birth-related neurological injury.

Statement of facts:

7. It is alleged that CHILD NAME suffered brain damage as a result of a difficult birth.

Medical Records of Claimant:

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

9. Forwarded to NICA were the medical records from:

   A. HOSPITAL NAME for the mother, MOTHER NAME .

   B. HOSPITAL NAME for the infant, CHILD NAME .

10. 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/HER life.

   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)(g)1., 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 Petitioner respectfully requests that HE/SHE be granted the benefits available to and minor child under the Florida Statutes governing birth-related neurological injuries. Dated this DAY day of MONTH, YEAR.

_____ Attorney Signature
ATTORNEY NAME, Esquire
Attorney for Petitioner
FIRM NAME
ATTORNEY ADDRESS
Florida Bar ID# BAR NUMBER

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, 2001 Drayton Drive Tallahassee, Florida 32311, (850) 488-9675, this DAY day of MONTH, YEAR.

_____ Attorney Signature
ATTORNEY NAME, Esquire
Attorney for Petitioner
FIRM NAME
ATTORNEY ADDRESS
Florida Bar ID# BAR NUMBER
Telephone: PHONE NUMBER