STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

PARENTS NAMES,
on behalf of and as parents and natural guardians
of CHILD NAME, 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, PARENTS NAME, on behalf of and as parents and natural guardians of CHILD NAME, 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 CHILD NAME, deceased, by and through HIS/HER parents and natural guardians, PARENTS NAMES, PARENT ADDRESS.

Name of deceased infant:

2. The deceased infant's name is CHILD NAME.

Name and address of physician:

3. The physician providing obstetric services who was present at the birth is: PHYSICIAN'S NAME / 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, deceased, suffered brain damage as a result of a birth-related neurological injury.

Statement of facts:

7. It is alleged that CHILD NAME, 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, MOTHER NAME, and CHILD NAME, 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. HOSPITAL NAME for the mother, MOTHER NAME .

   B. HOSPITAL NAME for the deceased infant, CHILD NAME .

10. 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)(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 Petitioners respectfully request that they be granted the benefits

available to them under the Florida Statutes governing birth-related neurological injuries. Dated this DAY day of MONTH, YEAR.

Mother Signature

MOTHER NAME, Mother

Father Signature

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

Mother Signature

MOTHER NAME, Mother
ADDRESS

Father Signature

FATHER NAME, Father
ADDRESS