

**STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS**

(NAMES OF PARENTS),
on behalf of and as parents and natural guardians
of (NAME OF CHILD), a 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, (NAMES OF PARENTS), on behalf of and as parents and natural guardians of (NAME OF CHILD), 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 (NAME OF CHILD), by and through (his/her) parents and natural guardians, (NAME & ADDRESS OF PARENTS).

Name and address of injured infant:

2. The injured infant's name is (NAME & ADDRESS OF CHILD).

Name and address of physician:

3. The physician providing obstetric services who was present at the birth is: (NAME & ADDRESS OF DOCTOR).

Description of disability:

4. It is alleged that (NAME OF CHILD) suffered brain damage as a result of a birth-related neurological injury.

Time and place of injury:

5. At (NAME & ADDRESS OF HOSPITAL),

Date Of Birth: (CHILD'S DATE OF BIRTH).

Statement of facts:

6. It is alleged that (NAME OF CHILD) suffered brain damage as a result of a difficult birth.

Medical Records of Claimant:

7. Attached hereto are the medical records and hospital records of the mother, (NAME OF MOTHER) and the infant, (NAME OF CHILD) .

8. Attached hereto are the medical records from:

A. (NAME OF HOSPITAL) for the mother, (NAME OF MOTHER).

B. (NAME OF HOSPITAL) for the infant, (NAME OF CHILD).

Medical bills, expenses, and evaluations:

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

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

10. The Petitioners request the following relief for themselves and their 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 parents of the minor in an amount not to exceed \$100,000.00.

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.

We affirm that the representations set forth in this Petition for Benefits do not contain any false, incomplete or misleading information, that we have not omitted nor concealed any material information, and that we 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 and their minor child under the Florida Statutes governing birth-related neurological injuries. Dated this _____ day of _____, _____.

(NAME OF MOTHER), Mother

(NAME OF FATHER), Father

CERTIFICATE OF SERVICE

WE HEREBY CERTIFY that a true and correct copy of the foregoing Petition For Benefits has been furnished by certified mail, return receipt requested, to Ann Cole, Division of Administrative Hearings, 1230 Apalachee Parkway, Tallahassee, Florida 32399-3060, (850) 488-9675, this _____ day of _____, _____.

(NAME OF MOTHER), Mother
(ADDRESS)

(NAME OF FATHER), Father
(ADDRESS)