

**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

(NAME OF PARENT),  
on behalf of and as parent and natural guardian  
of (NAME OF CHILD), 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, (NAME OF PARENT), on behalf of and as parent and natural guardian of (NAME OF CHILD), 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 (NAME OF CHILD), by and through (his/her) parent and natural guardian, (NAME & ADDRESS OF PARENT).

**Name and address of injured infant:**

2. The injured infant's name is (NAME OF CHILD), (his/her) address is (CHILD'S ADDRESS).

**Name and address of physician:**

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

**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),  
D.O.B.: (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 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 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.

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 (himself/herself) and (his/her) minor child under the Florida Statutes governing birth-related neurological injuries. Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(NAME OF PARENT)  
(ADDRESS OF PARENT)

**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 Ann Cole, Division of Administrative Hearings, 1230 Apalachee Parkway, Tallahassee, Florida 32399-3060, (850) 488-9675, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(NAME OF PARENT)  
(ADDRESS OF PARENT)