

**STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS**

(PARENTS NAMES - CAPS),
on behalf of and as parents and natural guardians
of (CHILD'S NAME - CAPS), 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, (Parents Names), on behalf of and as parents and natural guardians of (Child's Name), by and through their undersigned counsel, 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's Name) by and through (His/Her - Child) parents and natural guardians, (Parents Names), (Parent's Address), and (Attorney's Name), Esquire, (Attorney's Address), their attorney.

Name and address of injured infant:

2. The injured infant's name is (Child's Name), (His/Her - Child) address is (Child's Address).

Name and address of physician:

3. The physician providing obstetric services who was present at the birth is: (Physician's Name) (Physician's Address).

Time and place of injury:

4. At (Hospital Name) (Hospital Address) Date Of Birth: (Child's Date of Birth).

Description of disability:

5. It is alleged that (Child's Name) suffered brain damage as a result of a birth-related neurological injury.

Statement of facts:

6. It is alleged that (Child's Name) 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, (Mother's Name), and the infant, (Child's Name).

8. Attached hereto are the medical records from:
 - A. (Hospital Name) for the mother, (Mother's Name).
 - B. (Hospital Name) for the infant, (Child's Name).

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 - Child) 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.

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 and their minor child under the Florida Statutes governing birth-related neurological injuries. Dated this ____ day of _____, _____.

(Attorney's Name) , Esquire
Attorney for Petitioners
(Firm Name)
(Attorney's Address)
(City, State & Zip)
(Attorney's Telephone #)
Florida Bar ID#

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 this ____ day of _____, _____.

(Attorney's Name) , Esquire
Attorney for Petitioners
(Firm Name)
(Attorney's Address)
(City, State & Zip)
(Attorney's Telephone #)
Florida Bar ID#

