Indiana Patient's Compensation Fund Complaint Form for Damages

Before the Department of Insurance
State of Indiana

)
_____)
Plaintiff(s),)
v.)
)
_____)
)
_____)
)
_____)
Defendant(s),

PROPOSED COMPLAINT FOR DAMAGES

Comes now the Plaintiff(s), _____, and for his/her complaint for damages against the Defendant(s), states as follows:

1. That Plaintiff _____, was a patient of the Defendant(s), _____

_____,

from _____ through _____, and received medical care and/or treatment from Defendant(s).

2. Said medical care or treatment rendered by Defendant(s) was negligent and below the appropriate standard of care.

3. That as a proximate result of the negligence of the Defendant(s), the Plaintiff(s) _____, has/have incurred medical expenses, additional treatment, related expenses, lost wages, and/or intangible damages of a nature as to require compensation.

WHEREFORE, the Plaintiff(s) respectfully pray(s) for an award against the Defendant(s) in an amount that will fairly and fully compensate Plaintiff(s) for all losses, injuries, and damages, for the costs of this action, and for all other just and proper relief.

OPTIONAL: Provide any additional information here. Attach additional sheets as necessary.

Respectfully submitted,

Date: _____ X _____
(mm / dd / yyyy) (signature)

Printed Name: _____

Mailing Address Line One: _____

Mailing Address Line Two: _____

City, State ZIP: _____

Phone number or email address required.

Phone number: _____

Email address: _____

[This space intentionally left blank. Do not write below this line.]

[IDOI Use Only]