

# Indiana Patient's Compensation Fund Complaint Form for Damages

**Before the Department of Insurance  
State of Indiana**

\_\_\_\_\_) )  
Plaintiff(s) )  
vs. ) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
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.

Please provide any additional information here:

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Respectfully submitted,

X \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

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