

Malpractice Information

Date of Incident: _____

Name of Plaintiff: _____

Name of other defendant(s), if applicable: _____

Outcome: (check 1 below)

Pending

Settlement/Payout Amount: \$_____ Date: _____

Dismissed (if dismissed, please include a copy of the dismissal documents)

What was alleged: (provide a brief but detailed explanation of the malpractice case)_____
