# APPLICATION FOR

# MEDICAL MALPRACTICE PRELITIGATION SCREENING

Please use this form if you wish prelitigation consideration of a personal injury claim for money damages.

PLEASE NOTE: THIS IS **NOT** A COMPLAINT FORM.
Complaint forms are available at www.bom@state.id.state.us under the Discipline option.

Please mail your printed or typed application to:
Idaho State Board of Medicine, PO Box 83720, Boise, Idaho, 83720-0058.
EXPRESS MAIL: 1755 Westgate Dr., Suite 140, Boise, Idaho, 83704.

**PLAINTIFF:** _____
Telephone: (____)_____ Cell: (____)_____ FAX: (____)_____
Address: _____
City/State/Zip: _____

COUNSEL: _____
Telephone: (____)_____ Cell: (____)_____ FAX: (____)_____
Address: _____
City/State/Zip: _____

**DEFENDANT:** _____
Telephone: (____)_____ Cell: (____)_____ FAX: (____)_____
Address: _____
City/State/Zip: _____

COUNSEL: _____
Telephone: (____)_____ Cell: (____)_____ FAX: (____)_____
Address: _____
City/State/Zip: _____

(If there are additional defendants, please list them all, using an additional sheet of paper if necessary.)

**CLAIM:** Please attach a copy of your claim, setting forth in reasonable detail and in general terms, e.g., when, where, and under what circumstances, the health care in question was allegedly improperly provided or withheld, and damages claimed. Send named defendant(s) a copy of the claim.

I request consideration of this matter by screening panel in accordance with Chapter 278, Session Law of Idaho, 1976, I.C., Section 6-1001, et seq.

Signed: _____, Plaintiff

Printed Name: _____, Plaintiff

Date: _____, _____, 200___

Rev. 04/2008