LARA/HLD-004 (02/14)

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Health Professions Licensing Division
PO Box 30670
Lansing MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

REQUEST FOR MALPRACTICE ACTION INFORMATION

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, certification will not be issued.

Please provide the following information for every malpractice action in which you were involved as a defendant. You may make additional copies of this form, as necessary.

First Name:	Middle Name:	Last Name:
U.S. Social Security #:	Profession:	
Date of Alleged Injury:	Date of Action:	

Please describe briefly the nature of this civil claim:

Place where alleged injury occurred (name and address of hospital or practice, city, county and state):

Court of Jurisdiction and Case Docket Number (if known):

If applicable, when was the action described above (check one):

◯ Adjudicated ◯ Settled ◯ Closed Date: _______/_______/______

Current case resolution or status (check one):

☐ Case remains open at this time ☐ Case settled by parties ☐ Case resolved by mediation
☐ Case dismissed by a Judge ☐ Case resolved by trial ☐ Case resolved by arbitration

Dollar amount of damages or approved settlement (if any): $________________________________

Name of your Attorney: ____

Street Address of your Attorney: ____

City: ____________________________________ State: ______________________ Zip Code: ____________________

Signature of Applicant ____ Date ______________________

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.