

[Your Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Insurance Adjuster Name/Legal Counsel Name]

[Insurance Company/Hospital Name]

[Address]

[City, State, Zip Code]

## **RE: NOTICE OF INTENT TO SUE / PRE-SUIT DEMAND**

**Claimant:** [Parent/Guardian Names], individually and as natural guardians of [Child's Name], a minor

**Date of Incident:** [Date of Birth/Injury]

**Facility:** [Hospital Name]

**Healthcare Providers:** [Doctor Name, Nurse Name, etc.]

**Claim Number:** [If applicable]

To Whom It May Concern:

This letter serves as a formal demand for settlement regarding the birth injuries sustained by [Child's Name] due to the medical negligence of [Facility/Provider Name] and its staff. We are currently preparing to file a formal medical malpractice lawsuit; however, we are providing this opportunity to resolve this matter pre-suit.

### **I. Statement of Facts**

On [Date], [Mother's Name] was admitted to [Hospital] for [labor/delivery/emergency]. During the course of care, the following events occurred: [Briefly describe the timeline of negligence, e.g., failure to monitor fetal heart rate, delayed C-section, improper use of forceps/vacuum].

### **II. Liability and Breach of Standard of Care**

The medical providers involved breached the prevailing professional standard of care. Specifically, they failed to: [List specific failures, e.g., recognize fetal distress, respond to uterine rupture, or manage neonatal resuscitation]. But for these failures, [Child's Name] would not have suffered permanent injury.

### **III. Damages and Injuries**

As a direct result of the aforementioned negligence, [Child's Name] has been diagnosed with [List diagnosis, e.g., Cerebral Palsy, HIE, Brachial Plexus injury]. Damages include:

- Past and future medical expenses
- Costs of lifelong specialized care and therapy
- Permanent physical and cognitive impairment

- Pain and suffering
- Loss of future earning capacity

#### **IV. Settlement Demand**

Based on the severity of the injuries and the clear liability of the healthcare providers, we hereby demand the sum of \$[Amount] to fully and finally settle all claims. This offer is made for the purposes of compromise and is valid until [Expiration Date].

Please contact our office by [Date] to discuss this matter. We look forward to your prompt response.

Sincerely,

[Your Signature]

[Your Printed Name]