

**THE VIRGINIA WORKERS' COMPENSATION COMMISSION**

**Petition Under the Virginia Birth-Related Neurological Injury Compensation Act, Pursuant to  
Virginia Code § 38.2-5004**

**IN THE MATTER OF:**

**Infant's Name:** \_\_\_\_\_

**VWC File No. (leave blank):** \_\_\_\_\_

**I. Please complete items A through H (please attach additional sheets as necessary)**

**A. Name and address of legal representative:** \_\_\_\_\_

Street/mailing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E-mail:** \_\_\_\_\_

**B. Basis for representation of injured infant:**

Parent

Guardian

Other: \_\_\_\_\_

**C. Name and address of injured infant:** \_\_\_\_\_

Street/mailing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Name and address of any physician providing obstetrical services who was present at the birth (please list all physicians and their addresses; if you are aware of counsel representing any of these, please include name and address of counsel as well):**

Dr. Name & Address

Counsel Name & Address

---

---

---

---

---

---

---

---

---

---

**E. Name and Address of hospital where birth occurred (if you are aware of counsel representing any of these, please include name and address of counsel as well):**

Hospital Name & Address

Counsel Name & Address

---

---

---

---

---

---

---

---

---

---

**F. Description of the disability for which claim is made:**

---

---

---

---

**G. Time and place where the birth-related neurological injury occurred:**

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

Location and Address:

---

---

---

---

**H. Brief statement of the facts and circumstances surrounding the birth-related neurological injury and giving rise to the claim:**

---

---

---

---

**II. Attach the following items to this Petition:**

1. All available medical records relating to the birth-related neurological injury and a description of any unavailable records of which you are aware and the reasons for their unavailability;
2. Appropriate assessments, evaluations, and prognoses and such other records and documents as are reasonably necessary for the determination of the amount of compensation to be paid to, or on behalf of, the injured infant on account of a birth-related neurological injury;
3. Documentation of expenses and services incurred to date, which indicates whether such expenses and services have been paid for, and if so, by whom; and
4. Documentation of any applicable private or governmental source of services or reimbursement relative to the alleged impairments.

**Number of Copies You Must File and Filing Fee:**

You must furnish the Commission with as many copies of the petition as required for service upon the Program, any physician and hospital named in the petition, the Board of Medicine and the Department of Health, along with a \$15 filing fee

**Submit this Petition, required attachments and copies, and \$15 filing fee to:**

**The Virginia Workers' Compensation Commission**

**333 E. Franklin St.**

**Richmond, Virginia 23219**

**If you have questions about filing this petition or the hearing process, please contact the Commission at 804.367.8664. Some information may be available at [www.vwc.state.va.us](http://www.vwc.state.va.us).**

**If you have questions about benefits under the Virginia Birth-Related Neurological Injury Act, please contact the Virginia Birth-Related Neurological Injury Compensation Program at 804.330.2471. Information is also available at their website: <http://www.vabirthinjury.com/>.**

*Additional Information Regarding Procedures*

**With regard to procedures after you file this petition, Virginia Code § 38.2-5004 provides:**

B. Upon receipt of the petition or the filing of a claim relating to the conduct of a participating physician, the Department of Health Professions shall investigate the petition or claim, utilizing the same process as it does in investigating complaints filed under any provision contained in Title 54.1. Conduct of health care providers giving rise to disciplinary action shall be referred to the Board of Medicine for action consistent with the authority granted to the Board in §§ [54.1-2911](#) through [54.1-2928](#). If a notice or order is issued by the Board of Medicine, a copy shall be mailed to the petitioner or claimant.

C. Upon receipt of the petition or the filing of a claim relating to the conduct of a participating hospital, the Department of Health shall investigate the petition or claim, utilizing the same process as it does in investigating complaints filed under any provision of Title 32.1. If it determines that there is reason to believe that the alleged injury resulted from, or was aggravated by, substandard care on the part of the hospital at which the birth occurred, it shall take any appropriate action consistent with the authority granted to the Department of Health in Title 32.1.

D. The Program shall file a response to the petition and submit relevant written information relating to the issue of whether the injury alleged is a birth-related neurological injury, within the meaning of this chapter within 10 days after the date the panel report is prepared pursuant to subsection C of §38.2-5008 is filed with the Commission.

E. Any hospital at which a birth occurred, upon receipt of written notice from the legal representative of an injured infant that he intends to file a petition under this chapter, shall promptly deliver to such person all available medical records relating to the infant who allegedly suffered a birth-related neurological injury.

F. As used in this chapter, fetal monitoring strips, whether printed or in electronic format, shall be deemed to constitute part of the medical records relating to an infant who allegedly suffered a birth-related neurological injury.

If you are viewing this form on a personal computer with an internet connection, you can view the entire Virginia Birth-Related Neurological Injury Act by clicking this link:

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+TOC3802000005000000000000>.