

STATE OF NEW YORK

SUPREME COURT COUNTY OF [INSERT COUNTY]

[Insert Caption]

Plaintiff
vs.
Defendant

NOTICE OF COMMENCEMENT
OF MEDICAL MALPRACTICE
ACTION

Index No: [Insert]

RJI No: [Insert]

Hon. [Insert]

PLEASE TAKE NOTICE that the above action for medical or dental malpractice was commenced by service of summons and complaint on [Insert Defendants] on [Insert Date]. That issue was joined therein by [Insert Defendants], on [Insert Date], and that the action has not been dismissed, settled or otherwise terminated.

1. State full name, address, and age of each plaintiff.

[Insert Plaintiff(s)], Individually, and [Insert], as Administrator of the Estate of [Insert Decedent's Name], [Insert Address], [Insert Date of Birth].

2. State full name and address of each defendant.

[Insert Defendant(s) name and address]

3. State alleged medical specialty of each individual defendant, if known.

[Insert type of defendant's specialty].

4. Indicate whether claim is for

medical malpractice (X)

podiatric malpractice ()

dental malpractice ().

5. State date and place claim arose. [Insert date and place claim arose].

6. State substance of claim. [Insert type of substance of claim].