

CIVIL ACTION COVER SHEET

DOCKET NO.(S)

02-1555

Trial Court of Massachusetts Superior Court Department County: Worcester



PLAINTIFF(S) Marilez Sanchez, PPA, Adalberto Sanchez and Elizabeth Sanchez

DEFENDANT(S) Lucy Bayer Zwirelló, M.D., Christine Hennigan, M.D. and Linda Polonsky, M.D.

ATTORNEY, FIRM NAME, ADDRESS AND TELEPHONE Andrew C. Meyer, Jr., LUBIN & MEYER, PC 100 City Hall Plaza, Boston, MA 02108 Board of Bar Overseers number: 344300

ATTORNEY (if known)

Origin code and track designation

Place an x in one box only:

- 1. F01 Original Complaint (checked)
2. F02 Removal to Sup.Ct. C.231,s.104 (Before trial) (F)
3. F03 Retransfer to Sup.Ct. C.231,s.102C (X)
4. F04 District Court Appeal c.231, s. 97 &104 (After trial) (X)
5. F05 Reactivated after rescript; relief from judgment/Order (Mass.R.Civ.P. 60) (X)
6. E10 Summary Process Appeal (X)

TYPE OF ACTION AND TRACK DESIGNATION (See reverse side)

CODE NO. TYPE OF ACTION (specify) TRACK IS THIS A JURY CASE? B06 Medical Malpractice (A) (XX) Yes () No

The following is a full, itemized and detailed statement of the facts on which plaintiff relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.

TORT CLAIMS

(Attach additional sheets as necessary)

- A. Documented medical expenses to date: 1. Total hospital expenses \$, 2. Total Doctor expenses \$, 3. Total chiropractic expenses \$, 4. Total physical therapy expenses \$, 5. Total other expenses (describe) \$, Subtotal \$
B. Documented lost wages and compensation to date \$
C. Documented property damages to date \$
D. Reasonably anticipated future medical and hospital expenses \$
E. Reasonably anticipated lost wages \$
F. Other documented items of damages (describe) \$
G. Brief description of plaintiff's injury, including nature and extent of injury (describe) The defendants' failure to provide care in accordance with the accepted standard of care resulted in Brachial Plexus injury. In excess of \$ 25,000.00 TOTAL \$ in conscious pain & suffering

CONTRACT CLAIMS

(Attach additional sheets as necessary)

Provide a detailed description of claim(s):

TOTAL \$

PLEASE IDENTIFY, BY CASE NUMBER, NAME AND COUNTY, ANY RELATED ACTION PENDING IN THE SUPERIOR COURT DEPARTMENT

"I hereby certify that I have complied with the requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods."

Signature of Attorney of Record Andrew Meyer DATE: 7/18/02

Handwritten initials and date 7-20-02