



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301-2412
Phone: 603-271-2152

Malpractice Liability Claims Information
(Copy this form to report multiple claims)

Name of Patient: _____
Last First M

In which state did the action take place? _____ Which Court: _____

Case Number: _____

Current Status of this claim:

Open (pending) Closed (settled) Dismissed (no money paid out) Other

Amount of Judgement: \$ _____ Amount paid on your behalf: \$ _____

Month and Year of Event Precipitating Claim: _____

Month and Year of Lawsuit: _____

Insurance Carrier at Time: _____

What is/was Your Claim Status? Primary Defendant Co-Dependent Other _____

Please provide specifics in reference to the adverse event including the allegations and your role in the event: