

# In the United States Court of Federal Claims

OFFICE OF SPECIAL MASTERS

\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_) **Petitioner(s)** \_\_\_\_\_) **Case No.** \_\_\_\_\_)  
v. \_\_\_\_\_) **Special Master** \_\_\_\_\_)  
\_\_\_\_\_)  
SECRETARY OF HEALTH AND \_\_\_\_\_)  
HUMAN SERVICES \_\_\_\_\_)  
\_\_\_\_\_ **Respondent** \_\_\_\_\_)  
\_\_\_\_\_)

## CERTIFICATE OF SERVICE

I hereby certify that a copy of the petition and accompanying documents was served on the Secretary of Health and Human Services on this date \_\_\_\_\_, by first class or certified mail to the following address:

Secretary of Health and Human Services  
c/o Director, Division of Injury Compensation Programs  
Health Resources and Services Administration  
National Vaccine Injury Compensation Program (VICP)  
5600 Fishers Lane, 08N146B  
Rockville, MD 20857

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone No.