

# **In the United States Court of Federal Claims**

**OFFICE OF SPECIAL MASTERS**

**[Date Document Filed]**

**PETITIONER'S NAME,**

**Petitioner,**

**v.**

**SECRETARY OF HEALTH AND HUMAN  
SERVICES,**

**Respondent.**

**Case No. \_\_\_\_-\_\_\_\_V**

**Special Master's Name \_\_\_\_\_**

## **PETITIONER'S EXHIBIT LIST**

1. Birth Certificate
2. Medical records of Dr. Jane Doe-Smith
3. Medical records of Dr. J. Doe
4. Medical records of City Medical Center
5. Affidavit of Petitioner
6. Expert Report of Dr. John Doe
7. CV of Dr. John Doe
8. Medical Journal Article (include full citation)

**Signature**

Counsel for Petitioner

Firm Name

Address

City, State, Zip code

Phone number

Facsimile number

Email Address

**[Insert Certificate of Service]**