

Form 4

**LIABILITY INDICATION FORM
(MEDICAL NEGLIGENCE CLAIMS)**

Instructions: Where liability indication is required, this form is to be completed before the CDR session by all solicitors having conduct of the case.

Case Number: _____ Plaintiff's Counsel/Signature: _____
 CDR Date: _____ Defendant's Counsel/Signature: _____
 [Other Party's Counsel/Signature]: _____

Alleged negligent act(s) or omission(s) by the Defendant	Details of alleged negligent act(s) or omission(s): _____
	Date(s) of occurrence: _____
	Alleged adverse outcome(s): _____
	Time of discovery of alleged adverse outcome(s): _____

Did the Plaintiff receive other relevant treatment(s) by other healthcare provider(s)?
 Yes

Name(s): _____	Type of treatment(s): _____
	Date(s) of treatment(s): _____

No

Plaintiff's Case	Defendant's/Other Party's Case
<i>What is the alleged breach of duty of care and causal link with the damage suffered?</i>	<i>Which allegation(s) of breach of duty of care and/or causation are denied and which are admitted and why?</i>

List of medical report(s) and other related medical record(s)

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Chronology of events giving rise to the claim

Date	Description	Supporting document(s) (if any)	Comments	Supporting document(s) (if any)