

**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 \_\_\_\_\_**

**NOTICE OF INTENT TO FILE ON PORTABLE STORAGE DISC OR DRIVE**

Petitioner respectfully submits the following exhibits in the above captioned case for filing. The contents of this disc have been scanned with anti-virus software with up-to-date anti-virus definitions as of [most recent date of virus scan].

- Exhibit #1 Birth Certificate
- Exhibit #2 Pediatrician records of 'well baby' visits
- Exhibit #3 Vaccination Administration Records
- Exhibit #4 Vaccine Administration Record for 4/24/06
- Exhibit #5 Treatment records
- Exhibit #6 Transfer record Children's Hospital
- Exhibit #7 Abstract Copy of Hospital records for
- Exhibit #8 Affidavit of Petitioner's Mother
- Exhibit #9 Copy of Medical logs

Respectfully submitted,

**Signature**

Attorney of Record Name

Firm Name

Address

City, State, Zipcode

Phone number

Facsimile number

Email Address

**CERTIFICATE OF SERVICE**

I hereby certify that on this [Date of Service], a true copy of the foregoing **NOTICE OF INTENT TO FILE ON PORTABLE STORAGE DISC OR DRIVE** and accompanying disc was served by first class mail, postage prepaid upon:

Respondent's Counsel's Name

U.S. Department of Justice

Vaccine Litigation

Torts Branch/Civil Division

P.O. Box 146

Ben Franklin Station

Washington, DC 20044-014

and

I hereby certify that on this [Date of Service], a true copy of the foregoing **NOTICE OF INTENT TO FILE ON PORTABLE STORAGE DISC OR DRIVE** and accompanying disc were served by first class mail, postage prepaid upon:

Clerk, United States Court of Federal Claims

717 Madison Place NW

Washington, DC

20439

**Signature**

Attorney of Record

Firm Name

Address

City, State, Zip code

Phone number

Facsimile number

Email Address