NOTICE OF INTENT

Date:

From: _____
      DC# _____

      _____

      _____

      _____

To: Division of Risk Management   Florida Dept. of Corrections
       Department of Insurance   Office of the General Counsel
       Larson Building   501 S. Cahoun Street
       Tallahassee, FL 32399   Tallahassee, FL 32399-2500

PLEASE TAKE NOTICE pursuant to § 768.28, Fla. Statutes that the undersigned does intend to file a civil complaint against:

Florida Department of Corrections
2601 Blairstone Road
Tallahassee, FL 32399

The Affiant serves notice to inform the Department of Insurance, Division of Risk Management, State of Florida, that he is preparing litigation against the Florida Department of Corrections and the following employees:

1.   4.

2.   5.

3.   6.

In accordance with § 768.28, Fla. Statutes I hereby register this complaint with your office. Pursuant to § 768.28, Fla. Statutes, and other applicable law dealing with the requisite statutory notice to government entities and their employees, I hereby request all discoverable information (in the event this is a medical malpractice notice), in the possession of or obtained by your office, be

made available without formal discovery. Said information is to be forwarded by U.S. Mail to the above address.

The undersigned intends to file suit based upon the following facts:

MATERIAL FACTS

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CONCLUSION

WHEREFORE, based upon the foregoing, the Affiant serves **Notice Of Intent** to file civil suit if acceptable settlement is not reached.

Respectfully submitted,

_____

_____

DC# _____

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OATH

Under the penalties of perjury I declare that the foregoing facts are true and correct.

_____

_____

Affiant

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing document and appendix of exhibits has been furnished to the Office of General Counsel, Department of Corrections at: 2601 Blairstone Road, Tallahassee, Florida 32399 by handing said document to _____, a prison official, for mailing by Certified Mail (Art. no. _____) return receipt requested on this ___ day of _____, 20___.

_____

_____

Affiant

INDEX OF EXHIBITS

EXHIBIT	DOCUMENT	DATE
A		
B		
C		
D		
E		