MASSACHUSETTS SUPERIOR COURT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY

 )

PLAINTIFF(S) )

 )

 )

v. ) Docket Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 )

 )

DEFENDANT(S) )

 )

**DEMAND FOR TRIBUNAL**

**by a physician defendant**

This is to inform the Court that Defendant \_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the above-captioned matter hereby demands a Medical Malpractice Tribunal be convened to determine if the evidence presented, if properly substantiated, is sufficient to raise a legitimate question of liability on behalf of \_\_\_\_\_\_\_\_\_\_. Defendant \_\_\_\_\_\_\_\_ hereby states that the offer of proof in this matter fails to raise a legitimate question of liability appropriate for judicial inquiry, as set forth in the Memorandum attached hereto.

Defendant \_\_\_\_\_\_\_\_\_\_\_\_\_\_ further states that the field of medicine in which Plaintiff’s injury occurred is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Defendant resides in \_\_\_\_\_\_\_\_\_\_\_\_\_\_ county, and practices in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ county/ies.

Simultaneous with filing this Demand for Tribunal, Defendant \_\_\_\_\_\_\_\_ certifies that on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, a true copy of the foregoing will be served on all other parties of record in this action and the Massachusetts Medical Society (“Society”) as follows:

|  |  |
| --- | --- |
| Name | Contact |
| [plaintiff 1] | Attorney or PlaintiffAddressPhone numberEmail |
| [plaintiff 2] | Attorney or PlaintiffAddressPhone numberEmail |
| [other defendant 1] | Attorney or DefendantAddressPhone numberEmail |
| [other defendant 2] | Attorney or DefendantAddressPhone numberEmail |
| Massachusetts Medical Society | tribunal@mms.orgwith hard copy to:Tribunal DemandMassachusetts Medical Society860 Winter StreetWaltham MA 02451-1411 |

With respect to the Massachusetts Medical Society (the “Society”), Defendant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby states that a medical malpractice tribunal will occur if the Society timely (within thirty (30) days of receipt of this Demand for Tribunal) submits a case-specific list to the above-named Superior Court as follows:

[contact information for the Court or Court clerks]

consisting of the name(s) of physicians representing the field of medicine in which the alleged injury occurred and licensed to practice medicine and surgery in the Commonwealth of Massachusetts under the provisions of section two of chapter one hundred and twelve. Such list shall consist only of physicians who practice outside any county where the Defendant \_\_\_\_\_\_\_\_\_\_\_ practices or resides.

Under Massachusetts Rule of Civil Procedure 11, by signing below, I certify that to the best of my knowledge, information, and belief, this Demand for Tribunal: (1) has good grounds to support it; and (2) is not being interposed for delay.

Date of Signing:

Signature of Attorney:
Printed Name of Attorney:

Bar Number:

Name of Firm:

Street Address:

State and Zip Code:

Telephone Number:
Email Address: