

**SECTION D. PERSONAL REPRESENTATIVE**

*Complete this section if you are the attorney or other representative for the eligible individual. If this section is completed, all communications related to this petition will go to the personal representative.*

Check instructions for Section D.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Filing for: \_\_\_\_\_

Nature of relationship to eligible individual (e.g., attorney, guardian, other): \_\_\_\_\_

Does the eligible individual have the legal capacity to receive payments?

Yes – OR –

No. (e.g., a minor or an individual who is otherwise incompetent).

If no, please explain: \_\_\_\_\_

Signature of Personal Representative: \_\_\_\_\_

**SECTION E. SIGNATURE OF PETITIONER**

*This section is required of all petitioners*

Check the instructions for Section E.

**Reminder: Attach all necessary documentation. See Documentation Checklist.**

I swear or affirm under penalty of perjury that the information in this petition and all submitted documentation is true and correct to the best of my knowledge, information, and belief (18 USC §1621).

Name (printed clearly or typed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit this petition and the required medical and legal documentation to: Ricky Ray Program Office  
Bureau of Health Professions  
5600 Fishers Lane, Room 8A-54  
Rockville, MD 20857

**PUBLIC BURDEN STATEMENT**

An agency may not conduct or sponsor, and any person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this project is 0915-0244. Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.