

2. [DECEASED VICTIM], deceased, was the natural [FATHER/MOTHER/SISTER/BROTHER/SON/DAUGHTER] of [YOUR NAME] and was born on [DATE OF BIRTH] and died on [DATE OF DEATH].
3. [YOUR NAME] is appointed as the personal representative of the Estate of the deceased (Letter of Administration is attached hereto as “Exhibit A.”)
4. The potential beneficiaries of the Estate of [DECEASED VICTIM] in this wrongful death action of the decedent are as follows:
 - a. [YOUR NAME], surviving child;
 - b. [YOUR SIBLINGS' NAMES, IF ANY];
 - c.
 - d. The Estate of [DECEASED VICTIM'S NAME].
5. Defendant [HEALTH CARE ORGANIZATION] is a corporation registered in the [STATE/COMMONWEALTH] of [YOUR STATE] under [CORPORATE IDENTIFICATION NUMBER], a publicly traded healthcare facility-based in [CITY], which at all applicable times was doing business in the jurisdiction of this Honorable Court. Registered Agent listed as [NAME/ADDRESS OF Corporation]. [HEALTH CARE ORGANIZATION] is subject to personal jurisdiction in the State of [YOUR STATE] because it is engaged in substantial and not isolated activity within the State of [YOUR STATE].
6. Plaintiff’s claim arises from the treatment and case management actions of health care providers, undertaken as blanket orders and directives, with no reference as to appropriateness for specific individual patients with unique health conditions, medical presentation and case histories.

7. Defendants supplied patient care in [STATE/COMMONWEALTH] while committing a tortious and criminal acts within [STATE/COMMONWEALTH] causing injury and subsequent death through inappropriate care and dangerous protocols forced on patients without explanation; without patient or patient advocate's informed, voluntary consent; and over patient and patient advocate's explicit objections.
8. Defendant [MEDICAL CARE ORGANIZATION] inappropriately encouraged and directed employees, including, but not limited to their Directors, Hospitalists, Registered Nurses, LPNs, and Respiratory Therapists, to administer inappropriate and hazardous treatments.
9. Defendant [DOCTOR NAME #1] is a licensed practicing physician in [COUNTY][STATE] and has an office located at [OFFICE ADDRESS].
10. Defendant [DOCTOR NAME #2], a licensed practicing physician in [COUNTY][STATE] and has an office located at [OFFICE ADDRESS].
11. Defendant [DOCTOR NAME #3], a licensed practicing physician in [COUNTY][STATE] and has an office located at [OFFICE ADDRESS]

STATEMENT OF FACTS

12. On or about [DATE OF FIRST PATIENT CONTACT WITH DEFENDANTS][DESCRIPTION OF FIRST CONTACT.]
13. [CONCISE NARRATIVE OF MEDICAL TREATMENTS, VERBAL COMMUNICATIONS TO AND FROM MEDICAL CARE PROVIDERS, AND PATIENT OUTCOMES]

14. [This is the place to chronologically list events including positive or negative COVID-19 tests, hospital admission, verbal communications from hospital staff to patient and patient advocates that the only possible treatment protocols they were allowed to administer were the NIH protocols recommended by Anthony Fauci. Expressions of contempt, hostility and bullying by hospital staff to patient and patient family. Information about hospital provision or withholding of water, food, nutrition. Efforts of family members to communicate with patient and whether facility employees blocked communications. Observations about health status of patient (weight loss, mobility loss, respiratory function, blood pressure, kidney function, blood test results, cognitive function). Use of Remdesivir/Veklury, date of initiation, how long administration continued. Use of sedatives or paralytics to immobilize patient. Pressure to start the patient on ventilation, oxygen level information. Use of dialysis. Patient isolation, patient attempts to decline proposed treatments, efforts of family members to advocate for or remove the patient from the facility. Patient and patient advocate requests for alternative treatments (vitamin supplementation, Ivermectin, hydroxychloroquine). Verbal and physical responses of facility employees. Hospital efforts to block the patient from leaving or refuse permission for transfer. Whether patient had or did not have a "Do Not Resuscitate" order in place. End-of-life communications to patient and family, including pressure to remove patient from life support to free up hospital beds.]
15. Defendant [DOCTOR NAME 1][HIS/HER SPECIALTY AND ROLE (ie director, supervisor, etc.) made several decisions for [DECEASED VICTIM] that were below the established standard of care, and worsened his condition during his hospitalization. [LIST OF EXAMPLES]

16. Defendant [DOCTOR NAME 2][HIS/HER SPECIALTY AND ROLE (ie director, supervisor, etc.)] made several decisions for [DECEASED VICTIM] that did not meet the established standard of care, and worsened [his/her] condition during hospitalization.
[LIST OF EXAMPLES]
17. Defendant doctors, nurses and staff in charge of caring for [DECEASED VICTIM NAME], committed acts of negligence, gross negligence, neglect, medical assault and medical battery causing the worsening the condition, resulting in death.
18. Defendants' actions failed to meet acceptable standards of care, including, among other deeds, poor directives, improper nutrition, improper medications, improper administration of medications.
19. At all times, Defendant doctors and the staff of Defendants [HEALTH CARE FACILITY NAMES] were acting in the course and scope of employment and as agents of [HEATH CARE FACILITY NAMES].
20. Medical opinion is attached performed by [MEDICAL EXPERT NAME AND CREDENTIALS] as Exhibit B.

COUNT I - NEGLIGENCE

21. Negligence is failure to behave with the level of care that someone of ordinary prudence would have exercised under the same circumstances.
22. Defendants owed this patient a duty of care.

23. Defendants breached their duty through their adherence to dangerous and unproven directives without taking into account the unique health conditions and changing medical status of the patient.
24. Defendants failed to exercise the degree of care anticipated of them in everyday situations. They are expected to protect others from a foreseeable and unreasonable risk of harm while in their care.
25. Defendants caused in fact; proximately caused; and harmed this patient by administration of inappropriate and harmful treatments, by withholding of essential hydration and nutrition and appropriate treatments and by unlawful restraint of patient's efforts to leave the abusive situation.
26. Such negligence caused damage to Plaintiff individually and on behalf of [DECEASED VICTIM] for wrongful death, damages including but not limited to lost wages, loss of consortium, mental anguish, pain and suffering.

COUNT II - GROSS NEGLIGENCE

27. Gross negligence is "a lack of care that demonstrates reckless disregard for the safety or lives of others, which is so great it appears to be a conscious violation of other people's rights to safety. Gross negligence is a heightened degree of negligence representing an extreme departure from the ordinary standard of care. Falling between intent to do wrongful harm and ordinary negligence, gross negligence is defined as willful, wanton, and reckless conduct affecting the life or property or another."
28. Defendants demonstrated a reckless disregard for the safety and life of [DECEASED VICTIM.]

29. Defendants' gross negligence caused damage to Plaintiff individually and on behalf of [DECEASED VICTIM] for wrongful death, damages including but not limited to lost wages, loss of consortium, mental anguish, pain and suffering

COUNT III - MEDICAL MALPRACTICE

30. Medical malpractice or health care liability is a legal cause of action that occurs when a medical or health care professional, through a negligent act or omission, deviates from standards in their profession, thereby causing injury or death to a patient.

31. In a medical malpractice action in [STATE], the plaintiff must demonstrate [STATE STANDARDS - this example is from Tennessee]

(1) The recognized standard of acceptable professional practice in the profession and the specialty thereof, if any, that the defendant practices in the community in which the defendant practices or in a similar community at the time the alleged injury or wrongful action occurred;

(2) That the defendant acted with less than or failed to act with ordinary and reasonable care in accordance with such standard; and

(3) As a proximate result of the defendant's negligent act or omission, the plaintiff suffered injuries which would not otherwise have occurred.

32. Defendants committed medical malpractice acts and omissions, the proximate result of which [DECEASED VICTIM] suffered injuries and died.

33. Defendants' medical malpractice caused damage to Plaintiff individually and on behalf of [DECEASED VICTIM] for wrongful death, damages including but not limited to lost wages, loss of consortium, mental anguish, pain and suffering

COUNT IV - NEGLECT, CRIMINAL

34. [STATE LAW CITATION FOR NEGLECT] provides that it is an offense "for a caregiver to knowingly neglect an elderly or vulnerable adult, so as to adversely affect the person's health or welfare." [Use quote from your state; that example is from Tennessee]
35. As trained, licensed physicians, Defendants knew or should have known the likely harmful effects of the medications and treatments they ordered or administered to [DECEASED VICTIM], and the harmful effects of withholding water, food and vitamins, withholding informed consent, restricting patient mobility, sedating patient, and preventing patient from communicating with [his/her] family and advocates. Defendants' actions violated their Hippocratic Oath to "First do no harm."
36. Defendants' criminal neglect caused damage to Plaintiff individually and on behalf of [DECEASED VICTIM] due to wrongful death, damages including but not limited to lost wages, loss of consortium, mental anguish, pain and suffering.

COUNT V - MEDICAL ASSAULT AND BATTERY, CRIMINAL

37. [STATE LAW CITATION FOR MEDICAL ASSAULT] prohibits medical assault: the intentional attempt to commit harmful or offensive touching of another person, putting the victim in reasonable apprehension or fear of imminent battery.
38. [STATE LAW CITATION FOR MEDICAL BATTERY] prohibits medical battery: the intentional, harmful or offensive touching of another person, by a doctor or medical professional in a medical setting.
39. As trained, licensed physicians, Defendants knew or should have known the likely harmful effects of the medications and treatments they ordered or administered to [DECEASED

VICTIM], and the harmful effects of withholding water, food and vitamins, withholding informed consent, restricting patient mobility, sedating patient, and preventing patient from communicating with [his/her] family and advocates. Defendants' actions violated their Hippocratic Oath to "First do no harm."

40. At all relevant times, [DECEASED VICTIM] and Plaintiff acting with medical power of attorney on his/her behalf, were aware of the harmful procedures that Defendants proposed to administer and then actually administered to [VICTIM].
41. At no time did [VICTIM] or Plaintiff authorize such procedures, expressly or otherwise.
42. Defendants performed those actions and administered those treatments anyway, against [VICTIM]'s express instructions and wishes.
43. Defendants' acts of intentional medical assault and battery caused damage to Plaintiff individually and on behalf of [DECEASED VICTIM] due to wrongful death, damages including but not limited to lost wages, loss of consortium, mental anguish, pain and suffering.

COUNT VI - NEGLIGENCE PER SE

44. Negligence *per se* or "in itself" is a legal doctrine whereby a defendant who violates a statute or regulation without an excuse is automatically considered to have breached the duty of care and is therefore negligent as a matter of law. Plaintiff must demonstrate that the violation was the cause in fact and proximate cause of the plaintiff's injury. An actor is negligent *per se* if he violates a statute that is designed to protect against the type of accident or harm caused by his conduct, and the plaintiff is someone the statute is designed to protect.

45. Defendants violated [STATE] statutes prohibiting neglect, medical assault and medical battery, designed to protect vulnerable adults from injury and death.

46. Defendants' negligence *per se* caused damage to Plaintiff individually and on behalf of [DECEASED VICTIM] due to wrongful death, damages including but not limited to lost wages, loss of consortium, mental anguish, pain and suffering.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs prays:

1. Proper process and summons be issued and that the Defendants be required to appear and answer this Complaint within the time required by law;
2. A trial by a jury of twelve (12) to try this action;
3. Judgment against the Defendants to be established at trial;
4. All costs in this action;
5. Such further and other general relief to which the Plaintiffs may be entitled.

Respectfully submitted,

[YOUR NAME], Individually and as Executor
of the Estate of [DECEASED VICTIM], *pro se*

DATE: _____