In the United States Court of Federal Claims

OFFICE OF SPECIAL MASTERS [Date Document Filed]

PETITIONER'S NAME,

Petitioner,

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Case No. ___-_V

SECRETARY OF HEALTH AND HUMAN SERVICES,

Respondent.

Special Master's Name_____

GENERAL ORDER #9 STATEMENT

Petitioner states that petitioner has not incurred any fees or costs related to the prosecution of this Petition.

Petitioner's Signature

Petitioner's Name

<u>Signature</u>

Attorney of Record for Petitioner Firm Name Address City, State, Zip code Phone number Facsimile number Email Address

[Insert Certificate of Service]