

TRUMBULL COUNTY PROBATE COURT PERSONAL INJURY SETTLEMENT CHECKLIST

- Application to Enter into Contingent Fee Agreement (App. D), including copy of fee agreement, if not previously filed
 - Application to Approve Personal Injury Settlement
 - Narrative statement in support of settlement, including:
 - Relevant biographic information
 - Circumstances of occurrence, injury, or damage, including:
 - cause, nature, and extent of injury or damage
 - duration of treatment
 - pain and suffering
 - accident/police report, if any
 - Identification of all insurance coverage and policy limits
 - Status of litigation and/or settlement at time of death
 - Terms of proposed settlement, including:
 - amounts of proposed settlement
 - whether settlement is full or partial settlement
 - identity of all parties to the settlement
 - any other proposed or actual litigation or settlements resulting from same occurrence
 - where funds are to be paid from different sources, a chart setting forth the name of the defendant, the gross amount received, the amount of attorney fees, the amount of expenses, and net proceeds
 - where a structured settlement is proposed, supporting documentation, present-day value, rating of annuity company, rate of return, and language concerning non-assignability of annuity
 - current location of settlement funds and expected date for release of funds
- Settlement Statement
- Waiver and Consent to Settle a Personal Injury Claim

- Statement of Subrogation Claims. Include documentation concerning all subrogation claims and/or waivers or settlement of claims.
- Identity of all litigation counsel and any fee split agreements, including percentages (Prof.Cond.R 1.5(e))
- Itemized statement of litigation expenses, including receipts, vouchers, and/or other supporting documentation. (Loc.R. 57.10)
- Copy of proposed release
- Proposed Entry Approving Personal Injury Settlement
- Filing fee of \$5.00
- Report of Distribution of Personal Injury Claims, to be filed with vouchers after settlement has been distributed

Please review documents to ensure all correct boxes are checked and for mathematical errors and consistency of figures.

****The Probate Court accepts payment by cash, check, and money order only. The Court does not accept payment by debit or credit cards.****

**PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE**

**ESTATE OF _____, DECEASED
CASE NO. _____**

APPLICATION TO APPROVE PERSONAL INJURY SETTLEMENT

The fiduciary states (Check whichever are applicable, strike inapplicable words, and incorporate all attachments into a single statement.)

- Litigation (was)(was not) commenced prior to death. The style of the case, the court, and the case number being _____.

- Settlement (was)(was not) reached prior to death.

- There is an offer of (full)(partial) settlement in the amount of \$_____.

- A (full)(partial) judgment has been recovered in the amount of \$_____.

- Reasonable compensation for the fiduciary's services is \$_____, and an itemization of such services is attached.

- Unreimbursed medical bills and other expenses in the amount of \$_____ have been incurred. An itemization of such expenses and proposed payees, including documentation of claims and any waivers thereof, is attached.

- A reasonable attorney fee for the attorney's services is \$_____, and reimbursement to the attorney for case expenses is \$_____. A copy of the attorney's fee contract that (has)(has not) received prior approval of this Court, subject to modification, and an itemization of case expenses are attached.

- The net proceeds of \$_____ should be approved. All net proceeds shall be considered an asset of the estate and shall be reflected in the fiduciary's account of the administration of the estate.

- Other: _____

_____.

- A statement in support of the proffered settlement is attached.

- Supplemental forms required by local rule of court are attached.

CASE NO. _____

The beneficiaries of the estate are as follows:

Name	Residence Address	Relationship to Decedent	Birthdate of Minor

The fiduciary requests that the Court approve the application and authorize the fiduciary to execute a (complete)(partial) release which upon payment of the settlement shall be a (complete)(partial) discharge of the claim.

Attorney for Fiduciary

Fiduciary

Attorney Registration No. _____

ENTRY SETTING HEARING AND ORDERING NOTICE

The Court sets _____ at _____ o'clock _____m. as the date and time for hearing the above application and orders notice to be given by the fiduciary, as provided in the Rules of Civil Procedure, to the wrongful death and survival claim beneficiaries who have not waived notice.

JAMES A. FREDERICKA, PROBATE JUDGE

**PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE**

**ESTATE OF _____, DECEASED
CASE NO. _____**

**REPORT OF DISTRIBUTION OF
PERSONAL INJURY CLAIMS**

Pursuant to the entry filed on _____, _____, the proceeds have been paid as shown below and on the accompanying vouchers.

Gross Proceeds		\$ _____
Medical Expenses	\$ _____	
Reimbursement of case expenses to _____	\$ _____	
Attorney fees to _____	\$ _____	
Other _____	\$ _____	
Total Deductions	\$ _____	
Net Proceeds Payable to Estate		\$ _____
	Balance	\$ _____

- The fiduciary states that there are no other assets remaining in the estate.
- The fiduciary states that there are assets remaining in the estate.

Attorney for Fiduciary

Fiduciary

Attorney Registration No. _____

ENTRY

The above report of the distribution of the proceeds is hereby approved. All net proceeds shall be considered an asset of the estate and shall be reflected in the fiduciary's account of the administration of the estate.

Date

JAMES A. FREDERICKA, PROBATE JUDGE

**PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE**

ESTATE OF _____, DECEASED
CASE NO. _____

**WAIVER AND CONSENT
PERSONAL INJURY CLAIMS**

The undersigned waive notice of the hearing and consent to and approve the settlement and distribution as set forth in Application to Approve Personal Injury Settlement, a copy of which I have received.

**PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE**

ESTATE OF _____, DECEASED
CASE NO. _____

ENTRY APPROVING PERSONAL INJURY SETTLEMENT

Upon hearing the application to approve settlement and distribution of the wrongful death and survival claims, the Court:

- Approves the proffered settlement of \$_____.

- Orders payment of \$_____ to the fiduciary for services rendered with respect to the personal injury claims.

- Orders payment of \$_____ to the attorney for reimbursement of case expenses and \$_____ for attorney fees for services rendered with respect to the wrongful death and survival claims.

- Orders payment of medical bills and other expenses, as follows: _____

- Authorizes the applicant to execute a release which shall be effective upon payment of the settlement.

- Orders that the net proceeds of \$_____ be deposited into the estate account.

- Orders the fiduciary and the attorney to report the distribution of the proceeds within thirty (30) days of this Entry.

- Further orders: _____

_____.

DATE

JAMES A. FREDERICKA, PROBATE JUDGE

**PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE**

IN THE MATTER OF _____

CASE NO. _____

STATEMENT OF SUBROGATION CLAIMS

Upon investigation by reasonable diligence, the undersigned states that:

- There are no potential subrogation claims against the proposed settlement.
- Subrogation claims exist and have been settled prior to Application.
- Subrogation claims exist and will be paid out of the proposed settlement. To be set forth in the Application.
- The status of potential subrogation claims cannot be determined at this time. The undersigned will provide written status reports concerning the status of potential subrogation claims with the Court every ninety (90) days until such determination has been made.

Attorney for Fiduciary

Fiduciary

Attorney Registration No. _____