

**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.

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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**