

TRUMBULL COUNTY PROBATE COURT MINOR SETTLEMENT CHECKLIST

- Application to Enter into Contingent Fee Agreement (App. D), including copy of fee agreement, if not previously filed
- Application to Settle a Minor's Claim (SPF 22.0)
- Waiver and Consent to Settle a Minor's Claim (SPF 22.1) signed by both of the minor's parents or any legal custodian
- Next of Kin of Proposed Ward (SPF 15.0)
- If the minor is not in the custody of his or her parents, the order from the Court awarding custody
- Certified Copy of Birth Certificate, certified within 30 days
- Statement of Subrogation Claims and documentation of any subrogation claims
- Narrative Statement in Support of Settlement, including:
 - Relevant biographic information
 - Circumstances of occurrence causing injury, including:
 - Cause, nature, and extent of injuries
 - Diagnosis and treatment received
 - A list of medical expenses, including:
 - Each provider and the total amount charged
 - If any of the expenses have been paid, identification of who paid and how much was paid. If anyone is to be reimbursed for payments made, documentation of such payment must be provided.
 - If any of the expenses remain unpaid, identification of what amounts are owed to what provider and documentation of the same.
 - Accident or police report
 - Disclosure of any settlements, proposed or accepted, resulting from the same occurrence being paid to persons other than this minor
- If the minor has been released from treatment, a medical record or statement from the treatment provider so indicating
- If the minor will require future treatment, a statement from the treatment provider indicating:
 - A description of the minor's future treatment needs
 - The minor's prognosis
 - The estimated cost of the minor's future treatment needs

- Identification of all insurance coverage and policy limits
- Terms of the Proposed Settlement, including:
 - Amount of the proposed settlement
 - Whether settlement is full or partial
 - Identification of all parties to the settlement
 - A description of any proposed or actual litigation resulting from the occurrence
 - Where a structured settlement is proposed, supporting documentation, present-day value, rating of annuity company, rate of return, and information concerning the non-assignability of the annuity
 - Current location of settlement funds and expected date for release of funds
- An itemized statement of litigation expenses, including receipts, vouchers, and/or other supporting documentation (Loc.R. 57.10)
- Identity of all litigation counsel and any fee-split agreements, including percentages (Prof.Cond.R. 1.5(e))
- Settlement Statement
- Copy of Proposed Release
- Proposed Entry Approving Settlement of Minor's Claim (SPF 22.2)
- If the net recovery for the minor exceeds \$25,000.00, a guardianship of the estate must be established and all guardianship paperwork must be completed.
- The filing fee for a minor settlement is \$76.00. If a guardianship is required, an additional \$161.00 filing fee is required.
- Report of Distribution Minor's Claim (SPF 22.4) 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

IN THE MATTER OF _____
CASE NO. _____

APPLICATION TO SETTLE A MINOR'S CLAIM
[R.C. 2111.05, R.C. 2111.18, SUP. R. 67 AND 68]

[Check applicable boxes, complete applicable blanks, strike inapplicable language, and attach supporting documentation.]

The applicant states that:

_____, is an unemancipated minor, born _____, _____, residing at _____ in this county who on or about _____, _____, suffered personal injury (and damage to this minor's property) by wrongful act, neglect, or default that entitles this minor to maintain an action to recover damages. A copy of the birth certificate is attached.

Attached is a narrative statement in support of the proffered settlement setting forth a description of the occurrence, the injury or damage, the treatment progress and current prognosis by the treating physicians, and other proposed or actual settlements resulting from the same occurrence being paid to persons other than this minor. Counsel will advise at the hearing as to liability and collectability.

- There is no legal guardian of the estate, and the Court may authorize the settlement without the appointment of a guardian.
- _____ is the legal guardian of the estate. Case No. _____
- _____ is (are) the parent__ and natural guardian__.
- _____ is the person by whom the minor is maintained.
- There is a (full) (partial) settlement offer of \$ _____ without suit being filed.
- There is a (full) (partial) settlement offer of \$ _____ after suit was filed; the style of the case, court, and case number being _____.
- The proffered settlement should be approved.
- Unreimbursed medical and other expenses of \$ _____ have been incurred. Attached is a list of such expenses and proposed payees.
- A reasonable attorney fee for the attorney's services is \$ _____ and reimbursement to the attorney for suit 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 suit expenses are attached.

The parent _____, claim \$ _____ for damages on account of loss of service of this minor and that claim is included in this settlement offer.

This is a structured settlement. All necessary documents, including a statement of the present value of the settlement, are filed herewith.

The applicant requests that:

The Court authorize the applicant to execute a release which shall be effective upon payment of the settlement.

The Court order payment of the above expenses and order that the net amount of \$ _____ for the benefit of the minor be:

Deposited in the name of the minor with _____, a financial institution, and not to be released until the minor attains the age of majority or upon further order of this Court.

Delivered to the legal guardian.

Delivered to _____, parent__ and natural guardian__.

Delivered to _____, the person by whom the minor is maintained.

Structured as set forth in the attached documents.

Supplemental forms required by local rule of Court are attached.

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

Phone Number (include area code)

Phone Number (include area code)

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 applicant, as provided in the Rules of Civil Procedure, to the parents who have not waived notice and (further orders that the minor and parent_ attend the hearing.)

James A. Fredericka, Probate Judge

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

IN THE MATTER OF _____

CASE NO. _____

WAIVER AND CONSENT TO SETTLE MINOR'S CLAIM

The undersigned, waive all claims for damages on account of loss of services of said minor, waive notice of the hearing, and consent to and approve the Form 22.0, Application To Settle Minor's Claim, a copy of which is attached hereto.

Typed or Printed Name

Typed or Printed Name

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

IN THE MATTER OF _____
CASE NO. _____

ENTRY APPROVING SETTLEMENT OF A MINOR'S CLAIM

Upon hearing the application to approve and distribute the settlement of the claim of the minor, the Court: [check whichever of the following are applicable]

- Approves the proffered settlement of \$ _____;
- Orders payment of \$ _____ for medical and other expenses, as follows:

_____;
- Orders payment of \$ _____ to the attorney for reimbursement of suit expenses and \$ _____ for attorney fees for service rendered with respect to this matter;
- Orders payment of \$ _____ to the parent_, _____, for damages on account of loss of service of this minor;
- Authorizes the applicant to execute a release which shall be effective upon payment of the settlement;
- Orders that the net amount of \$ _____, for the benefit of the minor be:
 - Deposited in the name of the minor and not to be released until the minor attains the age of majority or upon further order of this Court with Form 22.3 Verification of Receipt and Deposit filed with the Court;
 - Delivered to the legal guardian of the estate of this minor;
 - Delivered to _____, parent_ and natural guardian_;
 - Delivered to _____, the person by whom the minor is maintained;
 - Structured as set forth in the documents attached to the application;
- Orders the applicant and the attorney to report on their distribution of the proceeds within thirty days of the date 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. _____

REPORT OF DISTRIBUTION MINOR'S CLAIM

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

Gross Proceeds	\$ _____
Less:	
Medical expenses	\$ _____
Reimbursement of suit expenses to _____	\$ _____
_____	\$ _____
Attorney fees to _____	\$ _____
Loss of service to _____	\$ _____
Other: _____	\$ _____
Total	\$ _____

Net Proceeds

- Deposited pursuant to R.C. 2109.13
Form 22.3 attached \$ _____

- Delivered to _____,
legal guardian of the estate \$ _____

- Delivered to _____,
parent _ and natural guardian_ \$ _____

- Delivered to _____,
the person by whom the minor is maintained \$ _____

- Structured - see documents previously filed \$ _____

- Balance \$ - 0 - _____

Attorney for Applicant

Applicant

Attorney Registration No. _____

ENTRY

The above report of distribution is hereby approved and the applicant is discharged from further responsibility.

Date

James A. Fredericka, Probate Judge

**IN THE COURT OF COMMON PLEAS
DIVISION OF PROBATE
TRUMBULL COUNTY, OHIO**

IN THE MATTER OF _____) **CASE NO.** _____
)
)

APPLICATION TO ENTER INTO CONTINGENT FEE CONTRACT

The undersigned applies to the Court for authority to enter into the contingent fee contract attached as Exhibit A with:

Attorney: _____

Address: _____

Telephone: _____ (_____) _____

The undersigned represents that legal services are necessary as a result of the following described matter:

The undersigned further represents that no fees will be paid until reviewed by the Court and allowed by judgment entry

Date

Signature of Fiduciary Title

Type or Print Name

**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. _____