TRUMBULL COUNTY PROBATE COURT ADULT WARD SETTLEMENT CHECKLIST

Application to Enter into Contingent Fee Agreement (App. D), including copy of fee agreement, if not previously filed
Application to Settle a Claim of an Adult Ward (SPF 22.5)
Copy of Letters of Authority for guardian
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 adult ward
If the adult ward has been released from treatment, a medical record or statement from the treatment provider so indicating
If the adult ward will require future treatment, a statement from the treatment provider indicating:
☐ A description of the ward's future treatment needs
☐ The ward's prognosis
☐ The estimated cost of the ward'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 a Claim of an Adult Ward (SPF 22.6)
If the net recovery for the ward exceeds \$25,000.00, a guardianship of the estate must be established and all guardianship paperwork must be completed.
Filing fee of \$76.00. If a guardianship is required, an additional \$161.00 filing fee is required.
Report of Distribution (SPF 22.7) 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.