

MEDINA COUNTY PROBATE COURT

MINOR SETTLEMENT PROCEEDINGS

I. NET SETTLEMENTS UNDER \$25,000

- \$190 Filing Fee
- Application to Settle a Minor's Claim (form 22.0)
- Attachment of Narrative Statement describing injury and supporting the proffered settlement
- Affidavit of Structured Settlement including terms of the settlement AND notarized by notary public
- Copy of Minor's Birth Certificate (Certified within the past 90 days per Medina Probate Local Rule 67.2)
- Current Physician's Statement per Sup. R. 68(B)
- Waiver and Consent to Settle Minor's Claim (form 22.1)
- Minor Settlement Waiver
- Entry Approving Settlement of Minor's Claim (form 22.2)
- Verification of Receipt and Deposit (form 22.3)
- Report of Distribution of Minor's Claim and Entry (form 22.4)

II. NET SETTLEMENTS OVER \$25,000

- \$450 Filing Fee
- Documents listed above together with Minor Guardianship
--Estate Only forms

PROBATE COURT OF MEDINA COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

APPLICATION TO SETTLE A MINOR’S CLAIM

[R.C. 2111.05, R.C. 2111.182, 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.
 - Deposited into a trust, proposed trust attached, for the benefit of the beneficiary until the beneficiary reaches 25 years of age (R.C. 2111.82).
- 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)

Email Address

Email Address

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.)

Probate Judge

PROBATE COURT OF MEDINA COUNTY, OHIO

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 Form 22.0, Application To Settle Minor's Claim, a copy of which is attached hereto. (Sign **and** print names below.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PROBATE COURT OF MEDINA COUNTY, OHIO
Kevin W. Dunn, Judge

IN THE MATTER OF _____

CASE NO. _____

MINOR SETTLEMENT WAIVER

I am the parent of guardian of the minor child.

I am not represented by an attorney.

I understand I have the right to have my own attorney assist me with this matter.

I understand _____ is an attorney who represents the insurance
Name of Insurance Company's Attorney
company, _____.
Name of Insurance Company

The attorney does not represent the minor or me, and is not acting in my interest.

With my knowledge and consent, the attorney for the insurance company prepared the Application to Approve the Minor's Settlement.

I waive the right to be represented by an attorney and I waive the minor's right to be represented by an attorney.

I wish to have the case settled today.

I have decided to accept the insurance company's offer in the amount and under the terms stated in the Application to Approve the Minor's Settlement.

Parent or Guardian of Minor

Date

Parent or Guardian of Minor

Date

PROBATE COURT OF MEDINA COUNTY, OHIO

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 to 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;
 - Deposited into a trust, for the benefit of the beneficiary until the beneficiary reaches 25 years of age. (R.C. 2111.182).
- Orders the applicant and the attorney to report on their distribution of the proceeds within 30 days of the date of this entry;
- Further orders _____

Date

Probate Judge

PROBATE COURT OF MEDINA COUNTY, OHIO

IN THE MATTER OF: _____

CASE NO. _____

VERIFICATION OF RECEIPT AND DEPOSIT

Pursuant to Court order, the sum of \$ _____ was deposited with
_____ on the ____ day of _____, 20 ____,
as evidenced by Savings/Certificate of Deposit Account Number _____.
This account is held solely in the name of _____, a minor
whose Social Security Number is _____.

BY ACCEPTING SAID DEPOSIT FOR SAID MINOR, THIS INSTITUTION AGREES THAT SAID DEPOSIT, TOGETHER WITH ACCUMULATED INTEREST, SHALL BE HELD AND NO PART THEREOF RELEASED UNTIL MINOR ATTAINS THE AGE OF MAJORITY OR UPON FURTHER ORDER OF THIS COURT.

Financial Institution

By: _____
Authorized Officer

Typed or Printed Name

(_____) _____
Phone Number

Date

PROBATE COURT OF MEDINA COUNTY, OHIO

IN THE MATTER OF: _____

CASE NO. _____

CONFIDENTIAL DISCLOSURE OF PERSONAL IDENTIFIERS

[Rule 45(D) of the Rules of Superintendence for the Courts of Ohio]

	Complete Personal Identifier	Institution	Abbreviation	Form No.	Filing Date
Ex.	123-45-6789	Social Security	6789	22.3	7/1/2009
Ex.	001234567	Anytown Bank Checking	Anytown #1	6.1	7/1/2009
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

Check if additional pages are attached

Signature of Filing Party

Printed Name

Date: _____

This is page _____ of _____ pages

PROBATE COURT OF MEDINA COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

REPORT OF DISTRIBUTION

Pursuant to the Entry filed on _____, _____, 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 _____	\$ _____
Other: _____	\$ _____
Total	\$ _____

Net Proceeds

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

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

- Structured - see documents previously filed \$ _____

- Other: _____ \$ _____

Balance \$ _____

Attorney for Applicant

Applicant's Signature

Attorney Registration No. _____

ENTRY

The above report of distribution is hereby approved.

Date

Probate Judge