

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

IN THE MATTER OF _____, MINOR

CASE NO. _____

APPLICATION TO SETTLE A MINOR'S CLAIM

(R.C. 2111.05, R.C. 2111.18, Sup.R. 67 and 68)

Now comes the undersigned applicant and states that _____
is a minor who is a resident of Summit County, Ohio, and who is _____ years old.

The names and address of the minor child's parent(s) is/are:

Mother: _____

Father: _____

The minor child resides at _____
with _____ and _____
who is/are:

- his/her parent(s) and natural guardian(s).
- his/her custodian(s) pursuant to an Order of the Juvenile Court, and a copy of
- said Order is attached.
- his/her guardian(s).

The applicant states that the minor child is entitled to maintain an action for damages or any other relief based on any claim, the specific details of which are as follows: _____

- Attached is a current statement of the examining physician in respect to the injuries sustained, the extent of recovery thereof, and the physician's prognosis.

The applicant request authority to adjust and settle the claim of said minor with the advice, approval, and consent of the Probate Court as follows:

Gross Settlement	_____
Attorney Fees:	_____
Medical Expenses:	_____
Other:	_____
Net to Minor:	_____

- The parent(s) of the minor waive all claims for damages for loss of services of the minor.
- The applicant requests that attorney fees as applied for be approved in that the fees were reasonable and beneficial to the minor's estate.

CASE NO. _____

- The applicant states that no person has been appointed guardian of said minor's estate, and that the net estate to the minor does not exceed \$25,000.00, and requests that the appointment of a guardian be dispensed with pursuant to R.C. 2111.18.
- The applicant states _____ that has been appointed guardian of the minor child's estate in Summit County Probate Court, Case No. _____.

The applicant requests that the minor's estate be distributed as follows:

- Delivered to the custodian of said minor to be expended for the minor's benefit.
- Delivered to the legally-appointed Guardian of said minor to be accounted for in the Guardian's Account.
- Deposited in a local banking institution in the name of the minor, impounding both the principal and interest and releasing said funds to the minor at the age of majority or upon further Order of the Court. Applicant acknowledges that he/she will file a verification of deposit with this Court within seven (7) days of receipt of said funds.

Attorney for Applicant Signature

Typed or Printed Name

Address

Phone Number (Include Area Code)

Attorney Registration Number

Applicant Signature

Typed or Printed Name

Address

Home Phone Number (Include Area Code)

Work Phone Number (Include Area Code)

CONSENT

The undersigned parent(s) and natural guardian(s) of the minor child consent to the approval of the within Application.

Mother Signature

Type or Print Name

Father Signature

Type or Print Name

PROBATE COURT OF SUMMIT COUNTY, OHIO

GUARDIANSHIP OF: _____, A MINOR

CASE NO. _____

ADDENDUM - MINOR SETTLEMENT

Age of Minor _____ Date of Birth of Minor _____

Name of Father _____

Name of Mother _____

Address of Custodial Parent _____

Name of Attorney (Plaintiff) _____

Name of Attorney (Defendant) _____

Nature of Accident _____

Brief Description of Injury _____

Prognosis _____

Policy Limits \$ _____

Suit Filed Yes No

Offer of Settlement \$ _____

Verdict \$ _____

Did the parents receive money in this or a related case?

Yes No

If yes, how much? \$ _____

EXPENSES

Medical Expense \$ _____

Hospital Expense \$ _____

Court Costs \$ _____

To Parents \$ _____

Litigation Costs \$ _____

Attorney Fee \$ _____ (____%)

Net to Minor \$ _____

STRUCTURE

Structured Yes No

Present Value \$ _____

Best Rating of Annuity Underwriter _____

Details of Structure Attached

Date

Attorney for Claimant

PROBATE COURT OF SUMMIT COUNTY, OHIO

GUARDIANSHIP OF: _____, **A MINOR**
CASE NO. _____

JUDGMENT ENTRY - MINOR SETTLEMENT

This matter came on to be heard this day upon the Application to Settle a Minor's Claim pursuant to R.C. 2111.18.

This Court finds upon the pleadings, the testimony and other evidence presented in open Court that the Application is well-taken.

IT IS SO ORDERED, ADJUDGED, AND DECREED that the Applicant is authorized to settle the minor's claim upon the terms as set forth in the Application, and to execute all necessary releases.

IT IS FURTHER ORDERED that:

- Attorney fees in the sum of \$ _____ are approved in that the fees were reasonable and beneficial to the minor.
- The net estate to the minor exceeds \$25,000.00 and shall be delivered to the appointed guardian of the minor's estate, to be accounted for in his trust.
- The net estate to the minor does not exceed \$25,000.00, and the appointment of a guardian is dispensed with.
- The sum of \$ _____ shall be delivered to the custodian of the minor to be expended for the minor's benefit.
- The amount of the structured settlement as attached to the Application is approved.
- The sum of \$ _____ shall be deposited in a local banking institution, to wit,

_____,
in the name of the minor, impounding both the principal and interest and releasing said funds to the minor at the age of majority (18) or upon further Order of the Court. Counsel shall file a verification of deposit with the Court within seven (7) days of this Order.

IT IS SO ORDERED.

APPROVED:

Attorney

PROBATE COURT OF SUMMIT COUNTY, OHIO

GUARDIANSHIP 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.

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 (18 years of age), or upon further order of this Court.

Date

Signature of Authorized Officer

Officer's Typed or Printed Name

Name of Financial Institution

Address

Phone Number (Include Area Code)

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

NON-PUBLIC RECORD INFORMATION

Information concerning the alleged ward or minor:

Social Security Number _____

Birth Date _____

Information concerning the applicant:

Social Security Number _____

Birth Date _____

Submitted by:

Applicant/Attorney's Signature

Applicant/Attorney's Typed or Printed Name