

APPLICATION TO SETTLE A MINOR'S CLAIM (UNDER \$10,000)

FORM 22.0 APPLICATION TO SETTLE MINOR'S CLAIM

FORM 22.1 WAIVER AND CONSENT TO SETTLE MINOR'S CLAIM

FORM 22.2 ENTRY APPROVING SETTLEMENT OF A MINOR'S CLAIM

FORM 22.3 VERIFICATION OF RECEIPT AND DEPOSIT

FORM 22.4 REPORT OF DISTRIBUTION AND ENTRY OF MINOR'S CLAIM

CHILD'S BIRTH CERTIFICATE, STATEMENT OF THE EXAMINING PHYSICIAN AND A NARRATIVE STATEMENT OF THE PROFFERED SETTLEMENT WITH 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 SAID OCCURRENCE BEING PAID TO PERSONS OTHER THAN THIS MINOR.

COST: \$45.00 PER APPLICATION PLUS \$2.00 PER CERTIFIED ENTRY.

**MARK J. BARTOLOTTA, JUDGE  
PROBATE COURT OF LAKE COUNTY, OHIO**

**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 applicable 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 appoint 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 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 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.
- ☐ Supplement forms required by local rule of Court are attached.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Attorney Registration No. \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (include area code)

### ENTRY SETTING HEARING AND ORDER 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

**TED KLAMMER, JUDGE  
PROBATE COURT OF LAKE 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 approve the Form 22.0, Application To Settle Minor's Claim, a copy of which is attached hereto.

\_\_\_\_\_

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Type or Printed Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TED KLAMMER, JUDGE**  
**PROBATE COURT OF LAKE 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 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 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

\_\_\_\_\_  
Probate Judge

**TED KLAMMER, JUDGE  
PROBATE COURT OF LAKE 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 \_\_\_\_\_, \_\_\_\_\_, 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

**TED KLAMMER, JUDGE**  
**PROBATE COURT OF LAKE COUNTY, OHIO**

**IN THE MATTER OF** \_\_\_\_\_  
**CASE NO.** \_\_\_\_\_

**REPORT OF DISTRIBUTION AND ENTRY 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  
Attorney Registration No. \_\_\_\_\_

\_\_\_\_\_  
Applicant

**ENTRY**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probate Judge