

STATE OF MICHIGAN PROBATE COURT KALAMAZOO COUNTY	<b>PETITION FOR APPROVAL OF MINOR SETTLEMENT</b>	FILE NO:
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In the matter of \_\_\_\_\_, minor DOB: \_\_\_\_\_

1. I \_\_\_\_\_, conservator/special conservator, am petitioner and represent to the Court as follows in support of my petition for approval of minor settlement.

- a. Minor resides at \_\_\_\_\_  
within Kalamazoo County and this Court has proper jurisdiction over this matter.
- b. Father's name is \_\_\_\_\_  
and resides at \_\_\_\_\_
- c. Mother's name is \_\_\_\_\_  
and resides at \_\_\_\_\_
- d. Guardian's name(s) \_\_\_\_\_  
and resides at \_\_\_\_\_
- e. Conservator/special conservator's name(s) \_\_\_\_\_  
and resides at \_\_\_\_\_
- f. The injury occurred on or about \_\_\_\_\_
- g. The injuries sustained include \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- h. The insurance company, \_\_\_\_\_, is offering a settlement of \_\_\_\_\_  
for injuries sustained. (See attached settlement agreement)
- i. Out of pocket expenses by \_\_\_\_\_ are as follows:  
Medical \_\_\_\_\_ Hospital \_\_\_\_\_ Other \_\_\_\_\_

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Do not write below this line – For court use only

j. My attorney(s), \_\_\_\_\_ is/are entitled to an attorney fee(s) of \$\_\_\_\_\_ as compensation for services and \$\_\_\_\_\_ as reimbursement of costs pursuant to the billing and fee agreement attached hereto.

k. Your petitioner agrees that the settlement funds are for the sole use, benefit and enjoyment of \_\_\_\_\_, minor.

l. Your petitioner believes that the terms and conditions of the settlement offer as set forth above are fair, reasonable and in the best interests of \_\_\_\_\_, minor.

**I request the Court enter an orders as follows:**

- a. Authorizing conservator/special conservator to accept settlement offer and to execute release and all settlement documents necessary to effectuate and finalize said settlement.
- b. Approving the settlement as outlined above.
- c. Approving attorney fees and costs associated with the said settlement as outlined above.
- d. Approving out of pocket expenses as outlined above.

I declare under the penalties of perjury that this petition has been examined by me and that the contents are thereof are true to the best of my information, knowledge and belief.

_____	_____	_____	_____
Attorney Signature	Bar No.	Petitioner(s) Signature	
_____	_____	_____	_____
Attorney Name		Petitioner(s) Name	
_____	_____	_____	_____
Address		Address	
_____	_____	_____	_____
City, State, ZIP	Telephone No.	City, State, ZIP	Telephone No.