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| STATE OF MICHIGAN PROBATE COURT KALAMAZOO COUNTY | PETITION FOR APPROVAL OF MINOR SETTLEMENT | FILE NO: _____ |
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In the matter of _____, minor DOB: Use MC 97 Ref No.1

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: _____ and resides at _____
 - c. Mother's name: _____ 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 expensed incurred by _____ are as follows:
 Medical: _____ Hospital: _____ Other: _____

Do not write below this line – For court use only

- j. My attorney(s) _____ is/are entitled to attorney fee(s) of \$ _____ as compensation for services and \$ _____ as reimbursement of costs pursuant to the billing and contingency fee agreement. **(See attached itemization of out of pocket costs and fee agreement.)**
- 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 interest of _____, minor.

I request the Court enter an order as follows:

1. Authorizing conservator/special conservator to accept settlement offer in the amount of \$ _____ and to execute release and all settlement documents necessary to effectuate and finalize said settlement.
2. Approving the settlement and the conservator/special conservator shall distribute settlement proceeds as follows:

| Amount | Purpose | Payee |
|--------|--|-------|
| \$ | Attorney fees/costs | |
| \$ | Parent/Guardian/Conservator/Special Conservator on behalf of minor | |
| \$ | Medical | |
| \$ | Hospital | |
| \$ | Other | |

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.

_____ Date

Attorney Signature Bar No.

Petitioner(s) Signature

Attorney Name

Petitioner(s) Name

Address

Address

City, State, ZIP Telephone No.

City, State, ZIP Telephone No.