

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: _____

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 _____

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.

Attorney Name

Address

City, State, ZIP Telephone No.

Date

Petitioner(s) Signature

Petitioner(s) Name

Address

City, State, ZIP Telephone No.