

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
RALPH WINKLER, JUDGE**

**IN THE MATTER OF:** \_\_\_\_\_

**CASE NO.:** \_\_\_\_\_

**APPLICATION TO SETTLE A CLAIM OF AN ADULT WARD**

[R.C. 2111.18, Sup.R. 69]

[Check applicable boxes, complete applicable blanks, strike inapplicable language, and attach supporting documentation]

The applicant states that: \_\_\_\_\_, is an adult ward residing at \_\_\_\_\_ in this county who on or about \_\_\_\_\_, suffered personal injury and/or damage to property by wrongful act, neglect, or default that entitles this person to maintain an action to recover damages.

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 the persons other than this ward. Counsel will advise at the hearing as to liability and collectability.

- 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.
- This is a structured settlement. All necessary documents, including a statement of the present value of the settlement, are filed herewith.

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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 ward be:
  - Deposited in the name of the ward with \_\_\_\_\_, a financial institution, in a restricted account and not be released without written order of this Court.
  - Delivered to guardian of the estate.
  - Structured as set forth in the attached documents.
  - Other: \_\_\_\_\_.
- Supplemental forms required by local rule of the Court are attached.

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

\_\_\_\_\_  
Applicant

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (including Area Code)

\_\_\_\_\_  
Phone Number (including Area Code)

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