

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (Name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CASE NAME:	CASE NUMBER:	
PETITION FOR EXPEDITED APPROVAL OF COMPROMISE OF CLAIM OR ACTION OR DISPOSITION OF PROCEEDS OF JUDGMENT FOR MINOR OR PERSON WITH A DISABILITY		<input type="checkbox"/> No hearing date is requested. <input type="checkbox"/> HEARING DATE: DEPT.: TIME:

NOTICE TO PETITIONER

You must use this form to request expedited court approval of a qualifying (1) compromise of a minor's disputed claim, (2) compromise of a pending action or proceeding in which a minor or a person with a disability (including a conservatee) is a party, or (3) disposition of the proceeds of a judgment for a minor or person with a disability. (See Code Civ. Proc., § 372; Prob. Code, §§ 3500, 3600–3613.) You may request expedited approval **only if** (1) you are represented by an attorney; (2) the statements in items 3a, 3b, 3c, 3d, 3e, 3f, and either 3g(1) or 3g(2), below, are true and accurate; and (3) the court does not otherwise order.

If your compromise or judgment qualifies and you choose to use this form, the court may consider and act on your petition without a hearing. If your compromise or judgment qualifies for expedited consideration but you choose not to use this form or your compromise or judgment does not qualify for expedited consideration, you must use *Petition for Approval of Compromise of Claim or Action or Disposition of Proceeds of Judgment for Minor or Person With a Disability* (form MC-350), and the court will schedule a hearing.

1. **Petitioner (name or pseudonym*):** is the (check all boxes that apply):
 Parent Guardian ad litem* Guardian Conservator
 Other (specify relationship):
 of the claimant identified in item 2. (*Petitioner may appear under a pseudonym only if appointed as guardian ad litem under that pseudonym. (See Code Civ. Proc., § 372.5.))

2. **Claimant (name):**
 a. Address:
 b. Date of birth: c. Age: d. Minor or Person with a disability
(If the claimant is an adult with a disability who (1) has capacity to consent to the order requested and (2) does not have a conservator of the estate, check e. and f. and ensure that the claimant personally reads and signs item 21. (Prob. Code, § 3613.))
 e. Has the capacity, within the meaning of Probate Code section 812, to consent to the requested order.
 f. Does not have a conservator of the estate.

3. **Qualification for Expedited Approval**
 a. The claimant's claim or action is **not** for damages for the death of a person caused by the wrongful act or neglect of another.
 b. No portion of the net proceeds of the judgment or settlement in favor of the claimant is to be placed in a trust.
 c. There are no unresolved disputes concerning liens to be satisfied from the proceeds of the judgment or settlement.
 d. Petitioner's attorney did not become involved with this matter, directly or indirectly, at the request of a party against whom the claim is asserted or a party's insurance carrier.
 e. Petitioner's attorney is not representing, employed by, or associated with a defendant in this matter or an insurance carrier.
 f. All defendants that have appeared in a pending action on the claim are participating in the proposed compromise **or** the court has made a final determination that all settling parties entered into the settlement in good faith.
 g. (1) The judgment described in item 4c (exclusive of interest and costs) or the total settlement described in items 11 and 12 payable to the claimant and all other persons named in item 12 is in the amount of \$50,000 or less; or
 (2) The settlement described in item 11 represents payment of the single-person policy limits of all liability insurance policies covering the defendants named in that item. The investigation described in Attachment 3 shows that all of those defendants are judgment-proof outside of their insurance coverage. *(Describe investigation and results in Attachment 3.)*

CASE NAME:	CASE NUMBER:
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4. **Claim** The claim of the minor or adult person with a disability:

- a. Is not the subject of a pending action or proceeding. *(Complete items 5–23.)*
b. Is the subject of a pending action or proceeding that will be compromised without a trial. *(Complete items 5–23.)*

Name of court:

Case no.:

Trial date:

- c. Is the subject of an action or proceeding in which a judgment has been or will be entered for the claimant against the defendants named below in the amount (exclusive of interest and costs) of *(specify)*: \$

Defendants (names):

Additional defendants listed on Attachment 4. The judgment was filed on *(date)*:
(Attach a copy of the (proposed) judgment as Attachment 4c and complete items 13–23.)

5. **Incident or accident** The incident or accident occurred as follows:

- a. Date: _____ Time: _____
b. Place:
c. Persons involved *(names)*:

Additional persons listed on Attachment 5.

6. **Nature of incident or accident**

The facts, events, and circumstances of the incident or accident are *(describe what happened)*:

Continued on Attachment 6.

7. **Injuries**

The following injuries were sustained by the claimant as a result of the incident or accident *(describe)*:

Continued on Attachment 7.

8. **Treatment**

The claimant received the following care and treatment for the injuries described in item 7 *(describe)*:

Continued on Attachment 8.

CASE NAME:	CASE NUMBER:
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9. **Extent of injuries and recovery** (An original or a photocopy of any doctor's report containing a diagnosis of the claimant's injuries or a prognosis for the claimant's recovery, and a report of the claimant's current condition, must be attached to this petition as Attachment 9. A new report is not necessary if a previous report accurately describes the claimant's current condition.)

- a. The claimant has recovered completely from the effects of the injuries described in item 7, and there are no permanent injuries.
- b. The claimant has not recovered completely from the effects of the injuries described in item 7, and the following injuries from which the claimant has not recovered are temporary (describe the remaining injuries and symptoms):

Continued on Attachment 9b.

- c. The claimant has not recovered completely from the effects of the injuries described in item 7, and the following injuries from which the claimant has not recovered are permanent (describe the permanent injuries and symptoms):

Continued on Attachment 9c.

10. **Petitioner has made a careful and diligent inquiry and investigation into the facts and circumstances of the incident or accident in which the claimant was injured; the responsibility for the incident or accident; and the nature, extent, and seriousness of the claimant's injuries. Petitioner understands that if the compromise proposed in this petition is approved by the court and consummated, the claimant will never be able to recover any more compensation from the settling defendants named below even if the claimant's injuries turn out to be more serious than they now appear.**

11. Amount and terms of settlement

To settle the claim in 4a or 4b, the defendants named below have offered to pay the following amounts to the claimant:

- a. The total amount offered by all defendants named below is (specify): \$
- b. The defendants and amounts offered by each are as follows (specify):

<u>Defendants (names)</u>	<u>Amounts</u>
\$	
\$	
\$	
\$	

Additional defendants and amounts offered are listed on Attachment 11b.

- c. The terms of settlement are described on Attachment 11c. (If the settlement is to be paid in installments, both the total amount and the present value of the settlement must be included.)

12. Settlement payments to others

- a. No defendant named in item 11b has offered to pay money to any person or persons other than the claimant to settle claims arising out of the same incident or accident that resulted in the claimant's injury.
- b. One or more of the defendants named in item 11b have also offered to pay money to a person or persons other than claimant to settle claims arising out of the same incident or accident that resulted in the claimant's injury.

(1) The total amount offered by all defendants to others is (specify): \$

(2) Petitioner would receive money under the proposed settlement.

(3) The settlement payments are to be apportioned and distributed as follows:

<u>Other plaintiffs or claimants (names)</u>	<u>Amounts</u>
\$	
\$	
\$	
\$	

Additional plaintiffs or claimants and amounts are listed on Attachment 12.

(4) The settlement payments are apportioned between the claimant and each other plaintiff or claimant named above on a pro rata basis, based upon the special damages claimed by each. The special damages claimed by each other plaintiff or claimant are specified on Attachment 12.

(5) Reasons for the apportionment of the settlement payments between the claimant and each other plaintiff or claimant named above are specified on Attachment 12.

CASE NAME:	CASE NUMBER:
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13. **Claimant's medical expenses—including expenses paid by petitioner, Medicare, Medi-Cal, and private insurers—that are to be paid or reimbursed from the proceeds of the settlement or judgment**

- a. **Totals**
 - (1) Total medical expenses before any reductions: \$
 - (2) Total medical expenses paid (include payments by private insurance, Medi-Cal, or Medicare): (\$)
 - (3) Total of negotiated, contractual, or statutory reductions, if any: (\$)
 - (4) Total amount of medical expenses to be paid or reimbursed from proceeds: \$
 - (5) Total amount of statutory or contractual liens, if any: \$

(Identify each medical expense payer and the amount each paid, and explain any differences between items 13a(1), (4), and (5) in Attachment 13a.)
- b. (1) None of the claimant's medical expenses have been paid by Medicare.
(2) Medicare paid some or all of claimant's medical expenses. In full satisfaction of its lien rights, Medicare will be reimbursed in the amount of: \$

(Attach a copy of the final Medicare demand letter or letter agreement as Attachment 13b(2).)
- c. (1) None of the claimant's medical expenses have been paid by Medi-Cal.
(2) Medi-Cal paid some or all of claimant's medical expenses.
 - (a) Notice of this claim or action has been given to the Director of Health Care Services. (Welf. & Inst. Code, § 14124.73.)
A copy of the notice and proof of delivery is attached was filed in this matter on (date):
 - (b) In full satisfaction of its lien rights, Medi-Cal has agreed to accept reimbursement in the amount of: \$

(Attach a copy of the final Medi-Cal demand letter or letter agreement as Attachment 13c(2).)
- d. The claimant's health plan is requesting reimbursement for medical expenses paid under the plan.
In full satisfaction of the plan's lien rights, it will be reimbursed in the amount of: \$

(Attach statements from the plan showing expense payments and requesting reimbursement.)
- e. Petitioner has paid claimant's medical expenses to be reimbursed in the amount of: \$

(See instructions for item 15.)
- f. (1) There are no statutory or contractual liens for payment of the claimant's medical expenses.
(2) There are one or more liens from medical service providers for payment of the claimant's medical expenses.
In full satisfaction of their lien claims, the lienholders have agreed to accept the sum of: \$
- g. (Select (1) or (2) below.)
(1) Latest statements from all medical service providers are attached as Attachment 13g.
(2) All medical expenses have been paid by private insurance, Medicare, or Medi-Cal.

14. **Claimant's attorney's fees and all other expenses (except medical expenses), including fees or expenses paid by petitioner and claimant's attorney, to be paid or reimbursed from proceeds of settlement or judgment**

- a. Total amount of attorney's fees for which court approval is requested: \$

(If fees are requested, attach as Attachment 14a a declaration from the attorney explaining the basis for the request, including a discussion of applicable factors listed in rule 7.955(b) of the Cal. Rules of Court. Include a copy of any written attorney fee agreement in Attachment 14a.)
- b. The following additional items of expense (other than medical expenses) have been incurred or paid, are reasonable, resulted from the incident or accident, and should be paid or reimbursed out of claimant's share of the proceeds of the settlement or judgment:

<u>Items</u>	<u>Payees (names)</u>	<u>Amounts</u>
--------------	-----------------------	----------------

\$
\$
\$
\$
\$
\$
\$
\$
\$

Continued on Attachment 14b. **Total:** \$ _____

- c. Costs of suit attributable to more than one settling plaintiff are **not** apportioned between them on a pro rata basis based on their gross settlement amounts. The apportionment of these costs is described and explained in Attachment 14c.

CASE NAME:	CASE NUMBER:
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15. Reimbursement of fees and expenses paid by petitioner

- a. Petitioner has paid none of the fees or expenses listed in items 13 and 14 for which reimbursement is requested.
- b. Petitioner has paid the following total amounts of the claimant's fees and expenses for which reimbursement is requested.
- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| (1) <input type="checkbox"/> Medical expenses listed in item 13: | \$ |
| (2) <input type="checkbox"/> Attorney's fees included in the total fee amount shown in item 14a: | \$ |
| (3) <input type="checkbox"/> Other expenses included in the total shown in item 14b: | \$ |
| <i>(Attach proofs of the fees and expenses incurred and payments made, e.g., bills or invoices, canceled checks, credit card statements, explanations of benefits from insurers, etc.)</i> | |
| Total: | \$ _____ |

16. Net balance of proceeds remaining for claimant

The balance of the proceeds of the proposed settlement or judgment remaining for the claimant after payment or reimbursement of all requested fees and expenses is *(specify)*: \$ _____

17. Summary

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| a. Gross amount of proceeds of settlement or judgment for claimant: | \$ |
| b. Medical expenses to be paid from proceeds of settlement or judgment: | \$ |
| c. Attorney's fees to be paid from proceeds of settlement or judgment: | \$ |
| d. Expenses (other than medical) to be paid from proceeds of settlement or judgment: | \$ |
| e. Total fees and expenses to be paid from proceeds of settlement or judgment <i>(add (b), (c), and (d))</i> : | (\$ _____) |
| f. Balance of proceeds of settlement or judgment available for claimant after payment of all fees and expenses <i>(subtract (e) from (a))</i> : | \$ _____ |

18. Information about attorney representing or assisting petitioner

- a. The attorney is not is representing or employed by another party involved in this matter.
(If you answered "is," identify the other party and explain the relationship in Attachment 18a. If the other party is a defendant, you must use form MC-350 for your petition and are not eligible for expedited consideration by the court. See item 3e on page 1 and Cal. Rules of Court, rule 7.950.5(a)(6).)
- b. The attorney has neither received nor expects to receive has received or expects to receive attorney's fees or other compensation in addition to that requested in this petition for services provided in connection with the claim giving rise to this petition *(if you answered "has received or expects to receive," identify the person who paid or will pay the fees or other compensation, the amounts paid or to be paid, and the dates of payment or expected payment):*

<u>From Whom Paid or Expected (name)</u>	<u>Date Paid or Expected</u>	<u>Amount Paid or Expected</u>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total:		\$ _____

Continued on Attachment 18b.

CASE NAME:	CASE NUMBER:
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19. **Disposition of balance to claimant** (check either a or b, then check each option requested and enter amount(s)):

- a. There **is** a guardianship of the estate of the minor or a conservatorship of the estate of the adult person with a disability filed in (name of court):
Case no.:
- (1) Petitioner requests that \$ _____ of the proceeds in money or other property be paid or delivered to the guardian of the estate of the minor or the conservator of the estate of the conservatee. The money or other property is specified in Attachment 19a(1).
- (2) Petitioner is the guardian or conservator of the estate of the minor or the adult person with a disability. Petitioner requests authority to deposit or invest \$ _____ of the money or other property to be paid or delivered under 19a(1) in one or more insured accounts with financial institutions in this state or with a trust company, subject to withdrawal only on authorization of the court. The money or other property and the name, branch, and address of each financial institution or trust company are specified in Attachment 19a(2).
- (3) Petitioner proposes that all or a portion of the proceeds **not** become part of the guardianship or conservatorship estate. Petitioner requests authority to deposit or transfer these proceeds as follows (check all that apply):
- (a) \$ _____ to be deposited in insured accounts in one or more financial institutions in this state, subject to withdrawal only on authorization of the court. The name, branch, and address of each depository are specified in Attachment 19a(3)(a).
- (b) \$ _____ to be invested in a single-premium deferred annuity, subject to withdrawal only on authorization of the court. The terms and conditions of the annuity are specified in Attachment 19a(3)(b).
- (c) \$ _____ to be transferred to a custodian for the benefit of the minor under the California Uniform Transfers to Minors Act. The name and address of the proposed custodian and the property to be transferred are specified in Attachment 19a(3)(c).
- b. There is **no** guardianship of the estate of the minor or conservatorship of the estate of the adult person with a disability. Petitioner requests that the balance of the proceeds of the settlement or judgment be disbursed as follows (check all that apply):
- (1) A guardian of the estate of the minor or a conservator of the estate of the adult person with a disability be appointed and \$ _____ of money and other property be paid or delivered to the person so appointed. The money or other property are specified in Attachment 19b(1).
- (2) \$ _____ of money be deposited in insured accounts in one or more financial institutions in this state, subject to withdrawal only on authorization of the court. The name, branch, and address of each depository are specified in Attachment 19b(2).
- (3) \$ _____ of money be invested in a single-premium deferred annuity, subject to withdrawal only on authorization of the court. The terms and conditions of the annuity are specified in Attachment 19b(3).
- (4) \$ _____ be paid or delivered to a parent of the minor on the terms and under the conditions specified in Probate Code sections 3401–3402, without bond. The name and address of the parent and the money or other property to be delivered are specified in Attachment 19b(4). (Value of minor's entire estate, including the money or property to be delivered, must not exceed \$5,000.)
- (5) \$ _____ be transferred to a custodian for the benefit of the minor under the California Uniform Transfers to Minors Act. The name and address of the proposed custodian and the money or other property to be transferred are specified in Attachment 19b(5).
- (6) \$ _____ of money be held on the conditions that the court determines to be in the best interest of the minor or adult person with a disability. The proposed conditions are specified on Attachment 19b(6). (Value must not exceed \$20,000.)
- (7) \$ _____ of property other than money be held on the conditions that the court determines to be in the best interest of the minor or adult person with a disability. The proposed conditions and the property are specified in Attachment 19b(7).
- (8) \$ _____ be deposited with the county treasurer of the County of (name):
The deposit is authorized under and subject to the conditions specified in Probate Code section 3611(h).
- (9) \$ _____ be paid or transferred to the adult person with a disability. The money or other property is specified in Attachment 19b(9).

CASE NAME:	CASE NUMBER:
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20. **Additional orders**

Petitioner requests the following additional orders (*specify and explain*):

Continued on Attachment 20.

21. I, the claimant named in item 2, consent to the order or judgment requested in this petition.
(Required if the claimant is an adult with a disability who has the capacity, under Probate Code section 812, to consent to the order or judgment and does not have a conservator of the estate. (See Prob. Code, § 3613.))

Date:

(TYPE OR PRINT NAME OF CLAIMANT)

 _____
(SIGNATURE OF CLAIMANT)

22. Petitioner recommends the proposed compromise, settlement, or disposition of judgment proceeds for the claimant to the court as being fair, reasonable, and in the best interest of the claimant. Petitioner requests that the court approve this compromise, settlement, or disposition and make any other orders that are just and reasonable.

23. Number of pages attached: _____

Date:

(TYPE OR PRINT NAME)

 _____
(SIGNATURE OF ATTORNEY)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PETITIONER)

 _____
(SIGNATURE OF PETITIONER)