## PROPOSED AMENDMENTS TO THE RULES OF SUPERINTENDENCE FOR THE COURTS OF OHIO

Comments Requested: The Supreme Court of Ohio will accept public comments until July 9, 2014, on the following proposed amendments to Standard Probate Forms 14, 22.5, 22.6 and 22.7 in the Rules of Superintendence for the Courts of Ohio.

Comments on the proposed amendments should be submitted in writing to: John VanNorman, Senior Policy and Research Counsel, Supreme Court of Ohio, 65 South Front Street, 7th Floor, Columbus, Ohio 43215-3431, or john.vannorman@sc.ohio.gov not later than July 9, 2014. Please include your full name and mailing address in any comments submitted by e-mail.

## Key to Proposed Amendment:

- 1. Existing language appears in regular type. Example: text
- 2. Existing language to be deleted appears in strikethrough. Example: text
- 3. New language to be added appears in underline. Example: <u>text</u>

	PROBATE COURT OF COUNTY, OHIO, JUDGE
ESTA	TE OF, DECEASED
CASE	E NO
	APPLICATION TO APPROVE SETTLEMENT AND DISTRIBUTION OF WRONGFUL DEATH AND SURVIVAL CLAIMS [R.C. 2117.05, 2125.02, Civ. R. 19.1 and Sup. R. 70]
[Check	uciary states: whichever of the following are applicable, strike inapplicable words, and incorporate all attachments into a statement.]
	There is an offer of (full)(partial) settlement without suit being filed.
	There is an offer of (full)(partial) settlement after suit was filed. The style of the case, the court, and case number being
	A judgment has been recovered for damages for the decedent's wrongful death (and personal injury and property damage arising out of the same act and which survive the decedent).
	The amount of the settlement or judgment is \$
	There is a partial settlement and therefore the estate must remain open pending final disposition of the claims.
	The offer includes, or the judgment sets forth separately, reasonable funeral and burial expenses in the amount of \$
	Reasonable compensation for the fiduciary for services rendered is \$ and an itemization of such services is attached.
	Outstanding hospital and medical bills in the amount of \$and an itemization of such bills is attached.
	A reasonable attorney fee for the attorney's services is \$ and reimbursement to the attorney for case expenses is \$ A copy of the attorney's fee contract that (has)(has not) received prior approval of the Court, subject to modification, and itemization of the case expenses are attached.
	Other:
	The net proceeds of \$ should be allocated \$ to the wrongful death claim action and \$ to the survival claim action. A statement in support thereof is attached.
	A statement in support of the proffered settlement is attached.
	Supplemental forms required by local rule of court are attached.

FORM 14.0 – APPLICATION TO APPROVE SETTLEMENT AND DISTRIBUTION OF WRONGFUL DEATH AND SURVIVAL CLAIMS

10/1/98

## CASE NO.

The combine of		4		h
	pouse, children, and paren ason of the wrongful death			
Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amo
The survival cla	nim beneficiaries are as foll	ows:	Birthdate	Amo
	Address	to Decedent	of Minor	
The fiduciary requests that the Court approve the application and authorize the fiduciary to execute a (complete) (partial) release which upon payment of the settlement shall be a (complete) (partial) discharg the claim.  Attorney for Fiduciary				
(complete) (par the claim.	tial) release which upon pa	yment of the settlement s	hall be a (complete) (pa	
(complete) (par the claim.  Attorney for Fid	tial) release which upon pa	yment of the settlement s	hall be a (complete) (pa	
(complete) (par the claim.  Attorney for Fid	tial) release which upon pa uciary ration No	yment of the settlement s	hall be a (complete) (pa	

FORM 14.0 – APPLICATION TO APPROVE SETTLEMENT AND DISTRIBUTION OF WRONGFUL DEATH AND SURVIVAL CLAIMS

10/1/98

Amended: \_

	PROBATE COURT OF	COUNTY, OHIO
		JUDGE
IN TI	HE MATTER OF	
CAC	E NO	
CAS	<u>E NO.</u>	
	APPLICATION TO SETTLE A CLAI [R.C. 2111.18, Sup.F	
	ck applicable boxes, complete applicable blanks, strike in	napplicable language, and attach supporting
aocu	mentation.]	
The a	applicant states that:	, is an adult
	residing at	in this county who on or
abou		jury and/or damage to property by wrongful
	neglect, or default that entitles this person to maintain an	
occui and c	thed is a narrative statement in support of the proffered strence, the injury or damage, the treatment progress and other proposed or actual settlements resulting from the strength than this ward. Counsel will advise at the hearing as to	current prognosis by the treating physicians, ame occurrence being paid to the persons
	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	
<u>_</u>	The proffered settlement should be approved.	
	Unreimbursed medical and other expenses of \$	have been incurred.
_	Attached is a list of such expenses and proposed payers	
	A reasonable attorney fee for the attorney's services is	
	reimbursement to the attorney for suit expenses is \$	A copy of the
	attorney's fee contract that has (has not) received price	
	modification, and an itemization of suit expenses are a	attached.
	This is a structured settlement. All necessary docume	ents, including a statement of the present value
=	of the settlement, are filed herewith.	The process value

Effective Date:

## [Reverse of Form 22.5]

					CASE NO.
49 50	Applic	cant requests	that:		
51 52 53		The Court a settlement.	uthorize the applicant to exe	cute a release wh	nich shall be effective upon payment of the
54		The Court o	rder payment of the above e	xpenses and orde	er that the net amount of
55		\$for the benefit of the ward be:			
56					
57		<u> </u>	Deposited in the name of		
58					n a restricted account and not be released
59 60			without written order of the	s Court.	
61			Delivered to guardian of the	ne estate	
62			Delivered to guardian or the	ic cstate.	
63			Structured as set forth in t	the attached door	umanta
			Structured as set forth in	<u>.ne allached docu</u>	<u>aments</u> .
64		_	011		
65			Other:		·
66					
67		<u>Supplement</u>	al forms required by local rul	e of Court are att	ached.
68					
69				_	
70		Attorney for	<u>Applicant</u>		<u>Applicant</u>
71					
72				=	
73		Typed or Pr	<u>inted Name</u>		Typed or Printed Name
74					
75				=	
76					
77				=	
78		<u>Address</u>			<u>Address</u>
79					
80				_	
81		Phone Num	ber (include area code)		Phone Number (include area code)
82					
83		Attorney Re	gistration No.	_	
84					
85			ENTRY SETTING HE	ARING AND ORI	DERING NOTICE
86					
87		The Court se		, at	o'clockm. as the date and time
88					given by the applicant, as provided in the
89 90		rules of CIV	ril Procedure, to all interested	<u>ı parties.</u>	
91					
92					, PROBATE JUDGE
			EODM 22 5 ADDI ICATION	TO SETTLE A CLAIM	
			FORM 22.5 - APPLICATION	10 SETTLE A CLAIM	UF AN ADULT WARD

Effective Date:\_\_\_\_\_

<u>IN T</u>	HE MATTER	<u>OF</u>	
CAS	SE NO.		
	ENTRY AP	PROVING SETTLEME	NT OF A CLAIM OF AN ADULT WAR
			ibute the settlement of the claim of the adult ward
Cou	rt:  check which	never of the following are appli	<u>cable.</u>
	Approves the	e proffered settlement of \$	<u>;</u>
	Orders payn	nent of \$	for medical and other expenses, as follow
	0		for all and a for a first and an all and an
	Orders payn \$		for attorney fees for service rendered and reimbursement of suit expenses with respect to
	matter;		
	Authorizes t	he applicant to execute a rele-	ase which shall be effective upon payment of the
	settlement;	ne applicant to execute a relea	ase which shall be effective upon payment of the
			, for the benefit of the ward be:
		Deposited in the name of the	ne ward with
			m Verification of Receipt and Deposit file
		the Court;	
		Delivered to the guardian o	of the estate:
	_	<u></u>	
		Structured as set forth in th	e documents attached to the application;
		Othory	
		Other:	
	Orders the a	applicant and the attorney to re	eport on their distribution of the proceeds within th
브	days of the	date of this entry;	
<u> </u>			
	Further orde	ers.	

FORM 22.6 - ENTRY APPROVING SETTLEMENT OF CLAIM OF AN ADULT WARD

Effective Date:

PROBATE COURT OF	COUNTY, OHIO
	, JUDGE
IN THE MATTER OF	
CASE NO.	
REPORT OF DISTI	<u>RIBUTION</u>
Pursuant to the Entry filed on	the proceeds
have been paid as shown below and on the accor	mpanying vouchers.
Cross Proceeds	\$
<u>Gross Proceeds</u> Less:	Φ
<u>Less.</u> <u>Medical expenses</u>	\$
Reimbursement of suit expenses to	Ψ
Troiling all of the competitions to	\$
Attorney fees to	\$ \$
Other:	\$
Total	\$
<del></del>	<del>-</del>
Net Proceeds	
□ Deposited pursuant to R.C. 2109.13	
Formattached	<u>\$</u>
☐ Delivered to	
legal guardian of the estate	<u>\$</u>
☐ Structured - see documents previously filed	\$
<u> </u>	<u> </u>
Other:	
<u>Balance</u>	\$
<u></u>	<u>*</u>
Attornov for Applicant	Appliant
Attorney for Applicant	<u>Applicant</u>
Attorney Registration No	
Automey Negistration No.	
ENTRY	
The above report of distribution is hereby approve	ed
The above report of distribution is necessary approve	<u></u>
Data	, PROBATE JUI
<u>Date</u>	, FRODATE JUL

FORM 22.7 - REPORT OF DISTRIBUTION AND ENTRY

Effective Date:\_\_\_\_\_