

**AMENDMENTS TO THE
RULES OF SUPERINTENDENCE FOR THE COURTS OF OHIO**

On August 8, 2011 the Supreme Court of Ohio adopted amendments to Standard Probate Forms 14.2, 18.9 and 45(D), effective September 1, 2011.

The amendments were prepared by the Forms Committee of the Ohio Association of Probate Judges and recommended by the Commission on the Rules of Superintendence.

PROBATE COURT OF _____ COUNTY, OHIO

_____, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

**ENTRY APPROVING SETTLEMENT AND DISTRIBUTION OF
WRONGFUL DEATH AND SURVIVAL CLAIMS**

Upon hearing the application to approve settlement and distribution of the wrongful death and survival claims, the Court:

- ☐ Approves the proffered settlement of \$ _____.
- ☐ Orders payment of \$ _____ to be applied to decedent's funeral and burial expenses.
- ☐ Orders payment of \$ _____ to the fiduciary for services rendered with respect to the wrongful death and survival claims.
- ☐ Orders payment of \$ _____ to the attorney for reimbursement of case expenses and \$ _____ for attorney fees for services rendered with respect to the wrongful death and survival claims.
- ☐ Orders that the net proceeds of \$ _____ be allocated \$ _____ to the wrongful death claim and \$ _____ to the survival claim. The amount allocated to the survival claim shall be considered an asset of the estate and shall be reflected in the fiduciary's account of the administration of the estate.
- ☐ Finds all of the beneficiaries of the wrongful death claim are on an equal degree of consanguinity, are adults, and have agreed how the net proceeds allocated to the wrongful death claim are to be distributed.
- ☐ Orders distribution of the net proceeds allocated to the wrongful death claim to the surviving spouse, children, parents, and other next of kin, in the equitable shares shown below, fixed by the Court having due regard for the injury and loss to each beneficiary resulting from the death and for the age and condition of the beneficiaries.

Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amount

CASE NO. _____

[Reverse of Form 14.2]

Orders that the share of:

☐ _____ a minor(s) be deposited pursuant to R.C. 2111.05.

☐ _____ a minor(s) be paid to the guardian of the estate of such minor.

☐ _____ a child(ren) be deposited in a trust for the benefit of the child(ren) until twenty-five years of age.

Authorizes the fiduciary to execute a release which, upon payment, shall be a discharge of the claim.

Orders the fiduciary and the attorney to report the distribution of the proceeds within thirty days of the date of this Entry.

Further orders _____

Approved:

Attorney for Fiduciary

Probate Judge

Attorney Registration No. _____

Date

PROBATE COURT OF _____ COUNTY, OHIO

ADOPTION OF _____
(Name after adoption)

CASE NO. _____

PETITIONER'S ACCOUNT
[R.C. 3107.055]

☐ **PRELIMINARY ESTIMATE ACCOUNTING**
(To be filed not later than date petition filed)

☐ **FINAL ACCOUNTING**
(To be filed not later than 10 days prior to date of final hearing)

This accounting specifies all disbursements of anything of value the petitioner, a person on the petitioner's behalf, and the agency or attorney made and has agreed to make in connection with the minor's permanent surrender under division (B) of Section 5103.15 of the Revised Code, placement under Section 5103.16 of the Revised Code, and adoption under Chapter 3107. (Attach extra sheets if necessary)

DATE	NAME AND ADDRESS	DISBURSEMENTS MADE OR AGREED TO BE MADE	ACTUAL COSTS
	PHYSICIAN		
	HOSPITAL/MEDICAL FACILITY		
	ATTORNEY		
	ACTUAL COST TO THE ATTORNEY		
	AGENCY		
	ACTUAL COST TO THE AGENCY		
	MAINTENANCE AND MEDICAL CARE REQUIRED UNDER R.C. 5103.15		
	EXPENSES PURSUANT TO R.C. 3107.055(C)(9)		
	FOSTER CARE		
	GUARDIAN AD LITEM		
	COURT COSTS		
	ALL OTHER DISBURSEMENTS		
	TOTAL		

CASE NO. _____

[Reverse of Form 18.9]

CERTIFICATION OF PETITIONER'S ACCOUNT

The undersigned certifies this _____ day of _____, 20____, that this accounting is true and accurate.

Attorney or Agency

Typed or Printed Name

Address

City

State

Telephone Number (include area code)

The petitioner has reviewed this accounting and attests to its accuracy this _____ day _____, 20____.

Petitioner

Petitioner

PROBATE COURT OF _____ COUNTY, OHIO

IN THE MATTER OF: _____

CASE NO. _____

CONFIDENTIAL DISCLOSURE OF PERSONAL IDENTIFIERS

[Rule 45(D) of the Rules of Superintendence for the Courts of Ohio]

	Complete Personal Identifier	Institution	Abbreviation	Form No.	Filing Date
Ex.	123-45-6789	Social Security	6789	22.3	7/1/2009
Ex.	0001234567	Anytown Bank Checking	Anytown #1	6.1	7/1/2009
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

☐ Check if additional pages are attached

Signature of Filing Party

Printed Name

Date: _____

This is page _____ of _____ pages