**PETITION TO COMPROMISE DOUBTFUL CLAIM OF MINOR/WARD**

INSTRUCTIONS

1. Specific Instructions
2. This form is to be used when petitioning the Probate Court for authorization to compromise a doubtful personal injury claim of a minor pursuant to O.C.G.A. § 29-3-3.
3. The terms “gross settlement,” “net settlement,” and “present value” are applicable when a minor is involved and are defined in O.C.G.A. § 29-3-3.
4. This form can also be used to compromise a doubtful personal injury claim of an adult ward pursuant to O.C.G.A. § 29-5-23(c)(5); however some modifications may be necessary.
5. This form must be modified when a covenant not to sue, as opposed to a release from liability, will be executed by the natural guardian or conservator.
6. This form may also be used when compromising claims other than personal injury claims pursuant to O.C.G.A. § 29-3-3, provided appropriate changes are made in the form.
7. If there is a legally qualified conservator, it may not be necessary to file a separate petition to encroach on corpus concerning the expenses listed in paragraph 17 of this form. However, the Court may direct that a separate encroachment petition be filed, in which case the prayers listed on page 6 and the provisions of the order should be modified.
8. The full particulars as to the facts that give rise to the cause of action should be listed in the Petition.
9. The amount of assets the adult ward or minor has prior to the settlement or action addressed in this Petition must be listed.
10. If an annuity or structured settlement is being purchased for the adult ward or minor, the terms of the annuity must be specified on the form titled “Disclosure of Structured Settlement” and signed by the parties and the insurance company that is funding the annuity.
11. When a structured settlement is to be purchased for the adult ward or minor, the terms of who is responsible for funding the annuity, including terms and time limits for the purchase and/or funding, should be included in the final order.
12. When using this form as fill-in-the-blank, please use the PDF version. When completing the form on a computer, use the Word and Word Perfect versions which include bracketed information to allow you to find and replace certain repeating information. “{INFO}” is used when the information is either long or narrative in nature or is only required once.

 To replace pre-set bracketed information, type into the “find what” line of your computer’s replace function the bracketed information exactly as provided by the form, including the brackets, and type into the “replace with” line the information you wish to include in its place. After entering your information, select “replace all.” An example is provided below.

 

All of the information included in brackets and outlined below should be addressed by the find and replace function. If the form requests information not pertaining to your filing, for example instances when there is no Second Petitioner, replace said information with N/A.

* {COUNTY} = Name of County where this Petition will be Filed
* {MINOR/ADULT WARD’S NAME} = Full Name of Minor/Adult Ward, including middle name, if known
* {MINOR/ADULT WARD’S AGE} = Minor/Adult Ward’s Current Age
* {MINOR/ADULT WARD’S BIRTHDATE} = Minor/Adult Ward’s birthday, including year
* {MINOR/ADULT WARD’S ADDRESS} = Minor/Ward’s Full Domiciliary Address, including domiciliary county
* {PETITIONER} = Full Name of Person filing this Petition
* {PETITIONER’S ADDRESS} = Full Domiciliary Address of Petitioner, including domiciliary county
* {PETITIONER’S MAILING ADDRESS} = Full Mailing Address of Petitioner, including county
* {PETITIONER’S TELEPHONE} = Telephone Number at which Petitioner may be reached
* {SECOND PETITIONER} = Full Name of Second Petitioner, if any
* {SECOND PETITIONER’S ADDRESS} = Full Domiciliary Address of Second Petitioner, including domiciliary county
* {SECOND PETITIONER’S MAILING ADDRESS} = Full Mailing Address of Second Petitioner, including county
* {SECOND PETITIONER’S TELEPHONE} = Telephone Number at which Second Petitioner may be reached
* {CONSERVATOR’S NAME} = Name of Previously-Appointed Conservator for the Minor/Adult Ward, if any
* {CONSERVATOR’S ADDRESS} = Full Domiciliary Address of Previously-Appointed Conservator, including domiciliary county, if any
* {PROPOSED CONSERVATOR} = Name of Person proposed to serve as Conservator, if any
* {PROPOSED CONSERVATOR’S ADDRESS} = Full Domiciliary Address of Proposed Conservator, including county, if any
* {NAME OF PARTY} = Party Liable to Minor/Adult Ward for Injuries Subject to this Petition
* {DATE OF ACCIDENT} = Date of the Incident giving rise to the need for this Petition
* {ENTITY NOT NAMED} = All Other Parties Liable to the Minor/Adult Ward for Injuries Subject to this Petition but Not Named in this Petition
* {ADDRESS OF ENTITY NOT NAMED} = Addresses of those Parties Liable to the Minor/Adult Ward but Not Named in this Petition
* {PERSONAL REPRESENTATIVE} = If this Petition arises from a Claim for Wrongful Death, the Name of Person serving as Personal Representative of the Minor/Adult Ward’s parent’s or spouse’s estate
* {PERSONAL REPRESENTATIVE’S ADDRESS} = Address of Person serving as Personal Representative of the Minor/Adult Ward’s parent’s or spouse’s estate
* {INSURANCE COMPANY} = Name of Insurance Company Providing Coverage for Liable Party and Subject to this Petition
* {INSURANCE AGENT} = Name of Insurance Agent Representing the Insurance Company Providing Coverage for Liable Party and Subject to this Petition
* {INSURANCE ADDRESS} = Address for Insurance Company Providing Coverage for Liable Party and Subject to this Petition
* {UNINSURED MOTORIST INSURANCE COMPANY} = Name of Insurance Company Contributing Uninsured Motorist Coverage Subject to this Petition, if any
* {PERSONAL INJURY ATTORNEY} = Minor/Adult Ward’s Personal Injury Attorney who Negotiated the Settlement Subject to this Petition
* {PERSONAL INJURY ATTORNEY’S ADDRESS} = Address of Minor/Adult Ward’s Personal Injury Attorney who Negotiated the Settlement Subject to this Petition
* {COMPANY PROVIDING ANNUITY} = Name of Company Providing the Annuity if one is being purchased for the Minor/Adult Ward
* {ADDRESS OF ANNUITY COMPANY} = Address of Company Providing the Annuity if one is being purchased for the Minor/Adult Ward
* {ANNUITY COMPANY TELEPHONE} = Telephone Number of Company Providing Annuity, if any
* {ATTORNEY} = Name of Attorney Filing this Petition, if any
* {ATTORNEY’S ADDRESS} = Address of Attorney Filing this Petition, if any
* {ATTORNEY’S TELEPHONE} = Telephone Number of Attorney Filing this Petition, if any
* {ATTORNEY’S STATE BAR NUMBER} = State Bar Number of Attorney Filing this Petition, if any
1. General Instructions

General instructions applicable to all Georgia probate court standard forms are available in each Probate Court, labeled GPCSF 1.

|  |
| --- |
| **IN THE PROBATE COURT****COUNTY OF {COUNTY}****STATE OF GEORGIA** |
| **IN RE: ESTATE OF** | **)** |
|  | **) ESTATE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **{MINOR/ADULT WARD’S NAME},** | **)** |
|  **MINOR/ADULT WARD.** | **)** |

**PETITION TO COMPROMISE DOUBTFUL CLAIM**

**OF MINOR OR ADULT WARD**

 The Petitioner(s) show(s) the court the following: (list full name and both physical and mailing address(es) of Petitioner(s) below)

{PETITIONER}, {PETITIONER’S ADDRESS}, and {PETITIONER’S MAILING ADDRESS}; and {SECOND PETITIONER}, {SECOND PETITIONER’S ADDRESS}, and {SECOND PETITIONER’S MAILING ADDRESS}.

1.

The minor/ward: (list full name and address of minor)

{MINOR/ADULT WARD’S NAME}, {MINOR/ADULT WARD’S ADDRESS}, whose birth date is {MINOR/ADULT WARD’S BIRTHDATE} and is {MINOR/ADULT WARD’S AGE} years old, received personal injuries as a result of the following occurrence:

{INFO}

2.

The minor/ward currently has cash and/or personal property in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will receive additional funds of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. As a result of this settlement, the Petitioner(s) will file an additional bond in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to secure the minor’s/adult ward’s estate.

3.

|  |  |  |  |
| --- | --- | --- | --- |
| a. | Is a conservatorship necessary in this case? | (Circle One) | (Yes) (No) |
| b. | Has a conservator been appointed for the above named minor/adult ward? | (Circle One) | (Yes) (No) |
| c. | Has a Petition for Conservatorship been filed regarding the above named minor/adult ward? | (Circle One) | (Yes) (No) |
| d. | Will a Conservatorship Petition be filed in the near future? | (Circle One) | (Yes) (No) |

If you answer “Yes” to a., b., and/or c., provide below the name of the conservator who has been or will be appointed. Attach the Petition and letters of appointment as “Exhibit A,” if any.

{CONSERVATOR’S NAME}, {CONSERVATOR’S ADDRESS}.

 If you answer “Yes” to d., provide the information for the conservator expected to be appointed and provide below the expected time in which the Petition will be filed.

{PROPOSED CONSERVATOR}, {PROPOSED CONSERVATOR’S ADDRESS}.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Anticipated date of filing Petition for Conservatorship)

 If you answer “No” to a., b., and/or c., provide the facts as to why a conservator is not necessary in this case.

{INFO}

4.

|  |  |  |  |
| --- | --- | --- | --- |
| a. | Is the named ward an adult?  | (Circle One) | (Yes) (No) |
| b. | Is/are the Petitioner(s) the appointed conservator(s) of the above named minor/adult ward? | (Circle One) | (Yes) (No) |
| c. | Is/are the Petitioner(s) the natural guardian(s) of the above named minor? | (Circle One) | (Yes) (No) |

If you answer “No” to all of the above, or if you answer “Yes” to a. and “No” to b., list the relationship of the Petitioner(s) to the minor/adult ward and list facts to show why Petitioner(s) is/are the proper person(s) to bring such Petition:

{INFO}

5.

This claim is against {NAME OF PARTY} by virtue of an incident occurring on or about {DATE OF ACCIDENT}.

List the full particulars giving rise to the cause of action by the minor/adult ward:

{INFO}

6.

|  |  |  |
| --- | --- | --- |
| Are there entities or agencies that the minor/adult ward has a claim against that are not part of this settlement for which the compromised claim is being sought? | (Circle One) | (Yes) (No) |

If you answer “Yes,” list such adverse party(ies) below:

{ENTITY NOT NAMED}, {ADDRESS OF ENTITY NOT NAMED}.

7.

|  |  |  |
| --- | --- | --- |
| Was a suit filed against the party(ies) subject to this Petition and listed in paragraph 5? | (Circle One) | (Yes) (No) |

If you answer “Yes,” attach the complaint and final order or settlement agreement as “Exhibit B.”

8.

|  |  |  |
| --- | --- | --- |
| Was an accident report made? | (Circle One) | (Yes) (No) |

If you answer “Yes,” attach the accident report as “Exhibit C.” If you answer “No,” list the reason(s) why an accident report was not made.

{INFO}

9.

|  |  |  |  |
| --- | --- | --- | --- |
| a. | Does the action arise from an alleged wrongful death of a parent?  | (Circle One) | (Yes) (No) |
| b. | If “Yes,” has a Personal Representative been appointed for the estate of such parent? | (Circle One) | (Yes) (No)(N/A) |

 If you answer “Yes” to a. and b., provide the information below and attach a copy of the Final Order and Letter as “Exhibit D”:

{PERSONAL REPRESENTATIVE}, {PERSONAL REPRESENTATIVE’S ADDRESS}.

 If you answer “Yes” to a. but “No” to b., explain:

{INFO}

10.

 The minor/adult ward sustained the following injuries:

{INFO}

11.

 The minor/adult ward has been treated by:

{INFO}

12.

 The minor's/adult ward’s physical, mental, and emotional condition, as evidenced by the statement of the treating doctor attached as “Exhibit E,” has returned to the condition of said minor/adult ward prior to such incident, except for:

{INFO}

13.

 The following is a list of all medical expenses and other special damages incurred to date as a result of the injury to said minor/adult ward:

{INFO}

14.

The following is a list of all medical expenses and other special damages expected to be incurred in the future as a result of the injury to said minor/adult ward as evidenced by the statement of the treating doctor or doctors attached as “Exhibit F.”

{INFO}

15.

 Medical expenses have been paid as follows:

|  |  |
| --- | --- |
| a. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s medical payment reimbursement insurance coverage. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of such coverage remains and will not be released by this settlement.  |
| b. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from any group or private insurance sources. |
| c. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a result of workers’ compensation coverage.  |
| d. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from any other source. List the name of such source: {INFO} |

16.

|  |  |  |  |
| --- | --- | --- | --- |
| a. | Does/do the Petitioner(s) believe that the settlement is fair, reasonable, and just? | (Circle One) | (Yes) (No) |
| b. | Has/have the Petitioner(s) made a full investigation as to the facts and circumstances surrounding the incident? | (Circle One) | (Yes) (No) |

|  |  |  |  |
| --- | --- | --- | --- |
| c. | Is it uncertain or doubtful that more than the amount offered in the settlement could be recovered? | (Circle One) | (Yes) (No) |
| d. | Does the opposing party(ies) contend that he/she/they is/are not responsible or liable in any way for the injuries that might have been sustained by said minor/adult ward? | (Circle One) | (Yes) (No) |

If you answer “No” to a., b., c., and/or d., explain:

{INFO}

17.

 Petitioner(s) and {NAME OF PARTY} have agreed upon a compromise settlement of all claims, which Petitioner(s) believe(s) to be fair, reasonable, and just under the circumstances, upon the terms and conditions set forth below:

|  |  |  |  |
| --- | --- | --- | --- |
| a. | Gross Settlement (Total amount of the settlement proceeds to be received by the minor/ward): |  | $\_\_\_\_\_\_\_\_\_ |
| b. | Expenses:  |  |  |
|  | i. | Attorney’s fees: | $\_\_\_\_\_\_\_\_\_ |  |
|  | ii. | Expenses of litigation:  | $\_\_\_\_\_\_\_\_\_ |  |
|  | iii. | Medical expenses now due: | $\_\_\_\_\_\_\_\_\_ |  |
|  | iv. | Other\* (explain below): | $\_\_\_\_\_\_\_\_\_ |  |
|  |  | Total Expenses |  | $\_\_\_\_\_\_\_\_\_ |
| c. | Cost of Annuity, if any:  |  | $\_\_\_\_\_\_\_\_\_ |
| d. | Net Amount to Conservatorship (Gross Settlement less Expenses and Cost of Annuity, if any): |  | $\_\_\_\_\_\_\_\_\_ |

\*Further explanation, if necessary (required if (b) subsection (iv), “Other,” is listed):

{INFO}

18.

 The following is a description and explanation of any amounts being paid to persons other than for the benefit of the minor/ward as a result of the injuries to said minor/adult ward:

{INFO}

19.

|  |  |  |
| --- | --- | --- |
| Is there is an insurance policy involved in this matter? | (Circle One) | (Yes) (No) |

If you answer “Yes,” complete the following regarding the policy limits and the insurance company(ies) involved:

|  |  |
| --- | --- |
| a. | The adverse party(ies) is/are covered by the following insurance company(ies) (provide full name and address for all insurance companies involved in the settlement): {INSURANCE COMPANY}, {INSURANCE AGENT},{INSURANCE ADDRESS}. |
| b. | The adverse party’s(ies’) policy limits of insurance are $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| c. | Uninsured motorist coverage held by {UNINSURED MOTORIST INSURANCE COMPANY} is contributing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the settlement.  |

20.

|  |  |  |  |
| --- | --- | --- | --- |
| a. | Does it appear the claim is worth more than the insurance policy limits? | (Circle One) | (Yes) (No) |
| b. | Has/have the Petitioner(s) investigated the assets of the party or parties being released as part of this settlement?  | (Circle One) | (Yes) (No) |

 Provide an explanation of why this settlement is appropriate:

{INFO}

21.

|  |  |  |
| --- | --- | --- |
| Has/have the Petitioner(s) employed an attorney to represent the Petitioner(s) in the prosecution of the minor’s/adult ward’s claim? | (Circle One) | (Yes) (No) |

If you answer “Yes,” list the full name and address of the firm and or attorney:

{PERSONAL INJURY ATTORNEY}, {PERSONAL INJURY ATTORNEY’S ADDRESS}.

22.

|  |  |  |
| --- | --- | --- |
| Has/have the Petitioner(s) agreed to pay the attorney’s fees and expenses of litigation? | (Circle One) | (Yes) (No) |

 If you answer “Yes,” list the terms the Petitioner(s) has/have agreed to pay as attorney’s fees and expenses of litigation:

{INFO}

If you answer “Yes,” the amount agreed is listed in paragraph 17(b)(i) and (ii) above and represents \_\_\_\_\_\_\_\_\_ % of the total settlement.

23.

 Petitioner(s) seek(s) to direct settlement proceeds into a structured settlement and the Disclosures Regarding Structured Settlement is attached hereto as “Exhibit G.”

24.

 Additional Data: Where full particulars are lacking, state here the reasons for any such omission.

{INFO}

WHEREFORE, Petitioner(s) pray(s) for an order approving and allowing Petitioner(s) to accept said offer to compromise and settle upon the terms set forth above; that Petitioner(s) be authorized to consummate the settlement and execute any and all agreements, receipts, releases, and other documents necessary or proper to effect said settlement; and that Petitioner(s) be authorized to pay from the gross settlement amount all fees and expenses described in paragraph 17 above.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of First Petitioner | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Second Petitioner, if any |
| {PETITIONER} | {SECOND PETITIONER} |
| {PETITIONER’S ADDRESS} | {SECOND PETITIONER’S ADDRESS} |
| {PETITIONER’S TELEPHONE} | {SECOND PETITIONER’S TELEPHONE} |
|  |  |

|  |  |
| --- | --- |
| Signature of attorney:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Typed/printed name of attorney:  | {ATTORNEY} |
| Address: | {ATTORNEY’S ADDRESS} |
| Telephone number:  | {ATTORNEY’S TELEPHONE} |
| State Bar #:  | {ATTORNEY’S STATE BAR NUMBER} |

**VERIFICATION**

**GEORGIA, {COUNTY} COUNTY**

 Personally appeared before me the undersigned Petitioner(s) who, after being duly sworn, state(s) that the facts set forth in the foregoing Petition and the attached exhibits are true and correct.

|  |  |
| --- | --- |
| Sworn to and subscribed beforeme this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTARY/CLERK OF PROBATE COURT My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of First Petitioner{PETITIONER} |
| Sworn to and subscribed beforeme this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTARY/CLERK OF PROBATE COURT My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Second Petitioner, if any{SECOND PETITIONER} |

|  |
| --- |
| **IN THE PROBATE COURT****COUNTY OF{COUNTY}****STATE OF GEORGIA** |
| **IN RE: ESTATE OF** | **)** |
|  | **) ESTATE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **{MINOR/ADULT WARD’S NAME}** | **)** |
|  **MINOR/ADULT WARD.** | **)** |

**EXHIBIT G – DISCLOSURES REGARDING STRUCTURED SETTLEMENT**

1. Total Cost of Structured Settlement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. This Structured Settlement is being funded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. This Structured Settlement is purchased through the following:

{COMPANY PROVIDING ANNUITY}, {ADDRESS OF ANNUITY COMPANY}.

1. Annuity Terms:
	1. Total payout over life of annuity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Amount GUARANTEED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Do payments terminate at death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Amount of payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		1. If periodic
			1. State period (e.g. monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
			2. Beginning date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. If lump sum distributions at date certain list:
			1. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
			2. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
			3. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: THE ESTATE OF THE MINOR/ADULT WARD MUST BE THE NAMED BENEFICIARY TO RECEIVE ANY GUARANTEED PAYMENTS THAT WILL BE PAID AFTER THE DEATH OF THE MINOR/ADULT WARD. The Petitioner(s) may NOT name himself/herself/themselves as the beneficiary(ies) of any assets paid after the death of the minor/adult ward without with Court approval.

1. List any amounts attorneys will receive AFTER INITIAL SETTLEMENT, if any:
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name, address, and telephone number of company underwriting the annuity:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The company is rated through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and has a rating of \_\_\_\_\_\_\_.
2. The Petitioner(s) has/have made an investigation into the facts of this case and the circumstances of the minor/adult ward and determined that the structured settlement is in the best interest of the adult minor/adult ward.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of First Petitioner | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Second Petitioner, if any |
| {PETITIONER} | {SECOND PETITIONER} |
| {PETITIONER’S ADDRESS} | {SECOND PETITIONER’S ADDRESS} |
| {PETITIONER’S TELEPHONE} | {SECOND PETITIONER’S TELEPHONE} |
|  |  |

|  |  |
| --- | --- |
| Signature of agent of annuity provider:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Typed/printed name of agent:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | {ADDRESS OF ANNUITY COMPANY}  |
| Telephone number:  | {ANNUITY COMPANY TELEPHONE} |

|  |
| --- |
| **IN THE PROBATE COURT****COUNTY OF {COUNTY}****STATE OF GEORGIA** |
| **IN RE: ESTATE OF** | **)** |
|  | **) ESTATE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **{MINOR/ADULT WARD’S NAME},** | **)** |
|  **MINOR/ADULT WARD.** | **)** |

**ORDER FOR APPOINTMENT OF GUARDIAN AD LITEM**

 IT IS ORDERED that

 Name Address Telephone Number

is appointed guardian ad litem for {MINOR/ADULT WARD’S NAME}, (minor)(adult ward), and that said guardian ad litem be duly served with a copy of the foregoing Petition, and notice of this appointment, and that upon said guardian ad litem’s acceptance of same, said guardian ad litem shall make answer hereto. This appointment is limited to this proceeding only and it shall cease when a final order is entered on this Petition.

 SO ORDERED this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

|  |  |
| --- | --- |
|   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Judge of the Probate Court |

|  |
| --- |
| **IN THE PROBATE COURT****COUNTY OF {COUNTY}****STATE OF GEORGIA** |
| **IN RE: ESTATE OF** | **)** |
|  | **) ESTATE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **{MINOR/ADULT WARD’S NAME},** | **)** |
|  **MINOR/ADULT WARD.** | **)** |

|  |
| --- |
| **ANSWER OF GUARDIAN AD LITEM** I hereby accept the foregoing appointment, acknowledge service and notice of the proceedings as provided by law, and for answer say: |

 This \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

|  |
| --- |
| Signature of Guardian Ad Litem (GAL): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Typed/printed name of GAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **IN THE PROBATE COURT****COUNTY OF {COUNTY}****STATE OF GEORGIA** |
| **IN RE: ESTATE OF** | **)** |
|  | **) ESTATE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **{MINOR/ADULT WARD’S NAME},** | **)** |
|  **MINOR/ADULT WARD.** | **)** |

**ORDER TO AUTHORIZE SETTLEMENT**

The foregoing Petition was read and considered, and it appears upon hearing the facts set out in the Petition are true and that said settlement is fair, reasonable, and just, that the same is made in good faith and will be in the best interest of the said minor/adult ward and will advance the interests of said minor/adult ward.

(strike the portions of this order that are not applicable to this case)

 (No objection to the proposed compromise being raised by the guardian ad litem.)

(Objections were filed by the guardian ad litem or an interested party, but have now been resolved.)

 IT IS HEREBY ORDERED AND ADJUDGED that Petitioner(s) be, and is/are, hereby authorized to consummate said settlement as prayed in said Petition and to execute any and all agreements, receipts, releases, or other documents necessary or proper to effect such settlement and that such agreements, receipts, releases, or other documents shall constitute the full, final, and complete settlement of any and all actions, causes of action, claims, or demands which the above-named minor/adult ward may have against those parties to the settlement named in the Petition as fully and completely as if said minor/adult ward had executed said agreements, receipts, releases, or other documents individually.

IT IS FURTHER ORDERED that the Petitioner(s) is/are hereby authorized to pay all fees and expenses as shown below:

|  |  |  |  |
| --- | --- | --- | --- |
| a. | Gross Settlement (Total amount of the settlement proceeds to be received by the minor/ward): |  | $\_\_\_\_\_\_\_\_\_ |
| b. | Expenses:  |  |  |
|  | i. | Attorney’s fees: | $\_\_\_\_\_\_\_\_\_ |  |
|  | ii. | Expenses of litigation:  | $\_\_\_\_\_\_\_\_\_ |  |
|  | iii. | Medical expenses now due: | $\_\_\_\_\_\_\_\_\_ |  |
|  | iv. | Other: | $\_\_\_\_\_\_\_\_\_ |  |
|  |  | Total Expenses |  | $\_\_\_\_\_\_\_\_\_ |
| c. | Cost of Annuity, if any:  |  | $\_\_\_\_\_\_\_\_\_ |
| d. | Net Amount to Conservatorship (Gross Settlement less Expenses and Cost of Annuity, if any): |  | $\_\_\_\_\_\_\_\_\_ |

IT IS FURTHER ORDERED that the minor’s/adult ward’s award is hereby paid to the appointed conservator.

or

IT IS FURTHER ORDERED that a conservator is not necessary because the “net” award is under $15,000.00 and therefore will be paid to the natural guardians of the above-named minor.

or

IT IS FURTHER ORDERED that an annuity (has been) (will be) purchased. The attorney has stated in open court that all funds owed to the minor/adult ward will be held in escrow account until the purchase of the annuity and that the money will be disbursed from the escrow account to purchase the annuity and will not be given over to the party(ies). The attorney will confirm disbursement once the annuity is funded and file notice with this Court and the GAL. The appointed GAL will report to the court once he/she has confirmed the annuity was purchased.

or

IT IS FURTHER ORDERED that an annuity (has been) (will be) purchased by the insurance company liable for the minor’s/adult ward’s claim(s). The insurance company will also pay the other claims above directly including the attorney’s fees and/or medical expenses.

and

IT IS FURTHER ORDERED that all terms of this order shall be completed within \_\_\_\_\_\_\_\_\_ days of this order.

 SO ORDERED this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Judge of the Probate Court