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| --- | --- |
| District Court Denver Probate Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County, ColoradoCourt Address:**In the Interest of:****Respondent**  | COURT USE ONLY |
| Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail:FAX Number: Atty. Reg. #: | Case Number:Division: Courtroom: |
| PETITION FOR APPROVAL OF SETTLEMENT OF CLAIMS**PURSUANT TO C.R.P.P. 62**  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), the petitioner, pursuant to Rule 62 of the Colorado Rules of Probate Procedure, petitions the court as follows:

**Section I – Venue, Jurisdiction, and Parties**

1. **Venue for this proceeding is proper in this county because the respondent:**

resides in this county.

does not reside in this state, but has property in this county.

1. **Information about the petitioner:**

 Name: Relationship to respondent:

Street address:

City: State: Zip code:

Mailing address, if different:

 Primary phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email address:

1. **Information about respondent:**

Name: Gender: \_\_\_\_\_\_\_\_\_\_ Age: Date of birth:

Street address:

City: State: Zip code:

Mailing address, if different:

 Primary phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email address:

1. **Information about respondent’s spouse, partner in a civil union, or adult who has resided with respondent for more than six months within one year before the filing of this petition:**

Name: Relationship to respondent:

Street address:

City: State: Zip code:

Mailing address, if different:

 Primary phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:

1. **Information about respondent’s parents (if respondent is a minor), legal guardian, custodian, trustee, agent under power of attorney, or court-appointed guardian or conservator:**

 Name: Relationship to respondent:

Street address:

City: State: Zip code:

Mailing address, if different:

 Primary phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:

 Name: Relationship to respondent:

Street address:

City: State: Zip code:

Mailing address, if different:

 Primary phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email address:

 \*Note: If a parent cannot be found, please check the rules on Notice by Publication.

**Have parental rights been terminated (if respondent is a minor)?** ❑Yes ❑No

**Name of parent(s) whose rights have been terminated:**

 If there is a court-appointed fiduciary, the case information and reason for the fiduciary’s appointment is as follows:

**Section 2 – Claims and Liabilities**

1. **The date and a brief description of the event or transaction giving rise to the claim:**

1. **Information about each party against whom respondent may have a claim:**

 Name:

Street address:

City: State: Zip Code:

Mailing address, if different:

 Primary phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name:

Street address:

City: State: Zip Code: Primary phone #:

Mailing address, if different:

 Primary phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **The basis for each of the respondent’s claims are as follows:**

1. **The defenses and/or counterclaims, if any, to the respondent’s claims are as follows:**

1. **Information for each insurance company involved in the claim, the type of policy, the policy limits and the identity of the insured:**

Name of insurance company: Name of insured:

Address:

City: State: Zip code:

Contact person: Phone #:

Type of policy: Policy limits:

Name of insurance company: Name of insured:

Address:

City: State: Zip code:

Contact person: Phone #:

Type of policy: Policy limits:

**Section 3 – Damages**

1. **A description of the respondent’s injuries:**

1. **The amount of time missed by the respondent from school or employment:**

1. **A summary of lost income resulting from respondent’s injuries:**

1. **A summary of any damage to respondent’s property:**

1. **A summary of the respondent’s expenses incurred for medical or other care provider services as a result of the respondent’s injuries, identification of any source of payment (including person, organization, institution, or state or federal agency) for such expenses, and a summary of expenses that have been or will be paid by each particular source:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name of Provider** | **Expenses** | **Expenses Paid**  | **Source of Payment****(if any)** | **Outstanding Expenses**  |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
|  | **Total** | **$** | **$** | **$** | **$** |

**Section 4 – Medical Status**

1. **A description of respondent’s current condition including but not limited to the nature and extent of any disability, disfigurement, or physical or psychological impairments, and any current treatments and/or therapies:** ❑**Current Physician Letter filed with this Petition:**

1. **An explanation of respondent’s prognosis and any anticipated treatments and/or therapy:**

**Section 5 – Status of Claims**

1. **For this claim and any other related claim, the status of the claim and if any civil action has been filed, the court, case number, and parties:**

1. **Information about each party having a subrogation right against this claim or any related claim including any state or federal agency paying or planning to pay benefits to or for respondent and the amount of each subrogation:**

 Name of claimant/subrogation holder: Amount of subrogation: $

 Address:

City: State: Zip code: Phone #:

 Name of claimant/subrogation holder: Amount of subrogation $

Address:

City: State: Zip code: Phone #:

1. **A summary of efforts to negotiate any subrogation rights and liens against this claim or any related claim:**

**Section 6 – Proposed Settlement, Payment Terms and Proposed Disposition of Settlement Proceeds**

1. **Information about each party making and receiving payment under the proposed settlement:**

Name of party/entity making payment: Amount: \_\_\_\_\_\_\_\_\_\_\_\_

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

City: State: Zip code:

 Name of party/entity receiving payment:

Name of party/entity making payment: Amount: \_\_\_\_\_\_\_\_\_\_\_\_

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

City: State: Zip code:

 Name of party/entity receiving payment:

Name of party/entity making payment: Amount: \_\_\_\_\_\_\_\_\_\_\_\_

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

City: State: Zip code:

 Name of party/entity receiving payment:

1. **The settlement amount and proposed disposition, including any restrictions on the accessibility of the funds.**

|  |  |  |
| --- | --- | --- |
|  | **Description** | **Amount** |
| **A** | Gross Settlement Amount | **$** |
| **B** | Attorney Fees | **$** |
| **C** | Attorney Costs | **$** |
| **D** | Payment of Medical Bills per section 15 | **$** |
| **E** | Payment of Subrogation Claim per section 19 | **$** |
| **F** | TOTAL PAYOUTS (B+C+D+E) | **$** |
| **G** | Net Settlement Proceeds (A-F) | **$** |

**Restrictions, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **The details of any structured settlement, annuity, insurance policy or trust instrument, including the terms and payment structure and the identity of the trustee or entity administering such arrangements:**

1. **The requested attorney fees and costs to be paid from the settlement proceeds are summarized as follows:**

1. **What type of continued court supervision is requested? The court may appoint a conservator, trustee, or other fiduciary to manage the settlement of proceeds or make other protective arrangements in the best interest of the respondent.**

**Note: The appropriate paperwork for the requested appointment listed above must accompany this Petition.**

1. **The following documents are filed with this petition:**

❑Attorney fee agreement

❑Attorney statement of costs

❑Attorney billing records, billing summary or attorney fee affidavit

❑Written statement by physician or other health care provider. (The statement must set forth the information required by C.R.P.P. 62(d)(4) and comply with C.R.P.P. 60 unless otherwise ordered by the court.)

❑Proposed settlement agreement(s)/releases

❑Petition for Appointment of Conservator – Minor (JDF 861)

❑(Proposed) Order Appointing Conservator for Minor (JDF 862)

❑(Proposed) Order for Deposit of Funds to Restricted Account – Conservatorship (JDF 865)

❑(Proposed) Order for Deposit of Funds to Restricted Account and Annual Filing of Restricted Account Report (JDF 866)

❑Other:

❑Other:

1. An interpreter is requested for the following person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Language Need(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
2. In addition, the Petitioner requests the following:

WHEREFORE, petitioner requests that after notice and hearing, the Court

❑find that the proposed settlement of the claim is in the best interests of the respondent;

❑find that the Court authorize the acceptance of $ in full settlement of the respondent’s personal injury claim;

❑authorize payment of $ to be paid out of the settlement proceeds for any outstanding claims, attorney fees and costs per section 6; and

❑authorize disposition of the net proceeds of the settlement in the manner set forth in this Petition.

❑ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

❑ By checking this box, I am acknowledging that I have made a change to the original content of this form.

**VERIFICATION**

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the \_\_\_\_\_\_ day of Executed on the \_\_\_\_\_\_ day of

 (date) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_,

 (month) (year) (month) (year)

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(city or other location, and state OR country) (city or other location, and state OR country)

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

(printed name) (printed name)

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

(Signature of Petitioner) (Signature of Co-Petitioner, if any)

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

Attorney Signature, (if any) Date