

**In the Court of Common Pleas of Philadelphia County
First Judicial District of Pennsylvania**

**Joint General Court Regulation
Trial Division and Orphans' Court Division No. 97-1
Minors and Incapacitated Person Checklist**

Settlement/Trial Division Judge: _____ Court Term: _____

Caption: _____ Number: _____

Is this case disposed except for this petition? ___Yes ___No

If yes, how was it disposed? ___S.D.& E. ___Jury Trial ___Non-Jury Trial (Incls. Assessment of Damages)

___Other (explain)_____

Consolidated Cases (Indicate Court Term and Number)_____

Any Pleadings filed in Orphans' Court: Yes No

Are the following items included in the Petition/Order: **Yes** **No**

- | | | |
|--|--------------------------|--------------------------|
| 1. Minor's/Incapacitated Person's: | | |
| a. Date of Birth | <input type="checkbox"/> | <input type="checkbox"/> |
| b. SS# | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Address | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Written approval of settlement if minor is 16 years of age or older | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Parent(s)/guardian verification attached | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If guardian of estate was appointed, is Order attached | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Information concerning mother and father | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Details concerning the injury | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Doctor's report of present condition of minor/incapacitated person | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Statement from parents and/or guardian certifying the condition of minor/incapacitated person and approval of proposed settlement | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Counsel's reasons for approval of proposed settlement | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Petition signed by counsel | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Department of Welfare or any other entity lien or claim | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the Order contain the following: | | |
| a. Itemization of costs for reimbursement | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Counsel fee computed on net settlement | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Affidavit will be filed certifying compliance with the Order | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Amount to minor/incapacitated person (<i>in restricted accounts, typically if under \$350,000</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Amount to Guardian of minor/incapacitated person (<i>typically if over \$350,000</i>) | <input type="checkbox"/> | <input type="checkbox"/> |

*I verify the answers above to be true and correct and understand
that sanctions may be imposed for inaccurate or incomplete answers.*