

**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.*