

ATTORNEY (Name, State Bar number, and address):  _____  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	CASE NUMBER:
<b>EXPEDITED PETITION TO APPROVE:</b> <input type="checkbox"/> <b>COMPROMISE OF DISPUTED CLAIM</b> <input type="checkbox"/> <b>COMPROMISE OF PENDING ACTION</b> <input type="checkbox"/> <b>DISPOSITION OF PROCEEDS OF JUDGMENT</b> <input type="checkbox"/> <b>Minor</b> <input type="checkbox"/> <b>Person With a Disability</b>	<input type="checkbox"/> No hearing date is requested.  <input type="checkbox"/> HEARING DATE:  DEPT.:                      TIME:

**NOTICE TO PETITIONERS**

You must use this form if you wish to request expedited court approval of certain (1) compromises of disputed claims of a minor, (2) compromises of pending actions or proceedings in which a minor or a person with a disability (including a conservatee) is a party, or (3) dispositions of the proceeds of judgments for a minor or person with a disability. (See Code Civ. Proc., § 372; Prob. Code, § 3500 et seq.) You may use this form if (1) you are represented by an attorney; (2) the statements in items 3a, 3b, 3c, 3d, 3e, 3f, and either 3g(1) or 3g(2) below are true; and (3) the court does not otherwise order.

If you qualify and choose to use this form, the court may consider and act on your petition without a hearing. If your compromise or judgment does not qualify for expedited treatment or you choose not to use this form, you must use the *Petition to Approve Compromise of Disputed Claim or Pending Action or Disposition of Proceeds of Judgment for Minor or Person With a Disability* (form MC-350), and the court will schedule a hearing. See Cal. Rules of Court, rules 7.950, 7.950.5, and 7.951.

1. **Petitioner (name):**
2. **Claimant (name):**
  - a. Address:
  - b. Date of birth:                      c. Age:                      d. Sex:                      e.  Minor    f.  Person with a disability
3. **Expedited petition**
  - a. The claimant's claim or action is **not** for damages for the death of a person caused by the wrongful act or neglect of another.
  - b. No portion of the net proceeds of the judgment or settlement in favor of the claimant is to be placed in a trust.
  - c. There are no unresolved disputes concerning liens to be satisfied from the proceeds of the judgment or settlement.
  - d. Petitioner's attorney did not become involved with this matter, directly or indirectly, at the request of a party against whom the claim is asserted or a party's insurance carrier.
  - e. Petitioner's attorney is not representing, employed by, or associated with a defendant in this matter or an insurance carrier.
  - f. All defendants that have appeared in a pending action on the claim are participating in the proposed compromise **or** the court has finally determined that all settling parties entered into the settlement in good faith.
  - g. (1)  The judgment for the claimant described in item 5c (exclusive of interest and costs) or the total of the settlement described in items 12 and 13 payable to the claimant and all other persons named in item 13 is in the amount of \$50,000 or less; or
  - (2)  The settlement described in item 12 represents payment of the single-person policy limits of all liability insurance policies covering the defendants named in that item. The investigation described in Attachment 3 shows that all of those defendants are judgment proof outside of their insurance coverage. (*Describe investigation and results in Attachment 3.*)

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4. **Relationship** Petitioner's relationship to the claimant (*check all applicable boxes*):

- a.  Parent
- b.  Guardian ad litem
- c.  Guardian
- d.  Conservator
- e.  Disabled adult claimant is a petitioner. (*See instructions for items 4e and 4f below.*)
- f.  Disabled adult claimant's express consent to the relief requested in this petition is provided on Attachment 4f.
- g.  Other relationship (*specify*):

*(If you checked item 4e or 4f, state facts on Attachment 4e or 4f showing that the claimant has capacity under Probate Code section 812 to petition or consent to a petition. Only an adult claimant who has sufficient capacity and who does not have a conservator of the estate may petition or consent to a petition. See Probate Code section 3613.)*

5. **Nature of claim** The claim of the minor or adult person with a disability:

- a.  Is not the subject of a pending action or proceeding. (*Complete items 6–23.*)
- b.  Is the subject of a pending action or proceeding that will be compromised without a trial on the merits of the claim.  
Name of court:  
Case no.: Trial date: (*Complete items 6–23.*)
- c.  is the subject of a pending action or proceeding that has been or will be reduced to a judgment for the claimant against the defendants named below in the total amount (exclusive of interest and costs) of (*specify*):

\$

Defendants (names):

- Additional defendants listed on Attachment 5.     The judgment was filed on (*date*):  
*(Attach a copy of the (proposed) judgment as Attachment 5c and complete items 14–23.)*

6.  **Incident or accident**  
The incident or accident occurred as follows:
- a. Date: \_\_\_\_\_ Time: \_\_\_\_\_
  - b. Place: \_\_\_\_\_
  - c. Persons involved (*names*): \_\_\_\_\_

- Continued on Attachment 6.
7.  **Nature of incident or accident**  
The facts, events, and circumstances of the incident or accident are (*describe*):

Continued on Attachment 7.

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8.  **Injuries**

The following injuries were sustained by the claimant as a result of the incident or accident *(describe)*:

Continued on Attachment 8.

9.  **Treatment**

The claimant received the following care and treatment for the injuries described in item 8 *(describe)*:

Continued on Attachment 9.

10.  **Extent of injuries and recovery** *(An original or a photocopy of all doctors' reports containing a diagnosis of and prognosis for the claimant's injuries, and a report of the claimant's present condition, must be attached to this petition as Attachment 10. A new report is not necessary so long as a previous report accurately describes the claimant's current condition.)*

a.  The claimant has recovered completely from the effects of the injuries described in item 8, and there are no permanent injuries.

b.  The claimant has not recovered completely from the effects of the injuries described in item 8, and the following injuries from which the claimant has not recovered are temporary *(describe the remaining injuries)*:

Continued on Attachment 10b.

c.  The claimant has not recovered completely from the effects of the injuries described in item 8, and the following injuries from which the claimant has not recovered are permanent *(describe the permanent injuries)*:

Continued on Attachment 10c.

11.  **Petitioner has made a careful and diligent inquiry and investigation to ascertain the facts relating to the incident or accident in which the claimant was injured; the responsibility for the incident or accident; and the nature, extent, and seriousness of the claimant's injuries. Petitioner fully understands that if the compromise proposed in this petition is approved by the court and is consummated, the claimant will be forever barred from seeking any further recovery of compensation from the settling defendants named below even though the claimant's injuries may in the future appear to be more serious than they are now thought to be.**

12.  **Amount and terms of settlement**

By way of settlement, the defendants named below have offered to pay the following sums to the claimant:

a. The total amount offered by all defendants named below is *(specify)*: \$

b. The defendants and amounts offered by each are as follows *(specify)*:

<u>Defendants (names)</u>	<u>Amounts</u>
	\$
	\$
	\$
	\$

Additional defendants and amounts offered are listed on Attachment 12.

c. The terms of settlement are described on Attachment 12. *(If the settlement is to be paid in installments, both the total amount and the present value of the settlement must be included.)*

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13.  **Settlement payments to others**

- a.  No defendant named in item 12b has offered to pay money to any person or persons other than the claimant to settle claims arising out of the same incident or accident that resulted in the claimant's injury.
- b.  By way of settlement, one or more defendants named in item 12b have also offered to pay money to a person or persons other than claimant to settle claims arising out of the same incident or accident that resulted in the claimant's injury. \$

- (1) The total amount offered by all defendants to others (*specify*):
- (2)  Petitioner would receive money under the proposed settlement.
- (3) The settlement payments are to be apportioned and distributed as follows:

<u>Other plaintiffs or claimants (names)</u>	<u>Amounts</u>
	\$
	\$
	\$
	\$

- Additional plaintiffs or claimants and amounts are listed on Attachment 13.
- (4)  The settlement payments are apportioned between the claimant and each other plaintiff or claimant named above on a pro rata basis, based upon the special damages claimed by each. The special damages claimed by each other plaintiff or claimant are specified on Attachment 13.
- (5)  Reasons for the apportionment of the settlement payments between the claimant and each other plaintiff or claimant named above are specified on Attachment 13.

14. **The claimant's medical expenses, including medical expenses paid by petitioner, Medicare, Medi-Cal, and private insurers, that are to be reimbursed from proceeds of settlement or judgment**

**a. Totals**

- (1) Total expenses: \$
- (2) Total amount paid (including payments by private insurance, Medi-Cal, or Medicare): \$ (                    )
- (3) Total of negotiated reductions, if any: \$ (                    )
- (4) Total amount of medical expenses to be paid or reimbursed from proceeds: \$
- (5) Total amount of medical liens, if any: \$

*(Identify each medical expense payer and the amount each paid, and explain any differences between items 14a(1), (4) and (5) in Attachment 14a.)*

- b. (1)  None of the claimant's medical expenses have been paid by Medicare.
- (2)  Medicare paid some or all of claimant's medical expenses. In full satisfaction of its lien rights, Medicare will be reimbursed in the amount of \$

*(Attach a copy of the final Medicare demand letter or letter agreement as Attachment 14b(2).)*

- c. (1)  None of the claimant's medical expenses have been paid by Medi-Cal.
- (2)  Medi-Cal paid all or some or all of the claimant's medical expenses.
  - (a) Notice of this claim or action has been given to the State Director of Health Care Services under Welfare and Institutions Code section 14124.73. A copy of the notice and proof of its delivery  is attached.  was filed in this matter on *(date)*:
  - (b) In full satisfaction of its lien rights, Medi-Cal has agreed to accept reimbursement in the amount of: \$

*(Attach a copy of the final Medi-Cal demand letter or letter agreement as Attachment 14c(2).)*

- d.  The claimant's health plan is requesting reimbursement for medical expenses paid under the plan. In full satisfaction of the plan's lien rights, it will be reimbursed in the amount of: \$

*(Attach statements from the plan showing expense payments and requesting reimbursement.)*

- e.  Petitioner has paid claimant's medical expenses to be reimbursed in the amount of \$

*(See instructions for item 16.)*

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**14. The claimant's medical expenses, including medical expenses paid by petitioner, Medicare, Medi-Cal, and private insurers, that are to be reimbursed from proceeds of settlement or judgment**

f.  There are one or more liens from medical service providers for payment of claimant's medical expenses.

In full satisfaction of their lien claims, the lienholders have agreed to accept the sum of:   \$

g. (Select (1) or (2) below.)

(1)  Latest statements from all medical service providers are attached as Attachment 14g.

(2)  All medical expenses have been paid by private insurance, Medicare, or Medi-Cal.

**15. The claimant's attorney's fees and all other expenses (except medical expenses), including fees or expenses paid by petitioner and claimant's attorney, to be paid or reimbursed from proceeds of settlement or judgment**

a. Total amount of attorney's fees for which court approval is requested:   \$

*(If fees are requested, attach as Attachment 15a a declaration from the attorney explaining the basis for the request, including a discussion of applicable factors listed in rule 7.955(b) of the Cal. Rules of Court. Include a copy of any written attorney fee agreement in Attachment 15a.)*

b. The following additional items of expense (other than medical expenses) have been incurred or paid, are reasonable, resulted from the incident or accident, and should be paid or reimbursed out of claimant's share of the proceeds of the settlement or judgment:

<u>Items</u>	<u>Payees (names)</u>	<u>Amounts</u>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total:</b>		\$ <input style="width: 100px;" type="text"/>

Continued on Attachment 15b.

c.  Costs of suit attributable to more than one settling plaintiff are **not** apportioned between them on a pro rata basis based on their gross settlement amounts. The apportionment of these costs is described and explained in Attachment 15c.

**16. Reimbursement of expenses paid by petitioner**

a.  Petitioner has paid none of the claimant's expenses listed in items 14 and 15 for which reimbursement is requested.

b.  Petitioner has paid the following total amounts of the claimant's expenses for which reimbursement is requested.

- |  |    |
|--|----|
| (1) <input type="checkbox"/> Medical expenses listed in item 14:                                 | \$ |
| (2) <input type="checkbox"/> Attorney's fees included in the total fee amount shown in item 15a: | \$ |
| (3) <input type="checkbox"/> Other expenses included in the total shown in item 15b:             | \$ |

*(Attach proofs of the expenses incurred and payments made, e.g., bills or invoices, canceled checks, credit card statements, explanations of benefits from insurers, etc.)*

**Total:**   \$

**17. Net balance of proceeds for the claimant**

The balance of the proceeds of the proposed settlement or judgment remaining for the claimant after payment or reimbursement of all requested fees and expenses is (*specify*):   \$

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**18. Summary**

- a. Gross amount of proceeds of settlement or judgment for claimant: \$
- b. Medical expenses to be paid from proceeds of settlement or judgment: \$
- c. Attorney's fees to be paid from proceeds of settlement or judgment: \$
- d. Expenses (other than medical) to be paid from proceeds of settlement or judgment: \$ \_\_\_\_\_
- e. Total of fees and expenses to be paid from proceeds of settlement or judgment (add (b), (c), and (d)): \$ ( \_\_\_\_\_ )
- f. Balance of proceeds of settlement or judgment available for claimant after payment of all fees and expenses (subtract (e) from (a)): \$

**19. Information about attorney representing or assisting petitioner**

- a. The attorney  is not  is representing or employed by any other party involved in this matter.  
*(If you answered "is," identify the other party and explain the relationship in Attachment 19a. If the other party is a defendant, you must use form MC-350 for your petition and are not eligible for expedited consideration by the court. See item 3e on page 1 and Cal. Rules of Court, rule 7.950.5(a)(6).)*
- b. The attorney  has neither received nor expects to receive  has received or expects to receive attorney's fees or other compensation in addition to that requested in this petition for services provided in connection with the claim giving rise to this petition (if you answered "has received or expects to receive," identify the person who paid or will pay the fees or other compensation, the amounts paid or to be paid, and the dates of payment or expected payment):

<u>From Whom Paid or Expected (name):</u>	<u>Date Paid or Expected</u>	<u>Amount Paid or Expected</u>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Continued on Attachment 19b.

**Total:** \$

**20. Disposition of balance of proceeds of settlement or judgment**

Petitioner requests that the balance of the proceeds of the settlement or judgment be disbursed as follows:

- a.  There is a guardianship of the estate of the minor or a conservatorship of the estate of the adult person with a disability filed in (name of court):  
Case no.:
  - (1)  \$ \_\_\_\_\_ of the proceeds in money or other property will be paid or delivered to the guardian of the estate of the minor or the conservator of the estate of the conservatee. The money or other property is specified in Attachment 20a(1).
  - (2)  Petitioner is the guardian or conservator of the estate of the minor or the adult person with a disability. Petitioner requests authority to deposit or invest \$ \_\_\_\_\_ of the money or other property to be paid or delivered under 20a(1) with one or more financial institutions in this state or with a trust company, subject to withdrawal only as authorized by the court. The money or other property and the name, branch, and address of each financial institution or trust company are specified in Attachment 20a(2).

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**20. Disposition of balance of proceeds of settlement or judgment**

Petitioner requests that the balance of the proceeds of the settlement or judgment be disbursed as follows:

- a. There is a guardianship of the estate of the minor or a conservatorship of the estate of the adult person with a disability
- (3)  Petitioner proposes that all or a portion of the proceeds **not** become part of the guardianship or conservatorship estate. Petitioner requests authority to deposit or transfer these proceeds as follows *(check all that apply)*:
- (a)  \$ \_\_\_\_\_ will be deposited in insured accounts in one or more financial institutions in this state from which no withdrawals can be made without a court order. The name, branch, and address of each depository are specified in Attachment 20a(3).
- (b)  \$ \_\_\_\_\_ will be invested in a single-premium deferred annuity subject to withdrawal only on order of the court. The terms and conditions of the annuity are specified in Attachment 20a(3).
- (c)  \$ \_\_\_\_\_ will be transferred to a custodian for the benefit of the minor under the California Uniform Transfers to Minors Act. The name and address of the proposed custodian and the property to be transferred are specified in Attachment 20a(3).
- b.  There is no guardianship of the estate of the minor or conservatorship of the estate of the adult person with a disability. Petitioner requests that the balance of the proceeds of the settlement or judgment be disbursed as follows *(check all that apply)*:
- (1)  A guardian of the estate of the minor or a conservator of the estate of the adult person with a disability will be appointed. \$ \_\_\_\_\_ of money and other property will be paid or delivered to the person so appointed. The money or other property are specified in Attachment 20b(1).
- (2)  \$ \_\_\_\_\_ of money will be deposited in insured accounts in one or more financial institutions in this state, subject to withdrawal only upon the authorization of the court. The name, branch, and address of each depository are specified in Attachment 20b(2).
- (3)  \$ \_\_\_\_\_ of money will be invested in a single-premium deferred annuity, subject to withdrawal only upon the authorization of the court. The terms and conditions of the annuity are specified in Attachment 20b(3).
- (4)  \$ \_\_\_\_\_ will be paid or delivered to a parent of the minor, upon the terms and under the conditions specified in Probate Code sections 3401–3402, without bond. The name and address of the parent and the money or other property to be delivered are specified in Attachment 20b(4). *(Value of minor's entire estate, including the money or property to be delivered, must not exceed \$5,000.)*
- (5)  \$ \_\_\_\_\_ will be transferred to a custodian for the benefit of the minor under the California Uniform Transfers to Minors Act. The name and address of the proposed custodian and the money or other property to be transferred are specified in Attachment 20b(5).
- (6)  \$ \_\_\_\_\_ of money will be held on such conditions as the court in its discretion determines is in the best interest of the minor or the adult person with a disability. The proposed conditions are specified on Attachment 20b(6). *(Value must not exceed \$20,000.)*
- (7)  \$ \_\_\_\_\_ of property other than money will be held on such conditions as the court in its discretion determines is in the best interest of the minor or the adult person with a disability. The proposed conditions and the property are specified in Attachment 20b(7).
- (8)  \$ \_\_\_\_\_ will be deposited with the county treasurer of the County of *(name)*:  
The deposit is authorized under and subject to the conditions specified in Probate Code section 3611(h).
- (9)  \$ \_\_\_\_\_ will be paid or transferred to the adult person with a disability. The money or other property is specified in Attachment 20b(9).
- Continued on Attachment 20.

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21. Petitioner recommends the compromise settlement or the proposed disposition of the proceeds of the judgment for the claimant to the court as being fair, reasonable, and in the best interest of the claimant and requests that the court approve this compromise settlement or proposed disposition and make such other and further orders as may be just and reasonable.

22.  **Additional orders**

Petitioner requests the following additional orders (*specify and explain*):

Continued on Attachment 22.

23. Number of pages attached: \_\_\_\_\_

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF ATTORNEY)      ▶      \_\_\_\_\_  
(SIGNATURE OF ATTORNEY)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF PETITIONER)      ▶      \_\_\_\_\_  
(SIGNATURE OF PETITIONER)