

AMENDMENTS TO THE RULES OF SUPERINTENDENCE FOR THE COURTS OF OHIO

The following amendments to the Standard Probate Forms in the Rules of Superintendence for the Courts of Ohio (Probate Form 14.0 and new Probate Forms 22.5, 22.6, and 22.7) were adopted by the Supreme Court of Ohio. The history of these amendments is as follows:

May 15, 2014	Initial publication for comment
October 21, 2014	Final adoption by conference
January 1, 2015	Effective date of amendments

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

**APPLICATION TO APPROVE SETTLEMENT AND DISTRIBUTION OF
WRONGFUL DEATH AND SURVIVAL CLAIMS**

[R.C. 2117.05, 2125.02, Civ. R. 19.1 and Sup. R. 70]

The fiduciary states:

[Check whichever of the following are applicable, strike inapplicable words, and incorporate all attachments into a single statement.]

- ☐ There is an offer of (full) (partial) settlement without suit being filed.
- ☐ There is an offer of (full) (partial) settlement after suit was filed. The style of the case, the court, and case number being _____.
- ☐ A judgment has been recovered for damages for the decedent's wrongful death (and personal injury and property damage arising out of the same act and which survive the decedent).
- ☐ The amount of the settlement or judgment is \$_____.
- ☐ There is a partial settlement and therefore the estate must remain open pending final disposition of the claims.
- ☐ The offer includes, or the judgment sets forth separately, reasonable funeral and burial expenses in the amount of \$_____.
- ☐ Reasonable compensation for the fiduciary for services rendered is \$_____ and an itemization of such services is attached.
- ☐ Outstanding hospital and medical bills in the amount of \$_____ and an itemization of such bills is attached.
- ☐ Outstanding claims to a right of subrogation for the payment of hospital and medical bills in the amount of \$_____ and an itemization of such is attached.
- ☐ A reasonable attorney fee for the attorney's services is \$_____ and reimbursement to the attorney for case expenses is \$_____. A copy of the attorney's fee contract that (has) (has not) received prior approval of the Court, subject to modification, and itemization of the case expenses are attached.
- ☐ Other: _____.
- ☐ The net proceeds of \$_____ should be allocated \$_____ to the wrongful death action and \$_____ to the survival action. A statement in support thereof is attached.

**FORM 14.0 – APPLICATION TO APPROVE SETTLEMENT AND DISTRIBUTION OF
WRONGFUL DEATH AND SURVIVAL CLAIMS**

Amended: January 1, 2015

Discard all previous versions of this form

CASE NO. _____

- ☐ A statement in support of the proffered settlement is attached.
- ☐ Supplemental forms required by local rule of court are attached.
- ☐ All of the beneficiaries of the wrongful death action are on equal degree of consanguinity, are adults, and have agreed how the net proceeds allocated to the wrongful death claim are to be distributed.
- ☐ The beneficiaries of the wrongful death action are not all on equal degree of consanguinity, or one or more of the beneficiaries is a minor, or the beneficiaries have not agreed how the net proceeds are to be distributed.
- ☐ The surviving spouse, children, and parents of the decedent and the other next of kin who have suffered damages by reason of the wrongful death are as follows and the distribution should be as follows:

Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amount

- ☐ The survival claim beneficiaries are as follows:

Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amount

The fiduciary requests that the Court approve the application and authorize the fiduciary to execute a (complete) (partial) release which upon payment of the settlement shall be a (complete) (partial) discharge of the claim.

Attorney for Fiduciary

Fiduciary

Attorney Registration No. _____

ENTRY SETTING HEARING AND ORDERING NOTICE

The Court sets _____ at _____ o'clock _____.m. as the date and time for hearing the above application and orders notice to be given by the fiduciary, as provided in the Rules of Civil Procedure, to the wrongful death and survival claim beneficiaries who have not waived notice.

_____, Probate Judge

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE MATTER OF _____

CASE NO. _____

APPLICATION TO SETTLE A CLAIM OF AN ADULT WARD
[R.C. 2111.18, Sup.R. 69]

[Check applicable boxes, complete applicable blanks, strike inapplicable language, and attach supporting documentation.]

The applicant states that: _____, is an adult ward residing at _____ in this county who on or about _____, suffered personal injury and/or damage to property by wrongful act, neglect, or default that entitles this person to maintain an action to recover damages.

Attached is a narrative statement in support of the proffered settlement setting forth a description of the occurrence, the injury or damage, the treatment progress and current prognosis by the treating physicians, and other proposed or actual settlements resulting from the same occurrence being paid to the persons other than this ward. Counsel will advise at the hearing as to liability and collectability.

- ☐ There is a (full) (partial) settlement offer of \$ _____ without suit being filed.
- ☐ There is a (full) (partial) settlement offer of \$ _____ after suit was filed; the style of the case, court, and case number being _____.
- ☐ The proffered settlement should be approved.
- ☐ Unreimbursed medical and other expenses of \$ _____ have been incurred. Attached is a list of such expenses and proposed payees.
- ☐ A reasonable attorney fee for the attorney's services is \$ _____ and reimbursement to the attorney for suit expenses is \$ _____. A copy of the attorney's fee contract that has (has not) received prior approval of this Court, subject to modification, and an itemization of suit expenses are attached.
- ☐ This is a structured settlement. All necessary documents, including a statement of the present value of the settlement, are filed herewith.

CASE NO. _____

Applicant requests that:

- ☐ The Court authorize the applicant to execute a release which shall be effective upon payment of the settlement.
- ☐ The Court order payment of the above expenses and order that the net amount of \$_____ for the benefit of the ward be:
- ☐ Deposited in the name of the ward with _____, a financial institution, in a restricted account and not be released without written order of this Court.
 - ☐ Delivered to guardian of the estate.
 - ☐ Structured as set forth in the attached documents.
 - ☐ Other: _____.
- ☐ Supplemental forms required by local rule of Court are attached.

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

Phone Number (include area code)

Phone Number (include area code)

Attorney Registration No. _____

ENTRY SETTING HEARING AND ORDERING NOTICE

The Court sets _____, at _____ o'clock _____.m. as the date and time for hearing the above application and orders notice to be given by the applicant, as provided in the Rules of Civil Procedure, to all interested parties.

_____, **PROBATE JUDGE**

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE MATTER OF _____

CASE NO. _____

ENTRY APPROVING SETTLEMENT OF A CLAIM OF AN ADULT WARD

Upon hearing the application to approve and distribute the settlement of the claim of the adult ward, the Court: [check whichever of the following are applicable.]

- ☐ Approves the proffered settlement of \$ _____;
- ☐ Orders payment of \$ _____ for medical and other expenses, as follows:

_____;
- ☐ Orders payment of \$ _____ for attorney fees for service rendered and \$ _____ to the attorney for reimbursement of suit expenses with respect to this matter;
- ☐ Authorizes the applicant to execute a release which shall be effective upon payment of the settlement;
- ☐ Orders that the net amount of \$ _____, for the benefit of the ward be:
 - ☐ Deposited in the name of the ward with _____, a financial institution, in a restrictive account and not be released without written order of this Court with Form _____ Verification of Receipt and Deposit filed with the Court;
 - ☐ Delivered to the guardian of the estate;
 - ☐ Structured as set forth in the documents attached to the application;
 - ☐ Other: _____.
- ☐ Orders the applicant and the attorney to report on their distribution of the proceeds within thirty days of the date of this entry;
- ☐ Further orders _____.

Date

_____, **PROBATE JUDGE**

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE MATTER OF _____

CASE NO. _____

REPORT OF DISTRIBUTION

Pursuant to the Entry filed on _____, _____, the proceeds have been paid as shown below and on the accompanying vouchers.

Gross Proceeds	\$ _____
Less:	
Medical expenses	\$ _____
Reimbursement of suit expenses to _____	\$ _____
Attorney fees to _____	\$ _____
Other: _____	\$ _____
Total	\$ _____

Net Proceeds

☐ Deposited pursuant to R.C. 2109.13

Form ____ attached \$ _____

☐ Delivered to _____
legal guardian of the estate \$ _____

☐ Structured - see documents previously filed \$ _____

☐ Other: _____.

Balance \$ _____

Attorney for Applicant

Applicant

Attorney Registration No. _____

ENTRY

The above report of distribution is hereby approved.

Date

_____, **PROBATE JUDGE**