PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF:				
Case	e No			
	APPLICATION TO SETTLE A CLAIM OF AN ADULT WARD [R.C. 2111.18, Sup.R. 69]			
	eck applicable boxes, complete applicable blanks, strike inapplicable language, and attach supporting umentation.]			
The	applicant states that:, is an adult ward residing			
coul dam actio	inthis nty who on or about , suffered personal injury and/or nage to property by wrongful act, neglect, or default that entitles this person to maintain an on to recover damages.			
of th trea bein	iched is a narrative statement in support of the proffered settlement setting forth a description ne occurrence, the injury or damage, the treatment progress and current prognosis by the ting physicians, and other proposed or actual settlements resulting from the same occurrence ng paid to the persons other than this ward. Counsel will advise at the hearing as to liability collectability.			
	There is a \Box (full) \Box (partial) settlement offer of \$ without suit being filed.			
	There is a \square (full) \square (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 $\ \ \ \ \ \ \ \ \ \ \ \ \ $			
	This is a structured settlement. All necessary documents, including a statement of the present value of the settlement, are filed herewith.			

[Reverse if Form 22.5]

			Case No		
App	licant red	quests that:			
	The Court authorize the applicant to execute a release which shall be effective upon payment of the settlement.				
		urt order payment of the above e	xpenses and order that the net amount of vard be:		
		Deposited in the name of the wa a financial institution, in a restrict order of this Court.	ard with, ted account and not be released without written		
		Delivered to guardian of the esta	ate.		
		Structured as set forth in the attached documents.			
		Other:			
Atto	Supple	mental forms required by local rul	e of Court are attached. Applicant		
Typed or Printed Name			Typed or Printed Name		
Add	ress		Address		
Phone Number (include area code)			Phone Number (include area code)		
Atto	rney Regi	stration No.			
		ENTRY SETTING HEARIN	IG AND ORDERING NOTICE		
		s, at pove application and orders notice to re, to all interested parties.	o'clock AM/PM as the date and time for be given by the applicant, as provided in the Rules of		
			JOHN M. HOLCOMB. PROBATE JUDGE		