

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: _____ Respondent _____		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
PETITION FOR APPROVAL OF SETTLEMENT OF CLAIMS PURSUANT TO C.R.P.P. 62		

_____ (name), the petitioner, pursuant to Rule 62 of the Colorado Rules of Probate Procedure, petitions the court as follows:

Section I – Venue, Jurisdiction, and Parties

1. Venue for this proceeding is proper in this county because the respondent:

- resides in this county.
- does not reside in this state, but has property in this county.

2. Information about the petitioner:

Name: _____ Relationship to respondent: _____
Street address: _____
City: _____ State: _____ Zip code: _____
Mailing address, if different: _____
Primary phone #: _____ Alternate phone #: _____
Email address: _____

3. Information about respondent:

Name: _____ Gender: _____ Age: ___ Date of birth: _____
Street address: _____
City: _____ State: _____ Zip code: _____
Mailing address, if different: _____
Primary phone #: _____ Alternate phone #: _____
Email address: _____

4. Information about respondent's spouse, partner in a civil union, or adult who has resided with respondent for more than six months within one year before the filing of this petition:

Name: _____ Relationship to respondent: _____
Street address: _____
City: _____ State: _____ Zip code: _____
Mailing address, if different: _____
Primary phone #: _____ Alternate phone #: _____
Email address: _____

5. Information about respondent's parents (if respondent is a minor), legal guardian, custodian, trustee, agent under power of attorney, or court-appointed guardian or conservator:

Name: _____ Relationship to respondent: _____
Street address: _____
City: _____ State: _____ Zip code: _____
Mailing address, if different: _____
Primary phone #: _____ Alternate phone #: _____
Email address: _____

Name: _____ Relationship to respondent: _____
Street address: _____
City: _____ State: _____ Zip code: _____
Mailing address, if different: _____
Primary phone #: _____ Alternate phone #: _____
Email address: _____

*Note: If a parent cannot be found, please check the rules on Notice by Publication.

Have parental rights been terminated (if respondent is a minor)? Yes No
Name of parent(s) whose rights have been terminated: _____

If there is a court-appointed fiduciary, the case information and reason for the fiduciary's appointment is as follows:

Section 2 – Claims and Liabilities

6. The date and a brief description of the event or transaction giving rise to the claim:

7. Information about each party against whom respondent may have a claim:

Name: _____
Street address: _____
City: _____ State: _____ Zip Code: _____
Mailing address, if different: _____
Primary phone #: _____ Alternate phone #: _____

Name: _____
Street address: _____
City: _____ State: _____ Zip Code: _____ Primary phone #: _____
Mailing address, if different: _____
Primary phone #: _____ Alternate phone #: _____

8. The basis for each of the respondent's claims are as follows:

9. The defenses and/or counterclaims, if any, to the respondent's claims are as follows:

10. Information for each insurance company involved in the claim, the type of policy, the policy limits and the identity of the insured:

Name of insurance company: _____ Name of insured: _____
Address: _____
City: _____ State: _____ Zip code: _____
Contact person: _____ Phone #: _____
Type of policy: _____ Policy limits: _____

Name of insurance company: _____ Name of insured: _____
Address: _____
City: _____ State: _____ Zip code: _____
Contact person: _____ Phone #: _____
Type of policy: _____ Policy limits: _____

Section 3 – Damages

11. A description of the respondent’s injuries:

12. The amount of time missed by the respondent from school or employment:

13. A summary of lost income resulting from respondent’s injuries:

14. A summary of any damage to respondent’s property:

15. A summary of the respondent’s expenses incurred for medical or other care provider services as a result of the respondent’s injuries, identification of any source of payment (including person, organization, institution, or state or federal agency) for such expenses, and a summary of expenses that have been or will be paid by each particular source:

	Name of Provider	Expenses	Expenses Paid	Source of Payment (if any)	Outstanding Expenses
1					
2					
3					
4					
5					
5					
6					
	Total	\$	\$	\$	\$

Section 4 – Medical Status

16. A description of respondent’s current condition including but not limited to the nature and extent of any disability, disfigurement, or physical or psychological impairments, and any current treatments and/or therapies: Current Physician Letter filed with this Petition:

17. An explanation of respondent’s prognosis and any anticipated treatments and/or therapy:

Section 5 – Status of Claims

18. For this claim and any other related claim, the status of the claim and if any civil action has been filed, the court, case number, and parties:

19. Information about each party having a subrogation right against this claim or any related claim including any state or federal agency paying or planning to pay benefits to or for respondent and the amount of each subrogation:

Name of claimant/subrogation holder: _____ Amount of subrogation: \$ _____

Address: _____

City: _____ State: _____ Zip code: _____ Phone #: _____

Name of claimant/subrogation holder: _____ Amount of subrogation \$ _____

Address: _____

City: _____ State: _____ Zip code: _____ Phone #: _____

20. A summary of efforts to negotiate any subrogation rights and liens against this claim or any related claim:

Section 6 – Proposed Settlement, Payment Terms and Proposed Disposition of Settlement Proceeds

21. Information about each party making and receiving payment under the proposed settlement:

Name of party/entity making payment: _____ Amount: _____

Address: _____

City: _____ State: _____ Zip code: _____

Name of party/entity receiving payment: _____

Name of party/entity making payment: _____ Amount: _____

Address: _____

City: _____ State: _____ Zip code: _____

Name of party/entity receiving payment: _____

Name of party/entity making payment: _____ Amount: _____

Address: _____

City: _____ State: _____ Zip code: _____

Name of party/entity receiving payment: _____

22. The settlement amount and proposed disposition, including any restrictions on the accessibility of the funds.

	Description	Amount
A	Gross Settlement Amount	\$
B	Attorney Fees	\$
C	Attorney Costs	\$
D	Payment of Medical Bills per section 15	\$
E	Payment of Subrogation Claim per section 19	\$
F	TOTAL PAYOUTS (B+C+D+E)	\$
G	Net Settlement Proceeds (A-F)	\$

Restrictions, if any:

23. The details of any structured settlement, annuity, insurance policy or trust instrument, including the terms and payment structure and the identity of the trustee or entity administering such arrangements:

24. The requested attorney fees and costs to be paid from the settlement proceeds are summarized as follows:

25. Whether there is a need for continuing court supervision, the appointment of a fiduciary, or the continuation of an existing fiduciary appointment:

26. The following documents are filed with this petition:

- Attorney fee agreement
- Attorney statement of costs
- Attorney billing records, billing summary or attorney fee affidavit
- Written statement by physician or other health care provider. (The statement must set forth the information required by C.R.P.P. 62(d)(4) and comply with C.R.P.P. 60 unless otherwise ordered by the court.)
- Proposed settlement agreement(s)/releases
- Other: _____
- Other: _____

27. An interpreter is requested for the following person(s): _____
(Language Need(s): _____)

28. In addition, the Petitioner requests the following:

WHEREFORE, petitioner requests that after notice and hearing, the Court

- find that the proposed settlement of the claim is in the best interests of the respondent;
- find that the Court authorize the acceptance of \$ _____ in full settlement of the respondent's personal injury claim;
- authorize payment of \$ _____ to be paid out of the settlement proceeds for any outstanding claims, attorney fees and costs per section 6; and
- authorize disposition of the net proceeds of the settlement in the manner set forth in this Petition.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of
(date)

Executed on the _____ day of
(date)

_____, _____,
(month) (year)

_____, _____,
(month) (year)

at _____
(city or other location, and state OR country)

at _____
(city or other location, and state OR country)

(printed name)

(printed name)

(Signature of Petitioner)

(Signature of Co-Petitioner, if any)

Attorney Signature, (if any)

Date