



CASE NAME:  	CASE NUMBER:  
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4. **Nature of claim**      The claim of the minor or adult person with a disability:  
 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 below)*:  
 \$

Defendants (names)

Additional defendants listed on Attachment 4.     The judgment was filed on *(date)*:  
*(Attach a copy of the (proposed) judgment as Attachment 4c and complete items 13–23.)*

5.  **Incident or accident**    The incident or accident occurred as follows:  
 a. Date and time:  
 b. Place:  
 c. Persons involved *(names)*:

Continued on Attachment 5.

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

Continued on Attachment 6.

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

Continued on Attachment 7.

8.  **Treatment**  
 The claimant received the following care and treatment for the injuries described in item 7 *(describe)*:

Continued on Attachment 8.



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12.  **Settlement payments to others**

- a.  No defendant named in item 11b 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 11b 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  is not  is a claimant against the recovery of the claimant (other than for reimbursement for expenses paid by petitioner and listed under item 15).  
*(If you answered "is," explain in Attachment 12 the circumstances and the effect your claim has on the proposed compromise of the claim described in this petition.)*
- (3) Petitioner  is not  is a plaintiff in the same action with the claimant.  
*(If you answered "is," explain in Attachment 12 the circumstances and the effect your claim and its disposition has on the proposed compromise of the claim or action described in this petition.)*
- (4)  Petitioner would receive money under the proposed settlement.
- (5) 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 12.

**(6) Reasons for the apportionment of the settlement payments between the claimant and each other plaintiff or claimant named above are specified on Attachment 12.**

13. **The claimant's medical expenses, including medical expenses paid by petitioner and insurers, to be reimbursed from proceeds of settlement or judgment**

**a. Totals**

- (1) Total medical expenses: \$ \_\_\_\_\_
- (2) Total outstanding medical expenses to be paid from the proceeds: \$
- (3) Total out-of-pocket, co-payments, or deductible payments to be reimbursed from proceeds: \$

**b. Medical expenses were paid and are to be reimbursed from proceeds as follows:**

- (1)  Paid by petitioner in the amount of: \$
  - (2)  Paid by private health insurance or a self-funded plan under:
    - (a)  An Employee Retirement Income Security Act (ERISA) insured plan.
    - (b)  An ERISA self-funded plan.
    - (c)  A Non-ERISA insured plan.
    - (d)  A Non-ERISA self-funded plan.
    - (e) Amount paid by plan: \$ \_\_\_\_\_
    - (f) Amount of reimbursement to the plan from proceeds of settlement or judgment:
      - (i)  No reimbursement is requested by the plan.
      - (ii)  Reimbursement is to be made to the plan and:
        - (A)  There is a contractual reduction of \$ ( \_\_\_\_\_ )
        - (B)  There is a negotiated reduction of \$ ( \_\_\_\_\_ )
        - (C)  No reduction has been agreed to,
- for a total reimbursement to the plan in the amount of: \$

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**13. The claimant's medical expenses, including medical expenses paid by petitioner and insurers, to be reimbursed from proceeds of settlement or judgment**

b. Medical expenses were paid and are to be reimbursed from proceeds as follows:

(3)  Paid by Medicare in the amount of: \$ \_\_\_\_\_  
 less the statutory reduction in the amount of: \$ ( \_\_\_\_\_ )  
 for a total reimbursement to Medicare in the amount of: \$ \_\_\_\_\_  
*(Attach a copy of the final Medicare demand letter or letter agreement as Attachment 13b(3).)*

(4)  Paid by Medi-Cal in the amount of \$ \_\_\_\_\_

(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)  Notice of this claim or action has **not** been given to the State Director of Health Care Services. *(Explain why notice has not been given in Attachment 13b(4).)*

(c)  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 13b(4).)*

(d)  Petitioner is entitled to a reduction of the Medi-Cal lien under Welfare and Institutions Code section 14124.76 and:  
 (i)  Is filing a motion seeking a reduction of the lien concurrently with this petition.  
 (ii)  Requests that the court reserve jurisdiction over this issue.  
 The amount of the lien in dispute is: \$ \_\_\_\_\_

(5)  (a) There are one or more statutory or contractual liens of medical service providers for payment of medical expenses. The total amount claimed under these liens is: \$ \_\_\_\_\_ . In full satisfaction of their lien claims, the lienholders have agreed to accept the total sum of: \$ \_\_\_\_\_  
*(Provide requested information on each lienholder and certain other medical service providers below.)*

(b) The name of each medical service provider that furnished care and treatment to claimant and (1) has a lien for all or any part of the charges or (2) was paid (or will be paid from the proceeds) by petitioner for which petitioner requests reimbursement; the amounts charged and paid; the amount of negotiated reduction of charges, if any; and the amount to be paid from the proceeds of the settlement or judgment to each provider are as follows:

(i) (A) Provider *(name)*: \_\_\_\_\_  
 (B) Address: \_\_\_\_\_

(C) Amount charged: \$ \_\_\_\_\_  
 (D) Amount paid (whether or not by insurance): \$ ( \_\_\_\_\_ )  
 (E) Negotiated reduction, if any: \$ ( \_\_\_\_\_ )  
 (F) Amount to be paid from proceeds of settlement or judgment: \$ \_\_\_\_\_

(ii) (A) Provider *(name)*: \_\_\_\_\_  
 (B) Address: \_\_\_\_\_

(C) Amount charged: \$ \_\_\_\_\_  
 (D) Amount paid (whether or not by insurance): \$ ( \_\_\_\_\_ )  
 (E) Negotiated reduction, if any: \$ ( \_\_\_\_\_ )  
 (F) Amount to be paid from proceeds of settlement or judgment: \$ \_\_\_\_\_

Continued on Attachment 13b(5). *(Provide information about additional providers in the above format, including providers paid or to be paid by petitioner for which reimbursement is requested in item 13b(1) above. You may use form MC-350(A-13b(5)) for this purpose.)*



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

- a. (1)  Petitioner has not been represented or assisted by an attorney in preparing this petition or in any other way with respect to the claim asserted. *(Go to item 19.)*
- (2)  Petitioner has been represented or assisted by an attorney in preparing this petition or with respect to the claim asserted. Petitioner and the attorney  do not  do have an agreement for services provided in connection with the claim giving rise to this petition. *(If you answered "do," attach a copy of the agreement as Attachment 18a, and complete items 18b.–18f.)*
- b. The attorney who has represented or assisted petitioner is *(name)*:
  - (1) State Bar number:
  - (2) Law firm:
  - (3) Address:
  
  - (4) Telephone number:
- c. The attorney  has not  has received 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," identify the person who paid the fees or other compensation, the amounts paid, and the dates of payment):*

<u>From whom (names)</u>	<u>Amounts</u>	<u>Dates</u>
	\$	
	\$	
	\$	
	\$	
	\$	

Continued on Attachment 18c.

- d. The attorney  did not  did become concerned with this matter, directly or indirectly, at the instance of a party against whom the claim is asserted or a party's insurance carrier. *(If you answered "did," explain the circumstances in Attachment 18d.)*
- e. The attorney  is not  is representing or employed by any other party or any insurance carrier involved in the matter. *(If you answered "is," identify the party or carrier and explain the relationship in Attachment 18e.)*
- f. The attorney  does not  does expect 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 "does," identify the person who will pay the fees or other compensation, the amounts to be paid, and the expected dates of payment):*

<u>From whom (names)</u>	<u>Amounts</u>	<u>Expected dates</u>
	\$	
	\$	
	\$	
	\$	
	\$	

Continued on Attachment 18f.

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**19. 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 19a(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 19a(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 19a(2).
- (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 19a(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 19a(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 19a(3).
- (d)  \$ \_\_\_\_\_ will be transferred to the trustee of a trust that is either created by or approved of in the order approving the settlement or the judgment given or to be given for the minor. This trust is revocable when the minor attains the age of 18 years and contains all other terms and conditions determined to be necessary by the court to protect the minor's interests. The terms of the proposed trust and the property to be transferred are specified in Attachment 19a(3).  A copy of the (proposed) judgment is attached as Attachment 4c.
- (e)  \$ \_\_\_\_\_ will be transferred to the trustee of a special needs trust under Probate Code sections 3602(d) and 3604 for the benefit of the minor or the adult person with a disability. The terms of the proposed special needs trust and the property to be transferred are specified in Attachment 19a(3).

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**19. Disposition of balance of proceeds of settlement or judgment (cont.)**

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

- 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 19b(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 19b(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 19b(3).
  - (4)  \$ \_\_\_\_\_ will be paid or transferred to the trustee of a special needs trust under Probate Code sections 3604 and 3611(c) for the benefit of the minor or the adult person with a disability. The terms of the proposed special needs trust and the money or other property to be paid or transferred are specified in Attachment 19b(4).
  - (5)  \$ \_\_\_\_\_ 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 19b(5). (*Value of minor's entire estate, including the money or property to be delivered, must not exceed \$5,000.*)
  - (6)  \$ \_\_\_\_\_ 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 19b(6).
  - (7)  \$ \_\_\_\_\_ will be transferred to the trustee of a trust that is either created by or approved of in the order approving the settlement or the judgment given or to be given for the minor. This trust is revocable when the minor attains the age of 18 years and contains all other terms and conditions determined to be necessary by the court to protect the minor's interests. The terms of the proposed trust and the money or other property to be transferred are specified in Attachment 19b(7).  
 A copy of the (proposed) judgment is attached as Attachment 4c.
  - (8)  \$ \_\_\_\_\_ 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 19b(8). (*Value must not exceed \$20,000.*)
  - (9)  \$ \_\_\_\_\_ 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 19b(9).
  - (10)  \$ \_\_\_\_\_ 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).
  - (11)  \$ \_\_\_\_\_ will be paid or transferred to the adult person with a disability. The money or other property is specified in Attachment 19b(11).
- Continued on Attachment 19.

