

SETTLEMENT STATEMENT AND RECEIPT

Client _____
Source of funds _____
Liability type _____

DISTRIBUTION OF FUNDS

Gross funds received

CNA \$ _____
Total received \$ _____

Out-of-pocket expenses

Medical Report - \$ _____
Dr. _____
Copies: (will be charged at end of case) \$ N/A
Travel expense: (will be charge for at end of case) \$ N/A
Total out-of-pocket expenses to be paid to \$ _____

Other Deductions or Charges

Advanced Expenses (to be deposited in Trust Account) \$ _____
Other Deductions or Charges to be paid \$ _____
Total \$ _____

Legal fees

1/4 (twenty-five percent) of \$ _____ total compensation paid to
_____ to date.

Total legal fees \$ _____

Total deductions \$ _____

Balance due to client \$ _____

I, _____, do hereby approve the above distribution of funds and
hereby acknowledge receipt \$ _____
of _____ as stated therein.

Dated _____ Signature _____