

SETTLEMENT STATEMENT

Client: _____

Date: _____

Gross Settlement:	\$ _____
Attorney Fee:	\$ _____
Outstanding Expenses:	
Court Costs:	\$ _____
Long Distance/Fax:	\$ _____
Copying/Postage:	\$ _____
Investigation:	\$ _____
Legal Research:	\$ _____
Experts:	\$ _____
Travel/Mileage:	\$ _____
Medical Records:	\$ _____
Depositions:	\$ _____
Client Advances:	\$ _____
Total Expenses:	\$ _____
Medical Liens (See Exhibit A):	\$ _____
Total Fee, Expenses and Med Liens:	\$ _____
Client's (Net) Share of Recovery:	\$ _____

Of the above amounts, the following will be paid to the attorney referring your case: 1/3 of the Gross Attorney's Fee to: _____

Referring Attorney Expenses: \$ _____

The remainder of the fee and expenses will be paid to _____ & Associates, P.C.

I declare that this Settlement Statement has been read and is understood and that the deductions for attorney's fees, cost advances, expenses, and other items shown above are reasonable and approved by me. I understand, agree and declare that;

(1) It is my personal responsibility and obligation to pay all past and future medical and hospital bills incurred by me or on my behalf except those specific amounts which are noted above and to reimburse any insurance company who may have a subrogated interest, unless such interest is set out above;

(2) The firm of _____, P.C., and its attorneys have no responsibility to pay my medical or hospital bills except those charges which are specifically itemized above;

- (3) It has been explained to me that my file will be retained by the attorneys at _____, P.C., for five years and at the end of that time, it will be destroyed. I have been given the opportunity to obtain from my files all documents to which I am entitled. I authorize said law firm to destroy my file after five years without giving any notice to me of that fact.

Approved: _____

Date: _____