

UNITED STATES OF AMERICA
STATE OF ILLINOIS
IN THE CIRCUIT COURT OF
THE TWENTY-THIRD JUDICIAL CIRCUIT
KENDALL COUNTY, ILLINOIS

IN RE THE ESTATE OF

CASE NUMBER

File Stamp Here

MINOR

PETITION TO SETTLE CAUSE OF ACTION – MINOR’S ESTATE

I, _____, guardian of the estate
of _____, a minor, on oath states:

1. The minor has a cause of action against _____
For injury to him on _____, 20_____ by a reason of (briefly describe the accident)

2. The injuries were:

3. The minor was treated at _____ hospital, and attended by
Dr. _____ whose certificate is attached.

4. Suit has has not been filed as Case Number _____ in _____

(Court)

5. A settlement of \$ _____ has been offered, and the petitioner recommends that it be accepted.

6. The only charges against the proceeds are:

_____	for hospitalization	\$ _____
_____	for medical treatment	\$ _____
_____	for medical treatment	\$ _____
_____	for medical treatment	\$ _____
_____	for court costs	\$ _____
_____	for bond premium	\$ _____
_____	for _____	\$ _____
_____	for _____	\$ _____
_____	for legal services:	\$ _____
	(____ % of settlement)	\$ _____

For attorney's disbursements (itemize):

_____	for	\$	_____
_____	for	\$	_____
_____	for	\$	_____
_____	for	\$	_____
	TOTAL	\$	_____

7. A reasonable amount to be paid to _____
(Name of Guardian, Parent of Relative, stating relationship)

for the benefit of the minor is \$ _____

8. _____ is a qualified depository
for \$ _____, the balance of the settlement proceeds, to be held for the account of the minor
until he reaches majority on _____, 20_____, or until further order of the court.

Petitioner asks leave to settle the cause of action for the sum offered, to distribute the proceeds and to be discharged as guardian.

Signature

Signed and Sworn before me this

_____, 20_____

Notary Public

CERTIFICATE OF ATTORNEY

I certify that I have examined the facts of this case and the applicable laws and in my opinion the proposed Settlement is just and proper and that my disbursements were necessary and reasonable.

Attorney

Name: _____ Pro Se

Kendall Attorney Number: _____

Attorney for : _____

Address: _____

City/State/Zip: _____

Telephone: _____