

**IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS
Probate Division**

In the Matter of the Estate of _____)
 _____)
 _____) Case Number _____
 Minor)

PETITION TO SETTLE CAUSE OF ACTION – MINOR’S ESTATE

_____, 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 reason of (briefly describe accident)

2. The injuries were: _____

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

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

(Court)

5. A settlement of \$ _____ has been offered and 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 or 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 court.

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

Signed and sworn to before me _____
_____, 20_____

Notary Public

CERTIFICATE OF ATTORNEY

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

Attorney

Name _____

Attorney for Petitioner _____

Address _____

City, State Zip _____

Telephone _____