

Joint General Court Regulation
Trial Division and Orphans' Court Division No. 97-1
Wrongful Death and Survival Actions Checklist

Settlement/Trial Division Judge: _____ Court Term: _____

Caption: _____ Number: _____

Is this case disposed except for this petition? ___ Yes ___ No

If Yes, how was it disposed? ___ S.D.& E. ___ Jury Trial ___ Non-Jury Trial (Incls. Assessment of Damages)

___ Other (explain) _____

Consolidated Cases (Indicate Court Term and Number) _____

Any Pleadings filed in Orphans' Court: Yes No

Are the following items included in the Petition:

	Yes	No
1. Verification from Administrator/Executor	<input type="checkbox"/>	<input type="checkbox"/>
2. If guardian of estate was appointed, is Order attached	<input type="checkbox"/>	<input type="checkbox"/>
3. Notice letter to all parties in interest is attached	<input type="checkbox"/>	<input type="checkbox"/>
4. Counsel's reasons for approval of proposed settlement	<input type="checkbox"/>	<input type="checkbox"/>
5. Reasons for the allocation between wrongful death and survival action	<input type="checkbox"/>	<input type="checkbox"/>
6. Reason and amount of pecuniary loss suffered by each beneficiary of Wrongful Death Claim	<input type="checkbox"/>	<input type="checkbox"/>
7. Petition signed by counsel	<input type="checkbox"/>	<input type="checkbox"/>
8. Department of Welfare or any other entity claim or lien	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the Order of Distribution set forth the following:		
a. Itemization of costs for reimbursement	<input type="checkbox"/>	<input type="checkbox"/>
b. Counsel fee computed on net settlement	<input type="checkbox"/>	<input type="checkbox"/>
c. Wrongful Death Claim	<input type="checkbox"/>	<input type="checkbox"/>
i. Amount to spouse and adult children	<input type="checkbox"/>	<input type="checkbox"/>
ii. Amount to minor/incapacitated person (<i>in restricted accounts, typically if under \$350,000</i>)	<input type="checkbox"/>	<input type="checkbox"/>
iii. Amount to Guardian of minor/incapacitated person (<i>typically if over \$350,000</i>)	<input type="checkbox"/>	<input type="checkbox"/>
iv. Parent	<input type="checkbox"/>	<input type="checkbox"/>
d. Survival Claim: To Administrator/Executor of the Estate of the Deceased	<input type="checkbox"/>	<input type="checkbox"/>
e. Affidavit will be filed certifying compliance with the Order	<input type="checkbox"/>	<input type="checkbox"/>

I verify the answers above to be true and correct and understand that sanctions may be imposed for inaccurate or incomplete answers.

Date: _____