

*In the Court of Common Pleas of Philadelphia County
First Judicial District of Pennsylvania*

**Wrongful Death and Survival Actions Checklist
Pursuant to Pa.R.C.P. No 2206 and Phila. Civ. R. *2206**

Assigned Trial Division/O.C. Judge: _____ Civil Case/O.C. # _____

Caption: _____

Is this case disposed except for this petition? Yes No

If Yes, how was it disposed? S.D. & E. Jury Trial Non-Jury Trial

Other (explain) _____

Consolidated Cases (List All Cases IDs): _____

Have any Pleadings been filed in Orphans' Court: Yes No

Are the following items included in the Petition:

	Yes	No
1. Verification from Petitioner	<input type="checkbox"/>	<input type="checkbox"/>
2. Decedent's date of death	<input type="checkbox"/>	<input type="checkbox"/>
3. Name of personal representative and the County of appointment	<input type="checkbox"/>	<input type="checkbox"/>
4. Decree of the Register of Wills granting Letters, and copy of the Will, if any	<input type="checkbox"/>	<input type="checkbox"/>
5. Order appointing Guardian, if guardian appointed for minor or incapacitated person	<input type="checkbox"/>	<input type="checkbox"/>
6. Identity of Decedent's intestate heirs by name, date of birth, relationship and address	<input type="checkbox"/>	<input type="checkbox"/>
7. Identity of beneficiaries under Decedent's Will by name, date of birth and address	<input type="checkbox"/>	<input type="checkbox"/>
8. Copy of the notice sent to all parties in interest and Proof of Service upon those parties in interest upon whom service was not effectuated through the Electronic Filing System	<input type="checkbox"/>	<input type="checkbox"/>
9. Statement of final lien/claim amount from Department of Human Services, Medicare or any other entity claim or lien	<input type="checkbox"/>	<input type="checkbox"/>
9. Counsel's reasons for approval of proposed settlement	<input type="checkbox"/>	<input type="checkbox"/>
10. Reasons for allocation between wrongful death and survival action	<input type="checkbox"/>	<input type="checkbox"/>
11. Reason and amount of pecuniary loss suffered by each beneficiary of Wrongful Death claim	<input type="checkbox"/>	<input type="checkbox"/>
12. Notice to and response of the Pennsylvania Department of Revenue	<input type="checkbox"/>	<input type="checkbox"/>
13. Itemization of costs for which reimbursement is sought	<input type="checkbox"/>	<input type="checkbox"/>

Does the Order of Distribution set forth the following:

1. Allocation of percentage of settlement amount between Wrongful Death and Survival claims	<input type="checkbox"/>	<input type="checkbox"/>
2. Counsel fee computed on net settlement amount for portion attributable to minor or incapacitated person	<input type="checkbox"/>	<input type="checkbox"/>
3. Counsel Costs	<input type="checkbox"/>	<input type="checkbox"/>
4. Final lien amount from Department of Human Services	<input type="checkbox"/>	<input type="checkbox"/>
5. Final demand or conditional payment amount from Medicare, if final demand not available	<input type="checkbox"/>	<input type="checkbox"/>
6. Name of settling defendants	<input type="checkbox"/>	<input type="checkbox"/>
7. Wrongful Death Claim	<input type="checkbox"/>	<input type="checkbox"/>
a. Amounts to spouse and adult children	<input type="checkbox"/>	<input type="checkbox"/>
b. Amounts to minor/incapacitated person (to be placed in restricted account not to exceed FDIC insured limit, held in court approved trust, or paid to court appointed guardian)	<input type="checkbox"/>	<input type="checkbox"/>
c. Amounts to parent	<input type="checkbox"/>	<input type="checkbox"/>
8. Survival Claim: Payable to Administrator/Executor/rix of the Estate of the Deceased	<input type="checkbox"/>	<input type="checkbox"/>
9. Affidavit of Compliance to 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: _____