

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY

FIRST JUDICIAL DISTRICT

CIVIL TRIAL DIVISION

: TERM, 20__
:
: No:

PETITION TO SETTLE WRONGFUL DEATH AND SURVIVAL ACTIONS

TO THE HONORABLE, THE JUDGES OF THE SAID COURT:

The Petition of _____, Administrator/Executor of the Estate of _____, Deceased, by his attorney, _____, Esquire, respectfully requests:

1. Petitioner is _____ who was appointed Administrator/Executor of the Estate of _____, Deceased, on _____, 20____, by the Register of Wills of _____ County. A copy of the Decree of the Register is attached.

2. The plaintiff decedent died on _____ as a result of: [set forth relevant information describing the underlying negligence or cause of action as required by Phila. Civ. R. ★2206(D)]

(If additional space is needed, please continue on separate sheet.)

3. Notice of the institution of the action as required by Pa.R.C.P. 2205 and Phila. Civ. R. ★2205 was given on _____ to the following individuals:

Table with 2 columns: NAME, ADDRESS. Includes blank lines for entries.

(If additional space is needed, please continue on separate sheet.)

4. Pursuant to Phila. Civ. R. ★2206(B) Petitioner has served a copy of this Petition on the intestate heirs¹ of plaintiff decedent (as provided in 20 Pa.C.S. §2101 et seq.) who are as follows:

Table with 3 columns: NAME, RELATIONSHIP, ADDRESS. Includes blank lines for entries.

(If additional space is needed, please continue on separate sheet.)

¹ In the event any court has appointed a guardian for a minor heir or incapacitated person, set forth the name of the guardian, the Court date and manner of appointment.

5. Pursuant to Phila. Civ. R. ★2206(B) Petitioner has served a copy of this Petition on the following parties who may have a possible interest:

NAME	RELATIONSHIP	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Decedent (did) (did not) have a Will. A copy is attached.

7. The following unpaid claims² have been raised and/or are outstanding in the decedent's estate:

CREDITOR	AMOUNT DUE
_____	_____
_____	_____
_____	_____

8. A Complaint was filed against defendant(s) as follows: _____

9. The following settlement has been proposed⁺: _____

(If additional space is needed, please continue on a separate page.)

10. Counsel is of professional opinion that the proposed settlement is reasonable due to the following (state the reasons why in the professional opinion of counsel the settlement is proper):

(If additional space is needed, please continue on separate page.)

11. Petitioner is of the opinion that the proposed settlement is reasonable.

12. Counsel has incurred the following expenses for which reimbursement is sought (Please set forth in detail):

(If additional space is needed, please continue on separate page.)

13. Counsel requests counsel fees in the amount of \$ _____ which represents _____% of the net proceeds of the settlement.

² Petitioner must indicate whether the Department of Public Welfare has a claim or a lien against Petitioners, the Estate or any wrongful death beneficiaries.

⁺ In the event a portion of the settlement is payable through the purchase of an annuity, set forth the credit rating of the entity which assumes responsibility for future payments, the present cost of the annuity, as well as the periodic and lump sum payments.

14. Petitioner requests allocation of the net proceeds of the settlement (after deduction of costs and attorney's fees) as follows:

a. Wrongful Death Claim \$ _____

b. Survival Claim \$ _____

15. The reason for the requested allocation are as follows:

(If additional space is needed, please continue on a separate page.)

16. Pursuant to the Wrongful Death Statute (42 Pa.C.S. §8301), the beneficiaries of the Wrongful Death Claim, and the proportion of their interest, are as follows:

NAME	AMOUNT DUE
_____	_____
_____	_____

17. The pecuniary loss suffered by the beneficiaries listed in Paragraph 16 is as follows:

(If additional space is needed, please continue on a separate page.)

WHEREFORE, Petitioner requests that he/she be permitted to enter into the settlement recited above, and that the Court enter an Order of Distribution³ as follows:

- a. To: _____ \$ _____
Reimbursement of Costs
- b. To: _____ \$ _____
Costs
- c. To: _____, Esquire \$ _____
Counsel Fees
- d. Wrongful Death Claim
- i. To: Spouse; and/or \$ _____
- ii. To: Adult Child(ren); and/or \$ _____
- iii. To: Minor Child(ren) and/or
incapacitated persons; and/or \$ _____
- a) in restricted accounts; or \$ _____
- b) to the guardian of the minor(s)
estate; and/or \$ _____
- iv. To: Parent(s) \$ _____
- e. Survival Claim
To: _____, Administrator/Executor
of the Estate of _____, Deceased \$ _____

Respectfully submitted,

NAME OF ATTORNEY
ATTORNEY FOR PETITIONER

³ Counsel is cautioned to specifically provide the requested distribution. Requests that distribution be "as per attached Order" are not acceptable.

VERIFICATION

I, _____, am the Petitioner in this action and hereby verify that the statements made in the foregoing Petition to Settle or Compromise Minor's Actions are true and correct to the best of my knowledge, information and belief.

I understand that the statements in said Petition are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

DATE: _____

PETITIONER

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY

FIRST JUDICIAL DISTRICT

CIVIL TRIAL DIVISION

PLAINTIFF	:	TERM, 20__
	:	
v.	:	
	:	
DEFENDANT	:	NO:

NOTICE

PURSUANT TO PHILA. CIV. R. ★2206

TO: _____
(Name of Beneficiary)

DATE: _____

YOU ARE HEREBY NOTIFIED THAT, _____, Administrator/Executor of the Estate of _____, Deceased has filed (or will file) on _____, A Petition to Approve a Settlement of a Wrongful Death and Survival Action. A copy of that Petition is enclosed.

If you object to the proposed settlement and/or proposed distribution, you must submit your written objections or Response to the Petition or on or before* _____, 20 ____, to the following address:

Civil Administration, Room 296 City Hall,
Philadelphia, Pennsylvania 19107.

I hereby certify that the within Notice has been mailed to the above named individual(s) on the date set forth above.

NAME OF ATTORNEY
ATTORNEY FOR PETITIONER

*Unless waived by all beneficiaries or interested parties, the response period shall be thirty (30) days.