

*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. | Identity of Decedent's intestate heirs by name, date of birth, relationship and address | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Identity of beneficiaries under Decedent's Will by name, date of birth and address | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Counsel's reasons for approval of proposed settlement | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Reasons for allocation between wrongful death and survival action | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Reason and amount of pecuniary loss suffered by each beneficiary of Wrongful Death claim | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Itemization of costs for which reimbursement is sought | <input type="checkbox"/> | <input type="checkbox"/> |

Are the following items attached to the Petition:

*Notice of the filing of the Petition to the Department of Human Services (the affidavit of service must include the date of service). **

1. Decree of the Register of Wills granting Letters, and copy of the Will, if any
2. Order appointing Guardian, if guardian appointed for minor or incapacitated person
3. 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
4. Statement of final lien/claim amount from Department of Human Services, Medicare and any other entity claim or lien (Screen Shots will not be accepted)
5. Notice to and response of the Pennsylvania Department of Revenue

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/trix 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: _____

* - A copy of the petition can be forwarded to loakes@pa.gov