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

**Minors and Incapacitated Persons Checklist**
**Pursuant to Pa.R.C.P. No. 2039 and Phila. Civ. R. *2039**
**and Pa.R.C.P. No. 2064 and Phila. Civ. R. *2064**

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.　Minors/Incapacitated Persons: | | |
| 　　a.　Date of Birth, and Address | ☐ | ☐ |
| 　　b.　Minor's written approval of settlement if minor is 16 years of age or older | ☐ | ☐ |
| 2.　Name, address and information of parent(s)/guardian | ☐ | ☐ |
| 3.　If guardian of estate was appointed, is Order attached | ☐ | ☐ |
| 4.　Details concerning the injury | ☐ | ☐ |
| 5.　Doctor's report of present condition of minor/incapacitated person | ☐ | ☐ |
| 6.　Itemization of costs for which reimbursement is sought | ☐ | ☐ |
| 7.　Lien or claim held by Department of Human Services or other entity | ☐ | ☐ |
| 8.　Counsel's reasons for approval of proposed settlement | ☐ | ☐ |
| 9.　Petition signed by Counsel and contains Certificate of Service (Notice to Plead if O.C. case) | ☐ | ☐ |
| 10.　Verified or notarized statement from the parent(s)/guardian certifying the condition of the minor/incapacitated person and approval of proposed settlement | ☐ | ☐ |
| 11.　Parent(s)/guardian verification of Petition attached | ☐ | ☐ |
| 12.　Does the proposed Order contain the following: | | |
| 　　a.　Name of settling defendant(s) or respondent(s) | ☐ | ☐ |
| 　　b.　Date of birth of minor/incapacitated person | ☐ | ☐ |
| 　　c.　Total costs for which reimbursement is sought | ☐ | ☐ |
| 　　d.　Counsel fee computed on net settlement | ☐ | ☐ |
| 　　e.　Amounts to guardian of minor/incapacitated person | ☐ | ☐ |
| 　　f.　Amounts to minor/incapacitated person in restricted account | ☐ | ☐ |
| 　　g.　Statement that affidavit certifying compliance will be filed | ☐ | ☐ |

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

Date: _____　　　　_____