

**Settlement Statement**

[Date]

Re:

File No:

Settlement Amount: \$ \_\_\_\_\_

Less Costs & Disbursements Incurred: \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
Photographs \$ \_\_\_\_\_  
Long Distance Telephone \$ \_\_\_\_\_  
Medical Records \$ \_\_\_\_\_  
Photocopies \$ \_\_\_\_\_

Balance After Costs and Disbursements: \$ \_\_\_\_\_

Less Attorney Fees Per Retainer Agreement: \$ \_\_\_\_\_

Balance After Attorney Fees and Costs \$ \_\_\_\_\_

**Settlement Distribution**

*Amount to Clients* \$ \_\_\_\_\_

Balance after Attorney Fees \$ \_\_\_\_\_  
Reimbursement of Client Costs \$ \_\_\_\_\_

*Amount to Attorneys* \$ \_\_\_\_\_

Attorney Fees \$ \_\_\_\_\_  
Reimbursement for Costs and Disbursements \$ \_\_\_\_\_

Total Distribution \$ \_\_\_\_\_

Read, Accepted and Approved:

\_\_\_\_\_  
Date Name  
Address  
City, State, Zip