

**Personal injury settlement analysis, transmittal forms and release complete package**

PREVIEW ONLY

**Information or instructions: Letter to a client requesting medical bills so the case can be settled and PIP benefits received and advice to the client about medical treatment**

1. The attorney should obtain all of the client's medical bills. This is normally done by contacting the health care provider's offices and requesting and paying for copies of the bills. It is also a good idea to have the client give the attorney copies of bills, to make sure the attorney knows all of the providers, so no bills are missed.

2. The following letter may be sent to the client to:

a. make sure the Personal Injury Protection benefits are obtained, advise the client to keep his or her medical appointments and obtain the necessary medical treatment,

b. request the client send the attorney copies of all medical bills, instruct the client to ask the doctors to let him or her know when the client has reached maximum medical recovery and

c. instruct the client not to allow his or her health care provider over treat the client. If the client incurs more medical costs than are reasonably necessary to obtain medical recovery, it may have an adverse effect on the case value or settlement.

THANK YOU

**Form: Letter to a client requesting medical bills so the case can be settled and PIP benefits received and advice to the client about medical treatment**

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[Date]

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Call for more information

[Client's Name]  
[Client's Address]

Regarding: a request for the client to send all of the medical bills to the attorney

Dear [Client's salutation]:

Or

Per our conversation, please send me your medical bills so that we can process your personal injury claim and help you obtain the coverage that you are entitled to under the Personal Injury Protection (PIP) portion of your insurance policy, if you have this coverage.

As you recall, PIP coverage may entitle you to a payment for your lost wages and medical bills. This coverage may be obtained even if you have other medical insurance that pays for your medical bills.

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Additionally, it is very important for you to complete your medical treatment. Please keep all of your appointments with your health care provider. You should make sure that all medical problems that can or could be associated with the automobile accident, have been discovered and treated.

Once you believe you are at that point, please send me copies of all of the medical bills and expense, including prescription drugs. I will then prepare a settlement proposal, and, if necessary, contact the doctors and obtain medical narratives from them.

**PLEASE DO NOT COPY**

You should also ask your doctors to let you know when you have reached maximum medical recovery. It is important to monitor the medical bills and treatment so that you do not incur more medical costs than is reasonably necessary to get you to the point of recovery. If you incur more medical treatment than is reasonably necessary, we may not be able to recover all of your medical bills. This could have an adverse effect on your settlement. Accordingly, Please keep me informed as to the status of your condition and progress.

**THIS DOCUMENT**

Please call me if you have any questions.

**THANK YOU**  
Very truly yours,

+++++[Attorney's Name]++++

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+++++

**Call for more information**

+++++

**Or**

+++++

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# PREVIEW ONLY

**Information or instructions:** Letter to health care provider requesting medical records

1. The following letter may be sent to the client's health care providers in order to formally request the client's medical records.

2. The client may also be required to sign the health care provider's form. The letter assumes that the client has signed the attorney's Medical Authorization form.

**Form: Letter to a health care provider requesting medical records**

+++++  
[Date]

[Health Care Provider's Name]  
[Address]

# THIS DOCUMENT

Regarding: Request for Medical Record of [Client's name]

Dear Office Manager:

# THANK YOU

As a result of the injuries received by my client, on or about [date], my law firm has been retained by [Client's name] to resolve [his or her] personal injury claim.

[His or Her] claim involves an injury against a negligent party responsible for the injuries.

Please send me copies of all of [Client's name] medical records and continue forwarding copies of future records. Please include copies of your billings, office notes and procedures, and any other insurance forms or diagnostic comments you may have in your file.

This is not a request for a formal, written, narrative report; if one is needed, we will be in touch with you.

# Call for more information

Please also provide me with a statement for all services rendered to [client's name] since the date of injury.

I have enclosed a medical release and authorization form from my client.

Please note that [Client's name] requests that you disclose no information to anyone other than my law firm regarding this injury and treatment.

I assume there will be a charge for the photocopies; please bill us accordingly. Thank you in advance for your courtesy and cooperation in this matter.

Very truly yours,  
**Legal Help!!!**

[Attorney's Name]

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**THANK YOU**

+++++

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**Call for more information**

+++++

**Or**

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# PREVIEW ONLY

## Information or instructions: Letter to hospital requesting medical records

1. The following letter may be sent to the client's hospital in order to formally request the client's medical records.
2. The client may also be required to sign the hospital's form. The letter assumes that the client has signed the attorney's Medical Authorization form.

### Form: Letter to a hospital requesting medical records

+++++

[Date]

[Hospital's Name]  
[Address]

# THIS DOCUMENT

Regarding: Request for Medical Records of [Client's name]

Dear Office Manager:

# THANK YOU

As a result of the injuries received by my client, on or about [date], my law firm has been retained by [client's name] to resolve [his or her] personal injury claim.

[His or Her] claim involves an injury against a negligent party responsible for the injuries. Your hospital treated my client on or about [date].

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Please send me copies of all of [client's name] medical and hospital records and continue forwarding copies of future records.

Please include copies of your billings, office notes and procedures, and any other insurance forms or diagnostic comments you may have in you file. Please also send me one copy of the paramedic's report taken at the scene of the accident if any.

# Call for more information

This is not a request for a formal, written, narrative report; if one is needed, we will be in touch with you.

Please also provide me with a statement for all services rendered to [client's name] since the date of injury.

# Or

I have enclosed a medical release and authorization form from my client.

Please note that [Client's name] requests that you disclose no information to anyone other than my law firm regarding this injury and treatment.

# Legal Help!!!

I assume there will be a charge for the photocopies; please bill us accordingly. Thank you in advance for your courtesy and cooperation in this matter.

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Free trial yours,

+++++[Attorney's Name]+++++

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**THIS DOCUMENT**

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**THANK YOU**

+++++

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**Call for more information**

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**Or**

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PREVIEW ONLY

Information or instructions: Letter to health care provider requesting medical narrative concerning the client's medical treatment

1. The following letter may be sent to the client's health care providers in order to formally request a medical narrative.

2. The client may also sign forms furnished by the health care provider.

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Form: Letter to a health care provider requesting a medical narrative concerning the client's medical treatment

[Date]

THIS DOCUMENT

[Health care provider's name]

[Address]

Regarding: Request for a Medical Narrative Concerning [Client's name]

Dear [Salutation]:

THANK YOU

My law firm represents [Client's name] and we are processing a claim for the personal injuries [he or she] sustained as a result of an accident which occurred on [date].

Enclosed is a medical release authorizing you to give me [Client's name's] medical records and reports.

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In an attempt to settle this case out of court, we intend to submit to the defendant(s)'s representative a copy of your medical evaluation and report that I am requesting at this time.

Please send me a detailed, chronological report in narrative form setting forth the following information about [name]'s medical treatment and condition regarding the injuries sustained in the above referenced injury:

Call for more information

1. Your findings;

2. Your diagnosis;

Or

3. Your treatment;

4. Your prognosis;

5. A copy of each x-ray report and laboratory report, if any;

6. A statement as to the permanency of the injury;

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7. A statement as to the psychological effects, if any, which this injury may have had on [name];

**PREVIEW ONLY**

8. Photographs, if any, which may have been taken of the injured area;

9. An itemized statement of your fees to date; and

10. An estimate, if available, of future medical bills and treatment.

As you know, an injured person may recover damages, not only for injuries to normal parts of the body, but also for injuries to those parts of the body which were abnormal before the injury took place. If you found any pre-existing conditions, it is important for me to know whether these have been aggravated or inflamed in any way in this case.

**THIS DOCUMENT**

Please bill me for your services so that I can pay you for the medical narrative. Your prompt attention to this request may expedite a settlement of this case. I will keep your office advised of efforts in this regard.

Thank you for your cooperation.

**THANK YOU**

Very truly yours,

[Attorney's name]

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+++++

**Call for more information**

+++++

**Or**

+++++

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**Information or instructions: Letter to a client to check on the status of the medical treatment and to ascertain if the client is ready to settle the claim**

**PREVIEW ONLY**

1. The following letter may sent to a client to check on the status of his or her medical treatment and to ascertain if the client is ready to settle the claim.

**Form: Letter to a client to check on the status of the medical treatment and to ascertain if the client is ready to settle the claim**

**PLEASE DO NOT COPY**

[Date]

**ATTORNEY-CLIENT COMMUNICATION: THIS DOCUMENT AND ITS CONTENTS CONSTITUTE LEGALLY PRIVILEGED INFORMATION**

**THIS DOCUMENT**

[Client's Name]  
[Client's Address]

Regarding:

Dear [Client's salutation]:

**THANK YOU**

It has been a while since we have heard from you regarding the treatment of your injuries.

Please call me to let me know the status of your medical treatment , and when you believe that you may be sufficiently recovered, so that we may begin to settle your case. If you have completed your medical treatment, we should obtain the records so that we can evaluate your claim for settlement.

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If you have any questions, please call me

Very truly yours,

**Call for more information**

[Attorney's Name]

**Or**

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PREVIEW ONLY

Information or instructions: Letter to client advising that the insurance company may be ready to settle the case and advising the client to ascertain that all necessary medical treatment has been completed before settlement.

1. The following letter may be sent to a personal injury client to advise the client that the insurance company may be ready to settle the claim.

2. The attorney should advise the client not to settle until all injuries have been treated. The letter also requests copies of medical records.

Form: Letter to a client advising that the insurance company may be ready to settle the case and advising the client to ascertain that all necessary medical treatment has been completed before settlement.

THIS DOCUMENT

[Date]

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THANK YOU

[Client's Name]

[Client's Address]

Dear [Client's salutation]:

I have had contact with the insurance company. They may be ready to settle your case. However, as we have discussed on the phone, I think it is best that we not settle your case until you and your doctors are completely sure that you have obtained the maximum medical care available for your injuries.

You and your doctor should be sure that you are totally rehabilitated and that you have no further injuries or disabilities.

More importantly, you must be sure that all medical problems that can or could be associated with the automobile accident have been discovered and treated.

As we discussed, you believe that you are, at this point, recovered from the accident and ready to settle. Accordingly, please make sure that you have sent me copies of all of the medical bills and expenses, including prescription drugs.

If you have any questions or would like to discuss this matter with me, please call me.

Very truly yours,

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[Attorney's Name]

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Call for more information

Or

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**THIS DOCUMENT**

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**THANK YOU**

+++++

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**Call for more information**

+++++

**Or**

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# PREVIEW ONLY

MEDICAL EXPENSE SUMMARY FORM

Date	Doctor	Cost	Summary
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<b>THIS DOCUMENT</b>			
<b>THANK YOU</b>			
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Total Visits	Total Number of Doctors	Total Costs	Final Evaluation

Call for more information

Or

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**Information or instructions: Letter to a client regarding a proposed settlement demand requesting the client verify the information prior to making the demand.**

**PREVIEW ONLY**

1. The following letter may be sent to the client to verify that the proposed demand is complete and accurate.

2. The letter attempts to have the client verify that all elements of recoverable damages have been listed and an appropriate demand made.

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**Letter to a client regarding a proposed settlement demand requesting the client verify the information prior to making the demand.**

[Date]

**THIS DOCUMENT**

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[Client's Name]

[Client's Address]

**THANK YOU**

Dear [Client's salutation]:

Enclosed please find copies of medical records, narratives and other information that I have received from your health care provider(s). Please review the same and contact me immediately if you disagree with any of the findings or statements contained therein. I have prepared a draft settlement proposal based on your review of the information.

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As we have discussed, you have informed me of each and every expense, cost or claim that may be made in your case including lost wages that you may seek recovery for. It is important that all possible expenses or claims be included in our analysis and review of your claim, before we make a demand on the insurance company. Failure to list expenses or items that you are entitled to for damages means that you may receive a smaller settlement or recovery than you are legally entitled to.

**Call for more information**

Please review the draft and contact me immediately if you disagree with any of the findings or statements contained therein. Also please advise me as to the current status of your medical condition, as to whether or not the doctors have made a final report regarding your condition and a release to work.

**Or**

Please keep me posted on your medical condition. Before I send a settlement demand letter to the insurance carrier, I want to make sure that you get credit for all of your medical expenses.

The standard practice is that the doctor's office will send us a complete set of your medical bills (regardless of what was or was not paid by insurance). We then submit the total amount of medical expenses in the settlement demand.

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If you have any questions or would like to discuss this matter with me, please call me.

**PREVIEW ONLY**

Very truly yours,

+++++[Attorney's Name]++++

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**THIS DOCUMENT**

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**THANK YOU**

+++++

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**Call for more information**

+++++

**Or**

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**Information or insurance facts: Personal injury settlement statement and client acknowledgment**

PREVIEW ONLY

1. The following form may be used as part of a personal injury settlement.
2. The form is a disclosure statement which sets forth the fact that the attorney has explained in great detail the pro and con of settling versus taking the case to trial.
3. The client acknowledges the fact that if [he or she] won a favorable jury verdict, more money could have been obtained.
4. The client likewise, acknowledges the fact that if [he or she] took the case to a jury verdict, less money could have been obtained if the verdict was smaller than the settlement, if the costs exceeded the net settlement recovery, or if the client lost.
5. The form also sets forth the reasons why the client decided to settle rather than take the case to a jury verdict.

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THIS DOCUMENT

**Form: Personal injury settlement statement and acknowledgment**

THANK YOU

**PERSONAL INJURY SETTLEMENT  
STATEMENT AND ACKNOWLEDGMENT**

Date: \_\_\_\_\_ Client: \_\_\_\_\_  
 Matter: \_\_\_\_\_ Attorney: \_\_\_\_\_

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Case No. \_\_\_\_\_ Court: \_\_\_\_\_

I hereby acknowledge that my attorney has fully and completely explained to me my personal injury claim.

Call for more information

I have decided to settle my claim rather than pursue a lawsuit. I desire to sign the release sent to me by [the insurance carrier or the parties named in the release] in order to settle my case now.

I hereby acknowledge and understand that my attorney has informed me that by settling with [the insurance carrier or the parties named in the release] I am subject to the terms stated in the release and I give up any rights that I may have to file suit or continue the existing lawsuit now and any time in the future.

Or

My attorney has explained the release and all of the terms and conditions therein. I fully understand the release and the effect and consequences of signing the release and settling my case. I understand that all claims against the potential defendant(s) named in the release will be released. I also understand this settlement closes my case and if I have claim against other parties, such claims may not be pursued and those claims may be barred, if not timely pursued due to statute of limitations.

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My attorney is not responsible for pursuing such other claims unless a new attorney fee agreement and attorney/client relationship is entered into, since this agreement/relationship is being closed.

My attorney has specifically informed me that if a lawsuit had been pursued and if we obtained a favorable jury verdict that I may have been entitled to a significantly higher dollar amount than I am now receiving by settling at this time.

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I discussed with my attorney the fact that in the event we were to pursue my claim in court, that there are no guaranties that I would receive more funds than are currently being obtained by this settlement; however, the potential certainly exists for a significantly higher award in a jury or non-jury judgment.

**THIS DOCUMENT**

One of the reasons that I have decided to accept this settlement and release is that I have an immediate and pressing need for money, including, but not limited to, paying of personal bills and household expenses. I also have medical bills that should be paid. Therefore, I have decided to accept a specific dollar amount that will pay my bills and leave me some money left over rather than take the chance of litigating the matter and possibly ending up with less funds than I am currently going to receive (even though I may have the ability to receive more money if a favorable jury or judge verdict is obtained).

**THANK YOU**

I therefore have decided that the cash settlement now is worth more to me than the possibility of obtaining more money in the future (even though the funds in the future could have been significantly greater than the amount that I am currently settling for).

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My attorney has also told me that each case has its own merits. Based on the length of time that it could take to litigate my case, and based upon the possible expenses, I have determined that it is quite possible that I may receive more net proceeds by settling out of court, now, since, if the case is litigated, after a lawsuit is filed and upon final trial and exhaustion of appeals (if the case is appealed) the judgment amount after expenses (if collected), could be less than the current net settlement proceeds.

**Call for more information**

At this point, we have not incurred all deposition, expert witness fees, or other litigation expenses that may be required if my case goes to a jury trial.

When I consider the facts that are beneficial to my case versus the facts that are not beneficial and/or harmful to my case (including arguments that could be raised by the opposing side or insurance carrier), I desire to settle rather than face the uncertainty of having the case decided by a judge or jury.

**Or**

Even though a judgment may be obtained, it is possible that the case may be appealed, which could result in a further delay in receiving funds, and could possibly result in a change, modification or reversal of the judgment obtained in Court.

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I have fully read and understand the terms of this acknowledgment, and I am signing this acknowledgment of my own free will in order to record the fact that my attorney has explained to

me, in detail, the pros and cons, advantages and disadvantages of settlement versus continuing to pursue my claim.

PREVIEW ONLY

I have been further advised, by my attorney, that my medical condition could become more severe, to the point that I may need additional medical treatment, including surgery, and that if I settle now, all potential defendant(s)'s and insurance carriers named in the release will be released from any and all liability regarding any additional or possible future medical, or other expense, claims.

PLEASE DO NOT COPY

I understand that I will not be compensated for that or any other possible contingency.

I further acknowledge that I have considered all possible medical tests and treatments for diagnosing my injuries, including, but not limited to, MRIs, CAT-scans, EMGs. I have discussed these with my doctors and I have decided against spending any more money for medical testing because I and my doctors believe that my medical condition is no longer stable and I have reached maximum medical benefits and that no further tests, treatment, surgeries, etc. will improve my medical condition. Therefore, I believe that I am at a point now where my injuries will not increase or become worse, accordingly my doctors and I believe that settlement is prudent at this time.

THIS DOCUMENT

I further acknowledge that all items and documents previously given to my attorney have been returned to me in good and satisfactory condition. I have no claims against the attorney for damage, loss, destruction, or deterioration regarding any items that have been given to the attorney in connection with the handling of my case.

THANK YOU

Furthermore, I have reviewed and approved the distribution of funds in Exhibit "A" and I have agreed to and specifically instructed the attorney to disburse from settlement proceeds the funds to such parties as set forth in Exhibit "A", (this include payment of liens which have been given on my case).

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I further acknowledge and state that I have specifically instructed my attorney to pay only the medical or other bills which are listed in Exhibit "A" hereto and I am solely responsible for payment of any expenses, debts, or bills which may be owed by me that are not listed in Exhibit "A". This includes all medical or other expenses, treatment, testing etc.

Call for more information

I understand that I owe such bills and I will pay them out of my settlement proceeds, except such bills which are being deducted from my settlement check as reflected in Exhibit "A" hereto. I hereby acknowledge and state that my attorney is not liable or responsible for payment of my bills.

I acknowledge that my attorney has previously explained my rights (or lack thereof) under the Personal Injury Protection (PIP) aspect of my auto mobile insurance policy, if such coverage applies to this matter and injury. My attorney has recommended that I obtain the highest amounts of PIP, Underinsured and Uninsured coverage that is available from my insurer.

Or

I have received all of the PIP benefits that I was entitled to and I have paid all medical/hospital/health care provider liens applicable to my claim.

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\*[I further state that I do not wish to pursue a claim against @ [Client's Insurance Company] insurance for an underinsurance claim for the following reasons: @ [State the reasons for not

pursuing the underinsurance claim] and I do not wish to pursue any claims, including but not limited to @ [product liability lawsuit, against the manufacturer or seller of the @] that caused the @ accident, puncture wound, etc.]

PREVIEW ONLY

Signed on \_\_\_\_\_

PLEASE DO NOT COPY

[Client's name]

EXHIBIT "A" SETTLEMENT FUNDS

The client has received the following funds from the settlement:

Gross Settlement Amount \$ \_\_\_\_\_

THIS DOCUMENT

Less:

Attorney's fees \$[Amount]

Case and Out-of-Pocket Expenses Incurred by the Attorney (See Exhibit "B") \$[Amount]

Client's obligations including health care expenses \$[Amount]

Sub total deductions \$[Amount]

Net Proceeds to Client \$[Amount]

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I, [client], hereby acknowledge receipt of the above settlement in full and final satisfaction of my personal injury and property damage claims, and that [attorney] has completed his or her representation of me in this matter and that [he or she] is released from any further representation and the parties hereto terminate and cancel and all pending responsibility under any and all attorney fee agreements, written or oral, which previously existed to the matters referred to above.

Date: \_\_\_\_\_

[Client's name]

Date: \_\_\_\_\_

[Attorney's name]

[If the attorney is paying settlement funds out of his or her trust account pursuant to the client's request or pursuant to health care liens which are subject of a letter of protection, then add the following release to the check:

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Payment of medical expenses for [name of client]. Cashing this check constitutes a full and complete release of any and all funds owed by [name of client] to the payee of this check for any and all medical treatment up to, and including, [the date of the client's last treatment].

[If the attorney is disbursing Personal Injury Protection (PIP) benefit proceeds, have the client sign the following form:]

**PLEASE DO NOT COPY**  
**PERSONAL INJURY PROTECTION (PIP) DISBURSEMENTS**

1. Funds Received:

a. PIP benefits from Client's insurer: \$[Amount]

2. Deductions: \$[Amount]

[List all appropriate deductions, if any.]

3. Balance to Client: \$[Amount]

Signed on \_\_\_\_\_.

[Client's Name]

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**Call for more information**

**Or**

**Legal Help!!!**

**Information or instructions: Letter to a client regarding deduction of settlement proceeds to pay for health care expenses**

PREVIEW ONLY

1. The following letter may be sent to the client in order to formally verify that the client has authorized the attorney to pay health care providers from the client's settlement funds.
2. The client may also sign lien forms furnished by the health care provider.

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**Form: Letter to a client regarding deduction of settlement proceeds to pay for health care expenses**

# THIS DOCUMENT

[Date]

**ATTORNEY-CLIENT COMMUNICATION: THIS DOCUMENT AND ITS CONTENTS CONSTITUTE LEGALLY PRIVILEGED INFORMATION**

[Client's Name]  
[Client's Address]

# THANK YOU

Regarding: Payment of Medical Expenses for an Accident Dated \_\_\_\_\_ Between  
[Parties' names]

Dear [Client's salutation]:

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This letter is written to confirm that you have instructed us to pay from any settlement obtained for you, any medical bills owed to the below stated health care provider for treatment relating to your injury.

You also understand that the health care provider may charge you interest on past due balances. You have expressly instructed my office that this medical lien be placed on your claim.

Call for more information

This letter also confirms the fact that you and I have discussed the practice of granting medical liens in personal injury cases, the advantages and disadvantages of granting a medical lien in your case and the fact that the lien gives the health care provider the first right to receive any settlement monies that you may be entitled to out of any settlement or case monies that could be received from your personal injury claim.

# Or

To confirm your understanding of this agreement and the above, please sign this letter, have your health care provider (Doctor) sign this letter and then return the signed letter to my office. Thank you. Please call me if you have any questions.

Very truly yours,  
**Legal Help!!!**

[Attorney's Name]  
**PREVIEW ONLY**

[Client's name]

+++++

[Health care provider's name]  
**PLEASE DO NOT COPY**

+++++

**THIS DOCUMENT**

+++++

**THANK YOU**

+++++

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+++++

**Call for more information**

+++++

**Or**

+++++

**Legal Help!!!**

**Information or instructions: Recovery statement and parents/guardian release and indemnity agreement**

PREVIEW ONLY

1. The following two forms can be used in settling a case involving a minor. In the event a lawsuit is filed, then a court will appoint a guardian or attorney ad litem to represent the child and the court will approve the settlement and distribution of the funds after notice and hearing.

2. In many small claims, it is not economical to justify litigation, therefore the parties may settle prior to litigation. These forms were designed with that thought in mind.

PLEASE DO NOT COPY

~~Form: Recovery statement and parents/guardian release and indemnity agreement~~

**RECOVERY STATEMENT**

THIS DOCUMENT

Date Of Accident: \_\_\_\_\_

Time Of Accident: \_\_\_\_\_

Location Of Accident: \_\_\_\_\_

THANK YOU

City And State: Of Accident \_\_\_\_\_

We, the parents and/or guardians of the following named minor children: \_\_\_\_\_

[Name of Minor Children] born on [Birth Date], do hereby state that the above listed minor child [Child or Children] completely recovered from any and all injuries sustained as a result of an accident involving \_\_\_\_\_

[Defendant(s) Name/Or Party Being Released] and [Name of Other Parties Involved In the Accident], at or near [Location of the Accident], on or about [Date of Accident].

The accident or injury in fact is described as follows [Describe the Injury] \_\_\_\_\_

The above-named minor(s) did not have a head injury and has been released by the treating physician(s) \_\_\_\_\_

We further state that the above said minor(s) [do/does] now eat, sleep and act normally and behaves in all respects in a normal manner. We are sure that full and complete recovery has occurred.

This statement is based upon our own personal knowledge and upon information that the have obtained and received from the minor(s) health care practitioners \_\_\_\_\_

We have read the above statement and it is true and correct

Legal Help!!!

Signed on \_\_\_\_\_.

Father's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

**PREVIEW ONLY**

Witness Signature \_\_\_\_\_

**PARENTS/GUARDIANS RELEASE AND INDEMNITY AGREEMENT**

**PLEASE DO NOT COPY**

For and in consideration of the payment to me/us of the sum of [Amount] to be paid to [Name].

I/We, the undersigned father, mother and/or guardian of [Minor Name], a minor or minors, hereby forever release, acquit, discharge and covenant to hold harmless [Name of Person Being Released], his or her heirs, successors and assigns of and from any and all actions, causes of action, claims, demands, damages, costs, loss of service, expense and compensation, on account of or in any way growing out of, any and all known and unknown personal injuries, or property damage which I or we may now or hereafter have for ourselves and as the parents and/or guardian of said minor(s), and also for any and all claims, rights of actions or damages which said minor(s) have or may have hereafter, either before or after [he or she] has reached his/her/their age of majority, resulting from the following described accident:

**THIS DOCUMENT**

**THANK YOU**

[Date:] \_\_\_\_\_

[Time:] \_\_\_\_\_

[Location:] \_\_\_\_\_

[Specifics Of The Accident:] \_\_\_\_\_

I/WE further promise to indemnify ourselves hereby jointly and severally, my our heirs, administrators and executors repay to the said [Name of the Party Being Released] his/her heirs, successors and assigns the sum of money, except the sum of above mentioned that he/she/they may hereafter be compelled to pay for and on behalf of said minor(s) because of the above said accident or incident.

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It is further understood in I, agree that this agreement is in compromise of a doubtful and disputed claim, and the payment made herein is not to be construed as an admission of liability on the part of the party being released herein, his attorneys insurers, or other parties by whom liability is expressly denied.

**Call for more information**

I/we further state that I/we have carefully read the foregoing release and know the contents thereof, and I/we sign the same of our own free act and will.

**Or**

Signed on \_\_\_\_\_

Father's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

**Legal Help!!!**

Witness Signature \_\_\_\_\_

State of Texas  
County of \_\_\_\_\_

# PREVIEW ONLY

BEFORE ME, on this day personally appeared name of the person giving the affidavit, who is personally known to me, and first being duly sworn according to law upon his or her oath deposed and said:

## PLEASE DO NOT COPY

"My name is \_\_\_\_\_, I have never been convicted of a crime, and I am fully competent to make this Affidavit. I have personal knowledge of the facts stated in this affidavit, and they are all true and correct."

## THIS DOCUMENT

Signature

[Name] on oath swears that the statements are true and correct based on his or her personal knowledge and Affiant has:

Subscribed and sworn to before me on \_\_\_\_\_ by \_\_\_\_\_

## THANK YOU

\_\_\_\_\_  
Signature of officer  
**LegalFormsForTexas.Com**  
Notary's typed or printed name

My commission expires: \_\_\_\_\_

## Call for more information

[or Notary's Stamp]

## Or

## Legal Help!!!

**Information or instructions: Motion, order and letter to withdraw funds from the court's registry**

**PREVIEW ONLY**

1. After a minor reaches the age of majority, he or she may obtain any funds held in the court's registry which were held for safekeeping until the child reached the age of majority. The following form and letter may be used to request the funds be withdrawn from the court and turned over to the client.

**PLEASE DO NOT COPY**

+++++

**THIS DOCUMENT**

+++++

**THANK YOU**

+++++

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+++++

**Call for more information**

+++++

**Or**

+++++

**Legal Help!!!**

# PREVIEW ONLY

Form: Motion, order and letter to withdraw funds from the court's registry

[Name] IN THE [Type of Court] COURT  
PLAINTIFF

vs. [Court number]  
[Name], OF [NAME], COUNTY, TEXAS  
DEFENDANT

# PLEASE DO NOT COPY

## MOTION TO WITHDRAW FUNDS IN THE COURT'S REGISTRY

[Plaintiff's Name] Movant on this motion and would show in the Court as follows:

# THIS DOCUMENT

1. There are currently funds on deposit in the registry of this Court that are being held for Movant's use and benefit in accordance with the terms and provisions of the judgment which has been entered into in this case.

2. These funds were to be held until [Plaintiff's Name], had the disabilities of minority removed in the manner prescribed by law. Those disabilities were removed on [Date] when the Movant reached the age of 18 years of age. A copy of his driver's license and birth certificate are attached hereto in Exhibit "A". The exhibits are incorporated by reference for all purposes.

# THANK YOU

Movant prays that the Court authorize and direct [Name], the District Clerk of \_\_\_\_\_ County, Texas to pay over and deliver to [Plaintiff's Name], the total sums of money which are now on deposit and use for the Movant, [Plaintiff's Name], plus any and all accrued interest currently held in the Registry of this Court for the account of [Plaintiff's Name].

# LegalFormsForTexas.Com

Respectfully Submitted,

# Call for more information

[Law Firm Name]

By \_\_\_\_\_

# Or

[Attorney's name]

Attorney for Plaintiff

[Attorney's Address]

[Telephone Number]

[Facsimile Number]

[Bar Card Number]

# LegalHelp!!!

CERTIFICATE OF SERVICE

# PREVIEW ONLY

I certify that a true and correct copy of the foregoing pleading or document has been served upon all attorneys of record and any parties who are not represented by an attorney on \_\_\_\_\_.

Attorney for \_\_\_\_\_ [Other attorney's client's name]

Attorney's name: \_\_\_\_\_ [Other attorney's name]

Attorney's address \_\_\_\_\_ [Other attorney's address]

Type of Service:

U.S. Mail, Certified Return Receipt Request No. \_\_\_\_\_

U.S. Mail, First Class.

Hand delivery by [name of delivery service]: \_\_\_\_\_

Facsimile transmission to \_\_\_\_\_ [fax number] before 5 p.m.

+++++[Attorney's signature]+++++

## THANK YOU

+++++

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+++++

### Call for more information

+++++

## Or

+++++

### Legal Help!!!

[Name],  
PLAINTIFF

**PREVIEW ONLY**

IN THE [Type of Court] COURT

[Court number]

vs.  
[Name],  
DEFENDANT

OF [NAME], COUNTY, TEXAS

**PLEASE DO NOT COPY**  
ORDER

It is hereby ORDERED, ADJUDGED and DECREED that [Name], District Clerk of  
County, Texas pay over and deliver to [Plaintiff's Name], the principal  
sum of \$[Amount] plus any accrued interest thereon held in the Registry of this court for his  
account pursuant to the final Judgment entered in this cause, and a y Orders of this Court issued  
thereunder; and that the District Clerk shall be relieved and held harmless from any and all  
liability arising in connection with such account upon taking Applicant's Receipt therefor.

Signed on \_\_\_\_\_

**THANK YOU**  
Presiding Judge

APPROVED AS TO FORM AND SUBSTANCE:

\_\_\_\_\_  
[Law Firm's or Attorney's Name]  
Attorney for Plaintiff  
[Address]  
[Telephone & facsimile numbers]  
Texas Bar no. [Number]

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APPROVED AS TO FORM ONLY:

**Call for more information**

\_\_\_\_\_  
[Law Firm's or Attorney's Name]  
Attorney for Defendant  
[Address]  
[Telephone & facsimile numbers]  
Texas Bar no. [Number]

**Or**

**Legal Help!!!**

# PREVIEW ONLY

[Date]

[District Clerk]

Trust Fund Department

[Address]

Regarding Cause No. \_\_\_\_\_

Entitled [Name]

Filed [DATE]

TEXAS]

**PLEASE DO NOT COPY**  
TH JUDICIAL DISTRICT COURT COUNTY,

Dear [Name]:

Please file the following in the above-styled and numbered cause:

**THIS DOCUMENT**

1. Motion and Order To Withdraw Funds in the Court's Registry
2. An original birth certificate and
3. A W-9 form.

**THANK YOU**

Please request the Judge sign the following:

Order To Withdraw Funds in the Court's Registry

My understanding is that no hearing is required on this motion, please advise me if one is required. If you have any questions regarding this matter, please contact me at [telephone number]. Thank you for your assistance.

Very truly yours,

**Call for more information**  
[Attorney's name]

**Or**

**Legal Help!!!**