

**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

