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REPORT FOR MINOR'S COMPROMISE

Please give the following information *legibly and completely* and fax to (866) 333-1515.

PANEL MEMBER _____ DATE _____
ATG # _____ CASE _____ v _____ COURT _____

_____ COURT FOUND ALLEGATIONS TO BE TRUE JUDGE _____

ATTORNEY FEES TO _____ \$ _____
UNPAID MEDICAL/HOSPITAL BILLS \$ _____
OTHER (SPECIFY) _____ \$ _____

BALANCE TO MINOR \$ _____
TO BE DEPOSITED AT _____

ANNUITY _____
TOTAL AMOUNT OF SETTLEMENT \$ _____

FUTURE APPEARANCE DATES/INSTRUCTIONS/COMMENTS: _____

PANEL MEMBER CHARGES:

HOURS _____
PARKING \$ _____
OTHER \$ _____