



STATEWIDE APPEARANCE SERVICE
INFO@ATTORNEYSTOGO.COM
866-808-TOGO
P 951-680-9800
F 951-684-3716

MINOR'S COMPROMISE REPORT

Please give the following information *legibly and completely* and fax to (866) 333-1515 or email to reports@attorneystogo.com.

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 \$ _____ BE SPECIFIC _____