

# SETTLEMENT STATEMENT

Law Firm: *[Law Firm Name]*

Date: *[Date]*

File #: *[Case Number]*

**CLIENT:**

*[Client Name]*

*[Address Line 1]*

*[Address Line 2]*

**CASE DETAILS:**

Matter: *[e.g., Auto Accident vs. Defendant]*

Date of Loss: *[Date]*

DESCRIPTION	AMOUNT
<b>GROSS SETTLEMENT RECOVERY</b>	<b>\$0.00</b>
<b>LESS ATTORNEY'S FEES</b>	
Legal Fees ( <i>[Percentage]</i> %)	\$0.00
<b>LESS LITIGATION COSTS / DISBURSEMENTS</b>	
Filing Fees / Court Costs	\$0.00

DESCRIPTION	AMOUNT
Medical Records/Reports Retrieval	\$0.00
Expert Witness Fees	\$0.00
<b>LESS MEDICAL LIENS / SUBROGATION</b>	
<i>[Provider Name / Insurance Carrier]</i>	\$0.00
<i>[Provider Name / Insurance Carrier]</i>	\$0.00
<b>TOTAL DEDUCTIONS</b>	<b>(\$0.00)</b>
<b>NET TO CLIENT</b>	<b>\$0.00</b>

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Attorney Signature

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Client Approval Signature

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Notice: This statement represents a final accounting of the funds received in relation to the aforementioned matter. Funds will be disbursed upon clearance of settlement checks.