

**INFORMATION REQUIRED BY PUBLIC TRUSTEE REGARDING  
SETTLEMENTS FOR WHICH SANCTION IS REQUESTED PURSUANT  
TO S. 59(2) OF THE *PUBLIC TRUSTEE ACT 1978***

<b>Name of person under a legal disability:</b>	
<b>Date of Birth:</b>	
<b>Litigation Guardian's Name and Address:</b>	
1. <b>Circumstances giving rise to claim:</b> Provide a brief outline of the incident including date of the accident, parties involved.	
2. <b>Contributory Negligence by person under a legal disability:</b> Has contributory negligence been alleged by the defendant and/or conceded by the plaintiff.	
3. <b>Analysis of Injuries and Treatment:</b> Description, duration and degree of pain and suffering and inconvenience. Period of confinement in hospital.	
4. <b>Residual Disability:</b> Whether or not any residual disability exists and if so, confirmation that same has been taken into account in reaching the compromise.	
5. <b>Residual Disfigurement (e.g. scarring):</b> If applicable, please describe extent of same and provide confirmation that it was taken into account in reaching the compromise.	
6. <b>Details of any litigation instituted, and the stage reached:</b> Please forward a copy of Statement of Claim and Defence if delivered.	
7. <b>Full name, address and ABN of insurer or other party to whom the Tax Invoice for the Sanction Fee is to be address:</b>	
8. <b>Has the Litigation Guardian agreed to the settlement?</b>	
9. <b>Does the Solicitor for the person under a legal disability consider that the settlement is for the benefit of the person under a legal disability and recommend it?</b>	
10. <b>Are there any other matters not covered by the above headings which are relevant to question of either liability or quantum?</b>	
11. <b>What are the terms of the Settlement?</b>	
<b>General Damages</b>	\$
<b>Special Damages</b>	
Health Insurance Commission Refund	\$
Medical Expenses	\$
Loss of Wages	\$
Legal costs paid by defendant	\$
Other Special Damages	\$
SUBTOTAL Special Damages	\$
<b>Griffiths v. Kerkemeyer damages</b>	\$
<b>Any other Fees or Damages agreed</b>	\$



**Please attach COPIES of the following documents, if they have been obtained:-**

- Medical reports addressing the injuries sustained and the issue of residual disability/residual disfigurement including colour photographs if applicable;
- Release, Discharge and Indemnity form/ Terms of Settlement form from the insurer and already signed by the Litigation Guardian;
- A current Health Insurance Commission's Notice of Charge (if the total amount payable by the insurer is over \$5,000); and
- Counsel's opinion.
- Statement of Claim & Defence

**INFORMATION REQUIRED BY THE PUBLIC TRUSTEE IF THE SOLICITOR FOR  
THE PLAINTIFF INTENDS TO CLAIM INDEMNITY COSTS AND OUTLAYS  
FROM THE SETTLEMENT MONIES**

<ol style="list-style-type: none"><li>1. Have your standard costs and outlays been agreed or assessed and if so, what are the individual amounts for same.</li><li>2. Has any amount already been received on account of standard costs and outlays?</li><li>3. What sums do you intend to seek to recover in:<ol style="list-style-type: none"><li>i. Indemnity costs</li><li>ii. Indemnity outlays</li></ol></li><li>4. If the Litigation Guardian has entered into a Client Agreement with you, please provide a copy of same.</li><li>5. Has the Litigation Guardian been consulted and agreed to the indemnity costs and outlays that you refer to in Question 3.</li></ol>	
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