

CASE NO. 20-cv-07967-HSG

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Attorneys for Fire Victim Trustee

**UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION**

In re:

PG&E CORPORATION,

-and-

PACIFIC GAS AND ELECTRIC COMPANY,

Debtors.

CASE No. 20-cv-07967-HSG

Bankruptcy Case No. 3:19-bk-030088 DM

Chapter 11

(Lead Case)

(Jointly Administered)

- Affects PG&E Corporation
- Affects Pacific Gas and Electric Company
- Affects both Debtors

**All papers shall be filed in the Lead Case, No. 19-30088 (DM).*

**SPECIAL MASTER ORDER FOR
PROCEDURES FOR APPROVAL OF
COMPROMISES FOR PROTECTED
PERSONS**

**SPECIAL MASTER ORDER NO. 2
Procedure for Approval of Compromises for Protected Persons**

This matter comes before the Special Master, the Hon. Ellen Sickles James (Ret.), on the issue of the procedure for reviewing Claim Determinations issued to or on behalf of Claimants

who are minors or adult persons with a disability (“Protected Persons”), confirming their interests are protected and, if so, approving such compromises:

A. The PG&E Fire Victim Trust Agreement (“Trust Agreement”) and Claims Resolution Procedures (“CRP”) require the Special Master to review and “approve any and all minors’ compromises in conjunction with the evaluation, disallowance, resolution, settlement, and approval of any and all Fire Victim Claims in accordance with the CRP.” Trust Agreement 2.1(e)(xxvii).

B. By this Court’s Order for Appointment of a Special Master Pursuant to Fed. R. Civ. Proc. 53 on December 2, 2020 (the “Order”), the Special Master was appointed to propose, implement and enforce measures and procedures necessary for the protection of the financial interests of Protected Persons in funds disbursed to satisfy their Claims and otherwise to protect their interests consistent with Fed. R. Civ. Proc. 17(c), federal law, the Plan and the Trust Agreement. Pursuant to the Order, the Special Master has the authority to take appropriate measures in compliance with the terms of the Plan, Confirmation Order, Trust Documents and applicable law to perform her duties fairly and efficiently, to regulate all proceedings before her and to issue orders necessary to discharge the duties and responsibilities conferred on her. *See* Fed. R. Civ. P. 53(c)(1). More specifically, the Order authorizes the Special Master to “[t]o make findings and recommendations for measures to protect the interests of Protected Persons who are Beneficial Owner of Claims and to report such findings to the Claims Administrator and the Trustee, including, in the interests of efficiency, omnibus measures to be generally applicable to disbursements to or on behalf of Protected Persons”, and; “[t]o oversee the implementation of any measures approved by the Court for the protection of Protected Persons and to issue orders enforcing such protective measures.” Order at 7(g)-(h).

C. Accordingly, when the Special Master reviews and approves the Fire Victim Trust Settlement Offer and the disbursement measures proposed to protect the interest of each Protected Person, the following procedure shall be followed:

- 1) Claimants shall make their petition using the form attached hereto as Exhibit 1.
- 2) The petition shall be filed by the Protected Person's Legal Representative.
- 3) The petition shall include the following as exhibits:
 - a. A copy of the Protected Person's accepted Claim Determination, including the Settlement Offer; and
 - b. Documents supporting the Legal Representative's authority to act on behalf of the Protected Person.
- 4) The petition must be filed with the Special Master by and through the Claims Processor, and must include the applicable Fire Victim Trust Claimant ID.
- 5) All petitions and accompanying documents shall be treated as if filed directly with the Court under seal.
- 6) The Order will be issued under seal using the form attached hereto as Exhibit 2, and will be provided by the Special Master to the Claims Processor and the Protected Person's counsel of record or Legal Representative, if the Protected Person is not represented by counsel.

IT IS SO ORDERED:

Dated: May 7, 2021

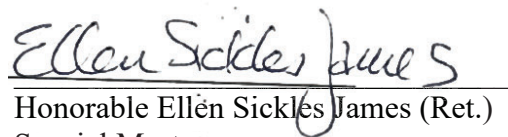

Honorable Ellen Sickles James (Ret.)
Special Master

EXHIBIT “1”



PETITION TO APPROVE COMPROMISE FOR PROTECTED PERSON

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>		<i>FOR SPECIAL MASTER USE ONLY</i>	
TELEPHONE NO.		CLAIMANT NAME	
E-MAIL ADDRESS		CLAIMANT ID	
<p>PETITION TO APPROVE:</p> <p><input type="checkbox"/> COMPROMISE OF DISPUTED CLAIM</p> <p><input type="checkbox"/> COMPROMISE OF PENDING ACTION</p> <p><input type="checkbox"/> DISPOSITION OF PROCEEDS OF JUDGMENT</p> <p><input type="checkbox"/> Minor <input type="checkbox"/> Person with a disability</p>			
<p style="text-align: center;">NOTICE TO PETITIONERS:</p> <p>You must use this form to request Special Master approval of (1) the compromise of a disputed claim of a minor, (2) the compromise of a pending action or proceeding in which a minor or a person with a disability (including a conservatee) is a party, or (3) the disposition of the proceeds of a judgment for a minor or person with a disability. You and the minor or the disabled person must attend the hearing on this petition unless the Special Master for good cause dispenses with a personal appearance. The Special Master may require additional evidence relating to the compromise and disposition of proceeds. The Special Master will consider on an expedited basis, without an in-person hearing, requests for approval of certain compromises, including those for which the total settlement offer to the Claimant is under \$50,000.</p>			

1. **Petitioner (name):** _____

2. **Claimant (name):** _____

a. Address: _____

b. Date of birth: _____ c. Age: _____ d. Sex: _____ e. Minor Person with a disability

3. **Relationship.** Petitioner’s relationship to Claimant *(check all applicable boxes)*:

a. Parent g. Other Relationship *(specify)*: _____

b. Guardian ad litem

c. Guardian

d. Conservator

e. Disabled adult claimant is a petitioner. *(See instructions for items 3e and 3f below.)*

f. Disabled adult claimant’s express consent to the relief requested in this petition is provided on Attachment 3f.

(If you checked item 3e or 3f, state facts on Attachment 3e or 3f showing that the claimant has capacity under Probate Code section 812 to petition or consent to a petition. Only an adult claimant who has sufficient capacity and who does not have a conservator of the estate may petition or consent to a petition. See Probate Code section 3613.)

Petition to Approve Compromise for Protected Person

Claimant Name:	Claimant ID:
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4. Nature of Claim. The claim of the minor or adult person with a disability:

- a. Has not been filed in an action or proceeding. *(Complete items 5-23.)*
- b. Is the subject of a pending action or proceeding that will be compromised without a trial on the merits of the claim.
 Name of court: _____
 Case no.: _____ Trial date: _____ *(Complete items 5-23.)*
- c. Is the subject of a pending action or proceeding that has been or will be reduced to a judgement for the claimant against the defendants named below in the total amount (exclusive of interest and costs) of *(specify below)*:

\$ _____

Defendants (names)

- Additional defendants listed on Attachment 4. The judgment was filed on (date):
(Attach a copy of the (proposed) judgment as Attachment 4c and complete items 13-23.)

5. Incident or accident. The incident or accident occurred as follows:

- a. Date and time:
- b. Place:
- c. Persons involved (names):
- Continued on Attachment 5.

6. Nature of incident or accident. The facts, events, and circumstances of the incident or accident are *(describe)*:

- Continued on Attachment 6.

7. Injuries. The following injuries were sustained by the claimant as a result of the incident or accident *(describe)*:

- Continued on Attachment 7.

8. Treatment. The claimant received the following care and treatment for the injuries described in item 7 *(describe)*:

- Continued on Attachment 8.

9. Extent of injuries and recovery. *(An original or a photocopy of all doctors' reports containing a diagnosis of and prognosis for the claimant's injuries, and a report of the claimant's present condition, must be attached to this petition as Attachment 9. A new report is not necessary so long as a previous report accurately describes the claimant's current condition).*

- a. The claimant has recovered completely from the effects of the injuries described in item 7, and there are no permanent injuries.
- b. The claimant has not recovered completely from the effects of the injuries described in item 7, and the following injuries from which the claimant has not recovered are temporary *(describe the remaining injuries)*:

- Continued on Attachment 9b.

Petition to Approve Compromise for Protected Person

Claimant Name:	Claimant ID:
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c. The claimant has not recovered completely from the effects of the injuries described in item 7, and the following injuries from which the claimant has not recovered as permanent (*describe the permanent injuries*):

Continued on Attachment 9c.

10. **Petitioner has made a careful and diligent inquiry and investigation to ascertain the facts relating to the incident or accident in which the claimant was injured; the responsibility for the incident or accident; and the nature, extent, and seriousness of the claimant’s injuries. Petitioner fully understands that if the compromise proposed in this petition is approved by the Special Master and is consummated, the claimant will be forever barred from seeking any further recovery of compensation from the Fire Victim Trust even though the claimant’s injuries may in the future appear to be more serious than they are now thought to be.**

11. **Amount and terms of settlement.**

- a. By way of settlement, the Fire Victim Trust has awarded the following settlement offer (subject to *pro rata* distribution) to the claimant: \$ _____
- b. The terms of settlement are as follows (*if the settlement is to be paid in installments, both the total amount and the present value of the settlement must be included*):

Defendants and amounts offered continued on Attachment 11.

12. **Settlement payment to others**

- a. No defendant named in item 11b has offered to pay money to any person or persons other than the claimant to settle claims arising out of the same incident or accident that resulted in the claimant’s injury.
- b. By way of settlement, one or more defendants named in item 11b have also offered to pay money to a person or persons other than claimant to settle claims arising out of the same incident or accident that resulted in the claimant’s injury.
 - (1) The total amount offered by all defendants to others (*specify*): \$ _____
 - (2) Petitioner is not is a claimant against the recovery of the claimant (other than for reimbursement for expenses paid by petitioner and listed under item 15). (*If you answered “is,” explain in Attachment 12 the circumstances and the effect your claim has on the proposed compromise of the claim or action described in this petition.*)
 - (3) Petitioner is not is a plaintiff in the same action with the claimant. (*If you answered “is,” explain in Attachment 12 the circumstances and the effect your claim and its disposition has on the proposed compromise of the claim or action described in this petition.*)
 - (4) Petitioner would receive money under the proposed settlement.

(5) The settlement payments are to be apportioned and distributed as follows:

<u>Other plaintiffs of claimants (names)</u>	<u>Amounts</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Additional plaintiffs of claimants and amounts are listed on Attachment 12.

(6) Reasons for the apportionment of the settlement payments between the claimant and each other plaintiffs of claimant named above are specified on Attachment 12.

Petition to Approve Compromise for Protected Person

Claimant Name:	Claimant ID:
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13. The claimant's medical expenses, including medical expenses paid by petitioner and insurers, to be reimbursed from proceeds of settlement or judgment

a. Totals

- (1) Total medical expenses: \$ _____
- (2) Total outstanding medical expenses to be paid from the proceeds: \$ _____
- (3) Total out-of-pocket, co-payments, or deductible payments to be reimbursed from proceeds: \$ _____

b. Medical expenses were paid and are to be reimbursed from the proceeds as follows:

(1) Paid by petitioner in the amount of: \$ _____

(2) Paid by private health insurance or a self-funded plan under:

(a) An Employee Retirement Income Security Act (ERISA) insured plan.

(b) An ERISA self-funded plan.

(c) A Non-ERISA insured plan.

(d) A Non-ERISA self-funded plan.

(e) Amount paid by plan: \$ _____

(f) Amount of reimbursement to the plan from proceeds of the Settlement Offer:

(i) No reimbursement is requested by the plan.

(ii) Reimbursement is to be made to the plan and:

(A) There is a contractual reduction of \$ (_____)

(B) There is a negotiated reduction of \$ (_____)

(C) No reduction has been agreed to,

for total reimbursement to the plan in the amount of: \$ _____

(3) Paid by Medicare in the amount of:

Less the statutory reduction in the amount of: \$ _____

for a total reimbursement to Medicare in the amount of: \$ (_____)

(Attach a copy of the final Medicare demand letter or letter agreement as Attachment 13b(3).) \$ _____

(4) Paid by Medi-Cal in the amount of: \$ _____

(a) Notice of this claim or action has been given to the State Director of Health Care Services under Welfare and Institutions Code section 14124.73. A copy of the notice and proof of its delivery is attached

was filed in this matter on *(date)*: _____

(b) Notice of this claim or action has **not** been given to the State Director of Health Care Services under Welfare and Institutions Code section 14124.73.

(Explain why notice has not been given in Attachment 13b(4).)

(c) In full satisfaction of its lien rights, Medi-Cal has agreed to accept reimbursement in the amount of:

\$ _____

(Attach a copy of the final Medi-Cal demand letter or letter agreement as Attachment 13b(4).)

Petition to Approve Compromise for Protected Person

Claimant Name:	Claimant ID:
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(d) Petitioner is entitled to a reduction of the Medi-Cal lien under Welfare and Institutions Code section 14124.67 and:

- (i) Is filing a motion seeking a reduction of the lien concurrently with this petition.
- (ii) Requests that the court reserve jurisdiction over this issue.

The amount of the lien in dispute is: \$ _____

(5) (a) There are one or more statutory or contractual liens of medical service providers for payment of medical expenses. The total amount claimed under these liens is: \$ _____. In full satisfaction of their lien claims, the lienholders have agreed to accept the total sum of: \$ _____

(Provide requested information on each lienholder and certain other medical service providers below.)

(b) The name of each medical service provider that furnished care and treatment to claimant and (1) has a lien for all or any part of the charges or (2) was paid (or will be paid from the proceeds) by petitioner for which petitioner requests reimbursement; the amounts charged and paid; the amount of negotiated reduction of charges, if any; and the amount to be paid from the proceeds of the settlement or judgment to each provider are as follows:

(i) (A) Provider (*name*): _____

(B) Address: _____

(C) Amount charged: \$ _____

(D) Amount paid (whether or not by insurance): \$ (_____)

(E) Negotiated reduction, if any: \$ (_____)

(F) Amount to be paid from proceeds of settlement or judgment: \$ _____

(ii)(A) Provider (*name*): _____

(B) Address: _____

(C) Amount charged: \$ _____

(D) Amount paid (whether or not by insurance): \$ (_____)

(E) Negotiated reduction, if any: \$ (_____)

(F) Amount to be paid from proceeds of settlement or judgment: \$ _____

Continued on Attachment 13b(5). *(Provide information about additional providers in the above format, including providers paid or to be paid by petitioner for which reimbursement is requested in item 13b(1) above.)*

14. The claimant's attorney's fees and all other expenses (except medical expenses), including expenses advanced by claimant's attorney or paid or incurred by petitioner to be reimbursed from proceeds of settlement or judgment

a. Total amount of attorney's fees for which Special Master approval is requested: \$ _____

(If fees are requested, attach as Attachment 14a, a declaration from the attorney explaining the basis for the request, including a discussion of applicable factors listed in rule 7.955(b) of the Cal. Rules of Court. Respond to item 18a(2) on page 7 and attach a copy of any written attorney fee agreement as Attachment 18a.)

b. The following additional items of expense (other than medical expenses) have been incurred or paid, are reasonable, resulted from the incident or accident, and should be paid out of claimant's share of the proceeds of the settlement or judgment:

Petition to Approve Compromise for Protected Person

Claimant Name:	Claimant ID:
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<u>Items</u>	<u>Payees (names)</u>	<u>Amounts</u>
		\$ _____
		\$ _____
		\$ _____
		Total: \$ _____

Continued on Attachment 14b

15. Reimbursement of expenses paid by petitioner

a. Petitioner has paid none of claimant’s expenses listed in items 13 and 14 for which reimbursement is requested.

b. Petitioner has paid (or become obligated to pay) the following total amounts of the claimant’s expenses for which reimbursement is requested:

(1) Medical expenses listed in item 13: \$ _____

(2) Attorney’s fees included in the total fee amount shown in item 14a: \$ _____

(3) Other expenses included in the total amount shown in item 14b: \$ _____

Total: \$ _____

(Attach proofs of the expenses incurred and payments made or obligations to pay incurred, e.g., bills or invoices, canceled checks, credit card statements, explanations of benefits from insurers, etc.)

16. Net balance of proceeds for Claimant

The balance of the proceeds of the proposed settlement or judgment remaining for the claimant after payment of all requested fees and expenses is: \$ _____

17. Summary

a. Gross amount of proceeds of settlement or judgment for claimant: \$ _____

b. Medical expenses to be paid from proceeds of settlement or judgment: \$ _____

c. Attorney’s fees to be paid from proceeds of settlement or judgment: \$ _____

d. Expenses (other than medical) to be paid from proceeds of settlement or judgment: \$ _____

e. Total of fees and expenses to be paid from proceeds of settlement or judgment *(add (b), (c), and (d))*: \$ _____

f. Balance of proceeds of settlement or judgment available for claimant after payment of all fees and expenses *(subtract (e) from (a))*: \$ _____

18. Information about attorney representing or assisting petitioner

a. Petitioner has not been represented or assisted by an attorney in preparing this petition or in any other way with respect to the claim asserted. Petitioner and the attorney do not do have an agreement for services provided in connection with the claim giving rise to this petition. *(If you answered “do,” attach a copy of the agreement as Attachment 18a, about complete items 18b.-18f.)*

b. Petitioner has been represented or assisted by an attorney in preparing this petition or in any other way with respect to the claim asserted. Petitioner and the attorney do not do have an agreement for services provided in connection with the claim giving rise to this petition. *(If you answered “do,” attach a copy of the agreement as Attachment 18a, about complete items 18b.-18f.)*

c. The attorney who has represented or assisted petitioner is *(name)*: _____

(1) State Bar number: _____

(2) Law Firm: _____

Petition to Approve Compromise for Protected Person

Claimant Name:	Claimant ID:
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(3) Address:

(4) Telephone number: _____

d. The attorney has not has received attorney's fees or other compensation in addition to that requested in this petition for services provided in connection with the claim giving rise to this petition. *(If you answered "has," identify the person who paid the fees or other compensation, the amounts paid and, the dates of payment.)*

<u>From whom (names)</u>	<u>Amounts</u>	<u>Dates</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Continued on Attachment 18c.

e. The attorney did not did become concerned with this matter, directly or indirectly, at the instance of a party against whom the claim is asserted or a party's insurance carrier. *(If you answered "did," explain the circumstances in Attachment 18d.)*

f. The attorney is not is representing or employed by any other party or any insurance carrier involved in the matter. *(If you answered "is," identify the party or carrier and explain the relationship in Attachment 18e.)*

g. The attorney does not does expect to receive attorney's fees or other compensation in addition to that requested in this petition for services provided in connection with the claim giving rise to this petition. *(If you answered "does," identify the person who will pay the fees or other compensation, the amounts to be paid, and the expected dates of payment):*

<u>From whom (names)</u>	<u>Amounts</u>	<u>Expected dates</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Continued on Attachment 18f.

19. Disposition of balance of proceeds of settlement or judgment

Petitioner requests that the balance of the proceeds of the settlement or judgment be disbursed as follows:

a. There is a guardianship of the estate of the minor or conservatorship of the estate of the adult person with a disability filed in *(name of court)*: _____

Case no: _____

(1) \$ _____ of the proceeds will be paid or delivered to the guardian of the estate of the minor or the conservator of the estate of the conservatee. The money is specified in Attachment 19a(1).

(2) Petitioner is the guardian or conservator of the estate of the minor or the adult person with a disability. Petitioner requests authority to deposit or invest \$ _____ of the proceeds to be paid or delivered under 19a(1) with one or more financial institutions in this state or with a trust company, subject to withdrawal only as authorized by a court. The name, branch, and address of each financial institution or trust company are specified in Attachment 19a(2).

(3) Petitioner proposes that all or a portion of the proceeds **not** become part of the guardianship or conservatorship estate. Petitioner requests authority to deposit or transfer these proceeds as follows *(check all that apply)*:

Petition to Approve Compromise for Protected Person

Claimant Name:	Claimant ID:
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- (a) \$ _____ will be deposited in insured accounts in one or more financial institutions in this state from which no withdrawals can be made without a court order. The name, branch, and address of each depository are specified in Attachment 19a(3).
- (b) \$ _____ will be invested in a single-premium deferred annuity subject to withdrawal only on order of the court. The terms and conditions of the annuity are specified in Attachment 19a(3).
- (c) \$ _____ will be transferred to a custodian for the benefit of the minor under the California Uniform Transfers to Minors Act. The name and address of the proposed custodian and the property to be transferred are specified in Attachment 19a(3).
- (d) \$ _____ will be transferred to the trustee of a special needs trust under Probate Code sections 3602(d) and 3604 for the benefit of the minor or the adult person with a disability. The terms of the proposed special needs trust and the property to be transferred are specified in Attachment 19a(3).
- b. There is no guardianship of the estate of the minor or conservatorship of the estate of the adult person with a disability. Petitioner requests that the balance of the proceeds of the settlement or judgment be disbursed as follows (*check all that apply*):
- (1) A guardian of the estate of the minor or a conservator of the estate of the adult person with a disability will be appointed. \$ _____ will be paid or delivered to the person so appointed. The proceeds are specified in Attachment 19b(1).
- (2) \$ _____ will be deposited in insured accounts in one or more financial institutions in this state, subject to withdrawal only upon authorization of the court. The name, branch, and address of each depository are specified in Attachment 19b(2).
- (3) \$ _____ will be invested in a single-premium deferred annuity, subject to withdrawal only upon the authorization of the court. The terms and conditions of the annuity are specified in Attachment 19b(3).
- (4) \$ _____ will be paid or transferred to the trustee of a special needs trust under Probate Code sections 3604 and 3611(c) for the benefit of the minor or the adult person with a disability. The terms of the proposed special needs trust and the money to be paid or transferred are specified in Attachment 19b(4).
- (5) \$ _____ will be paid or delivered to a parent of a minor, upon the terms and under the conditions specified in Probate Code sections 3401-3402, without bond. The name and address of the parent and the money to be paid or transferred are specified in Attachment 19b(5). (*Value of minor's entire estate, included the money or property to be delivered, must not exceed \$5,000.*)
- (6) \$ _____ will be transferred to a custodian for the benefit of the minor under the California Uniform Transfers to Minors Act. The name and address of the proposed custodian and the money to be transferred are specified in Attachment 19b(6).
- (7) \$ _____ will be held on such conditions as the court in its discretion determines is in the best interest of the minor or the adult person with a disability. The proposed conditions are specified on Attachment 19b(8). (*Value must not exceed \$20,000.*)
- (8) \$ _____ will be deposited with the county treasurer of the County of (*name*): _____. The deposit is authorized under and subject to the conditions specified in Probate Code section 3611(h).
- (9) \$ _____ will be paid or transferred to the adult person with a disability. The money or other property is specified in Attachment 19b(11).
- Continued on Attachment 19.

Claimant Name:	Claimant ID:
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20. **Statutory liens for special needs trusts**

Petitioner requests a court order for payment of funds to a special needs trust (*explain how statutory liens under Probate Code section 3604, if any, will be satisfied*):

Continued on Attachment 20.

21. **Additional orders**

Petitioner requests the following additional orders (*specify and explain*):

Continued on Attachment 21.

22. Petitioner recommends the compromise settlement or the proposed disposition of the proceeds of the settlement or judgment for the claimant to the Special Master as being fair, reasonable, and in the best interest of the claimant and requests that the Special Master approve this compromise settlement or proposed disposition and make such other and further orders as may be just and reasonable.

23. Number of pages attached: _____

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY)

▶ _____
(SIGNATURE OF ATTORNEY)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME OF PETITIONER)

▶ _____
(SIGNATURE OF PETITIONER)

EXHIBIT “2”



ORDER APPROVING COMPROMISE FOR PROTECTED PERSON

ATTORNEY or PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>	<i>FOR SPECIAL MASTER USE ONLY</i>		
TELEPHONE NO.		CLAIMANT NAME	
E-MAIL ADDRESS		CLAIMANT ID	
PETITION TO APPROVE: <input type="checkbox"/> COMPROMISE OF DISPUTED CLAIM <input type="checkbox"/> COMPROMISE OF PENDING ACTION <input type="checkbox"/> DISPOSITION OF PROCEEDS OF JUDGMENT <input type="checkbox"/> Minor <input type="checkbox"/> Person With A Disability			

1. Petitioner (name): _____ has petitioned for Special Master approval of a proposed compromise of a disputed claim of a minor or a pending action involving a minor or a person with a disability or a proposed disposition of the proceeds of a judgment for a minor or a person with a disability.

2. Hearing

- a. No hearing was held.
- b. Date: _____ Time: _____
- c. Special Master: Hon. Ellen Sickles James (Ret.)

3. Relationship to claimant

Petitioner has the following relationship or relationships to claimant *(check all applicable boxes)*:

- a. Parent
- b. Guardian ad litem
- c. Guardian
- d. Conservator
- e. Claimant, an adult person with a disability, is the petitioner.
- f. Other *(specify)*: _____

4. Claimant (name): _____

- a. is a minor
- b. is a "person with a disability" within the meaning of Probate Code section 3603 who is:
 - (1) An adult. Claimant's date of birth is *(specify)*:
 - (a) Without a conservator. Claimant has capacity to consent to this order, per the meaning of Probate Code section 812, and has consented to this order.
 - (b) A conservatee; a person for whom a conservator may be appointed; or without capacity to consent to this order, per the meaning of Probate Code section 812.
 - (2) A minor described in Probate Code section 3603(b)(3).

Claimant Name:	Claimant ID:
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5. Defendant

The claim or action to be compromised is asserted, or the judgment is entered, against *(name of settling or judgment defendant or defendants (the "payer"))*:

6. THE SPECIAL MASTER FINDS that all notices required by law have been given.

7. THE SPECIAL MASTER ORDERS

- a. The petition is granted and the proposed compromise of claim or action or the proposed disposition of the proceeds of the judgment is approved. The gross amount or value of the settlement of judgment in favor of claimant is \$ _____.
- b. Until further order of the Special Master, jurisdiction is reserved to determine a claim for a reduction of a Medical lien under Welfare and Institutions Code section 14124.76. The amount shown payable to the Department of Health Care Services in item 7c(1)(d) of this order is the full amount of the lien claimed by the department but is subject to reduction on further order of the Special Master upon determination of the claim for reduction.
- c. The payer shall disburse the proceeds of the settlement or judgment approved by this order in the following manner:

(1) Payment of fees and expenses

Fees and expenses shall be paid by one or more checks or drafts, drawn payable to the order of the petitioner and the petitioner's attorney, if any, or directly to third parties entitled to receive payment identified in this order for the following items of expense or damage, which are hereby authorized to be paid out of the proceeds of the settlement or judgment:

- (a) Attorneys' fees in the total amount of: \$ _____ payable to *(specify)*: _____
- (b) Reimbursement for medical and all other expenses paid by the petitioner or the petitioner's attorney in the total amount of: \$ _____
- (c) Medical, hospital, ambulance, nursing, and other like expenses payable directly to providers as follows, in the total amount of: \$ _____
- (i) Payee *(name)*: _____
 (A) Address: _____
 (B) Amount: \$ _____
- (ii) Payee *(name)*: _____
 (A) Address: _____
 (B) Amount \$ _____
- Continued on Attachment 7c(1)(c). *(Provide information about additional payees in the above format.)*
- (d) Other authorized disbursements payable directly to third parties in the total amount of: \$ _____
(Describe and state the amount of each item and provide the name and address of each payee):
- Continued on Attachment 7c(1)(d).
- (e) Total allowance for fees and expenses from the settlement or judgment: \$ _____

Claimant Name:	Claimant ID:
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(2) Balance

The balance of the settlement or judgment available for claimant after payment of all allowed fees and expenses is: \$ _____

The balance shall be disbursed as follows:

- (a) By one or more checks or drafts in the total amount of (*specify*): \$ _____ drawn payable to the order of the petitioner as trustee for the claimant. Each such check or draft must bear an endorsement on the face or reverse that it is for deposit in one or more interest-bearing, federally insured accounts in the name of the petitioner as trustee for the claimant, and no withdrawals may be made from the accounts except as provided in the *Order to Deposit Money Into Blocked Account* (form MC-355), which is signed contemporaneously with this order ("blocked account").
- (b) By the following method(s) (*describe each method, including the amount to be disbursed*):
- Continued on Attachment 7c(2)(b).
- (c) If money is to be paid to a special needs trust under Probate Code section 3604, all statutory liens in favor of the state Department of Health Care Services, the state Department of Mental Health, the state Department of Developmental Services, and any city and county in California must first be satisfied by the following method (*specify*):

Continued on Attachment 7c(2)(c).

8. Further orders of the Special Master concerning blocked accounts

The Special Master makes the following additional orders concerning any part of the balance ordered to be deposited in a blocked account under item 7c(2)(a):

- a. Within 48 hours of receipt of a check or draft described in item 7c(2)(a), the petitioner and the petitioner's attorney, if any, must deposit the check or draft in the petitioner's name as trustee for the claimant in one or more blocked accounts at (*specify name, branch, and address of each depository, and the amount of each account*):
- Continued on Attachment 8a.
- b. The petitioner and the petitioner's attorney, if any, must deliver to each depository at the time of deposit three copies of the *Order to Deposit Money Into Blocked Account* (form MC-355), which is signed contemporaneously with this order, and three copies of the *Receipt and Acknowledgment of Order for the Deposit of Money Into Blocked Account* (form MC-356). The petitioner or the petitioner's attorney must file a copy of the receipt with this Special Master within 15 days of the deposit. The sole responsibilities of the petitioner and the petitioner's attorney, if any, are to place the balance in a blocked account or accounts and to timely file a copy of the receipt.
- c. The balance of the proceeds of the settlement or judgment deposited in a blocked account or accounts under item 7c(2)(a) may be withdrawn only as follows (*check (1) or (2)*):
- (1) No withdrawals of principal or interest may be made from the blocked account or accounts without a further written order under this case name and number, signed by a judge, and bearing the seal of this Special Master. The money on deposit is not subject to escheat.

Order Approving Compromise for Protected Person

Claimant Name:	Claimant ID:
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(2) The blocked account or accounts belong to a minor. The minor was born on *(date)*: _____

No withdrawals of principal or interest may be made from the blocked account or accounts without a further written order under this case name and number, signed by a judicial officer, and bearing the seal of this Special Master, until the minor attains the age of 18 years. When the minor attains the age of 18 years, the depository, without further order of this Special Master, is authorized and directed to pay by check or draft directly to the former minor, upon proper demand, all moneys including interest deposited under this order. The money on deposit is not subject to escheat.

9. Authorization to execute settlement document

The petitioner is authorized to execute settlement documents as follows *(check only one)*:

- a. Upon receipt of the full amount of the settlement sum approved by this order and the deposit of funds, the petitioner is authorized and directed to execute and deliver to the payer a full, complete, and final release and discharge of any and all claims and demands of the claimant by reason of the accident or incident described in the petition and the resultant injuries to the claimant and a properly executed dismissal with prejudice.
- b. The petitioner is authorized and directed to execute any and all documents reasonably necessary to carry out the terms of the settlement.
- c. The petitioner is authorized and directed *(specify)*:

Continued on Attachment 9c.

10. Bond is ordered and fixed in the amount of: \$ _____ not required.

11. A copy of this order shall be served on the payer forthwith.

12. Additional orders

The Special Master makes the following additional orders *(specify)*:

Continued on Attachment 12.

Date: _____

Hon. Ellen Sickles James (Ret.)
Special Master, Fire Victim Trust

Signature follows last attachment