## Claimant's checklist

1.	Perso	onal details	
Pleas	e provid	de the following details concerning	the person under a legal disability
Full N	lame		
D-1-	- f Diada		
Date	of Birth		
Litiga	tion Gua	ardian's details	
(a)	Name		
(b)	Addre		
(c) (d)	-	hone number address	
(-)			
2.	Туре	of claim	
Pleas	e advis	e whether the claim is a depender	ncy claim or personal injuries claim
(a)		nal injuries claim	
(b)		ndency claim	
3.	Inforn	nation about claim	
Pleas	e advis	e us in narrative form details of the	e following matters
(a)	Perso	onal injuries claim	
	(i)	Circumstances giving rise to	
		claim  Provide a brief outline of the	
		incident including date of the	
		accident, parties involved	
	(ii)	Contributory Negligence	□ Yes □ No
		Has contributory negligence been alleged by the defendant	
		and/or conceded by the	
		plaintiff? If so provide details	
	(iii)	Analysis of Injuries and Treatment	
		Describe the duration and	
		degree of pain and suffering and inconvenience suffered by	
		the person. How long was the	
		period of confinement in hospital?	

	(iv)	Residual Disability Is there any residual disability? If so, please advise how this was taken into account in reaching the compromise	☐ Yes ☐ No
-	(\(\alpha\)	Residual Disfigurement (eg	
	(v)	scarring)	
		Describe the extent of any disfigurement caused by the	
		accident. If any, please advise how this was taken into	
		account in reaching the compromise. – see item 6(a)	
	(vi)	Recovery	
		Provide evidence that the claimant's injuries have	
		reached maximum medical improvement and are stable	
		·	
(b)	Depe	ndency claim	
(b)		ndency claim	
(b)	(i)	Circumstances giving rise to claim	
(b)		Circumstances giving rise to claim  Provide a brief outline of the	
(b)		Circumstances giving rise to claim  Provide a brief outline of the incident including date of the accident, date of birth and	
(b)		Circumstances giving rise to claim  Provide a brief outline of the incident including date of the	
(b)		Circumstances giving rise to claim  Provide a brief outline of the incident including date of the accident, date of birth and date of death of parent, parties involved in accident, cause of death  Contributory Negligence	□ Yes □ No
(b)	(i)	Circumstances giving rise to claim  Provide a brief outline of the incident including date of the accident, date of birth and date of death of parent, parties involved in accident, cause of death  Contributory Negligence Has contributory negligence been alleged by the defendant	□ Yes □ No
(b)	(i)	Circumstances giving rise to claim  Provide a brief outline of the incident including date of the accident, date of birth and date of death of parent, parties involved in accident, cause of death  Contributory Negligence Has contributory negligence	□ Yes □ No
(b)	(i)	Circumstances giving rise to claim  Provide a brief outline of the incident including date of the accident, date of birth and date of death of parent, parties involved in accident, cause of death  Contributory Negligence Has contributory negligence been alleged by the defendant and/or conceded by the	□ Yes □ No
(b)	(i)	Circumstances giving rise to claim  Provide a brief outline of the incident including date of the accident, date of birth and date of death of parent, parties involved in accident, cause of death  Contributory Negligence Has contributory negligence been alleged by the defendant and/or conceded by the	□ Yes □ No
(b)	(i)	Circumstances giving rise to claim  Provide a brief outline of the incident including date of the accident, date of birth and date of death of parent, parties involved in accident, cause of death  Contributory Negligence Has contributory negligence been alleged by the defendant and/or conceded by the plaintiff? If so provide details  Number of Dependents Provide the names, dates of	□ Yes □ No
(b)	(i)	Circumstances giving rise to claim  Provide a brief outline of the incident including date of the accident, date of birth and date of death of parent, parties involved in accident, cause of death  Contributory Negligence Has contributory negligence been alleged by the defendant and/or conceded by the plaintiff? If so provide details  Number of Dependents Provide the names, dates of birth and relationship to the deceased of all parties liable	□ Yes □ No
(b)	(i)	Circumstances giving rise to claim  Provide a brief outline of the incident including date of the accident, date of birth and date of death of parent, parties involved in accident, cause of death  Contributory Negligence Has contributory negligence been alleged by the defendant and/or conceded by the plaintiff? If so provide details  Number of Dependents Provide the names, dates of birth and relationship to the	□ Yes □ No

	(iv)	Deceased's Contributions to Dependents	
		Outline the basis on which the deceased contributed to the dependents if not described in	
		Counsel's opinion	
	(v)	Dependent's Needs	
		Outline the needs of the dependent for support and	
		education and medical requirements if not described in Counsel's opinion	
	(vi)	Proposed Division of Claim and costs	
		Outline the proposed division of the settlement monies	
		between the dependents and the allocation of costs if not described in Counsel's opinion	
4.	Term	s of settlement/compromise	
Pleas	se provi	de us with details of the following	
(a)	Litiga		
		de details of any litigation uted, and the stage reached	
		,	
(b)		de the full name, address and	
	the T	of insurer or other party to whom ax Invoice for the Sanction Fee be addressed	
(c)		tion Guardian Approval	☐ Yes ☐ No
		he litigation guardian agreed to ettlement?	(may be provided in the form of consent to terms of settlement / insurer's form referred to at 6(b))
(d)	Solici	tors Approval	☐ Yes ☐ No
	that t	the person's solicitor consider he settlement is for his or her fit and recommend it?	
(-)	Other	- NA - 11	
(e)		r Matters nere any other matters not	☐ Yes ☐ No
	cover	ed by the above headings which	
		elevant to question of either ty or quantum?	
(f)		ement/Compromise	
	What	are the terms of the Settlement?	

## 5. Calculation of damages Please list the amount of damages to be paid by the following separate headings Personal Injuries Claims (a) (i) General Damages \$ ..... (ii) **Special Damages** \$ ..... Medicare Refund **Medical Expenses** \$ ..... Loss of Wages \$ ..... \$ ..... Other Special Damages Refund to Workers \$ ..... Comp \$ ..... **Future Expenses** Legal costs paid by \$ ..... defendant Griffiths v Kerkemeyer \$ ..... (iii) damages Administrative Fees \$ ..... (iv) \$ ..... Sanction Fees (v) Any other Fees or Damages (vi) \$ ..... agreed (b) **Dependency Claims General Damages** \$ ..... (i) (ii) **Special Damages** \$ ..... **Funeral Expenses** \$ ..... Legal Costs paid by the \$ ..... defendant \$ ..... (iii) Refunds Administrative Fees \$ ...... (iv) Sanction Fees \$ ..... (v)

## 6. Relevant documents (a) **Medical Reports** These should address the injuries sustained and the issue of residual disability/residual disfigurement including colour photographs if applicable

(b) Release, Discharge and Indemnity form / Terms of Settlement form Insurer's Form signed by the Litigation Guardian

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'	Y es	No

(c)	Current Medicare Notice of Charge	☐ Yes ☐ No	
	Required if the total amount payable by the insurer is over \$5,000		
(d)	Counsel's opinion	☐ Yes ☐ No	
	Required if obtained		
(e)	Statement of Claim & Defence Required if issued	□ Yes □ No	
7.	Claim for indemnity costs and outlays		
	solicitor acting for the person is claiming de the following further information	for Indemnity Costs and Outlays, they will need to	
(a)	Standard Costs	☐ Yes ☐ No	
	(i) Have the standard costs and outlays been agreed or assessed either in-house or externally? If so, what are the individual amounts of these costs and outlays?		
	<ul><li>(ii) If an assessment has been obtained provide a copy of same.</li></ul>		
(b)	Payment	☐ Yes ☐ No	
	Has any amount already been received on account of standard costs and outlays?		
(c)	Indemnity Costs and Outlays Claim		
	(i) What sums are sought to be		
	recovered for each of indemnity costs and indemnity outlays?		
	(ii) Provide copies of invoices for		
	Counsel's fees, medico legal reports and other reports		
	involving expenditure in excess of \$1,000		
	Note – the Public Trustee does not require, and initially requests you do not obtain, an assessment of costs		
	from a professional legal costs assessor and will not agree to payment of cost assessors fees		
_	unless the Public Trustee requests such an assessment		
(d)	Client Agreement	☐ Yes ☐ No	
	Has the Litigation Guardian entered into a Client Agreement? If so provide a copy of the Agreement and a copy of the Disclosure Notice		

(e)	Litigation Guardian's Consent	☐ Yes ☐ No
	Has the Litigation Guardian been consulted and agreed to the amount of indemnity costs and outlays referred to in (c)?	