Print Form

IN THE PROBATE COURT OF MAHONING COUNTY, OHIO

IN THE MATTER OF THE	)	**CASE NO.:** _____
☐ **GUARDIANSHIP**	)	
☐ **TRUST**	)	**JUDGE TIMOTHY P. MALONEY**
☐ **ESTATE**	)	
☐ **MINOR'S SETTLEMENT**	)	**LITIGATION STATUS REPORT**
OF/FOR: _____	)	**[Loc. R. 78.10(B)]**

The undersigned Fiduciary and the Attorney of Record represent that this is the_____ Litigation Status Report (last report filed on _____) under the above case and their report follows.

I. GENERAL STATUS

☐ **Inventory** Filed on : _____ Amendment filed on: _____

Approved ☐ Yes ☐ No Date: _____

Reason _____ ☐ Account

☐ _____ Partially filed/waived on : _____

☐ Distributive account filed on:

☐ **Guardian's Report** Last filed on: _____

II. NATURE OF CLAIM

☐ **Action by the Estate** ☐ **Action against the Estate**

☐ **Personal Injury** ☐ **Will Contest** ☐ **Will Construction**

☐ **Complaint to Sell** ☐ **Declaratory Judgment** ☐ **Concealment**

☐ **Wrongful death/survival** ☐ **Other (Describe)**

- ☐ Medical Malpractice
- ☐ Personal Injury
- ☐ Product Liability/Asbestos

III. ACTION TAKEN

☐ **No complaint has yet been filed** against any defendant(s), but the claim is being negotiated with

_____ on behalf of _____

(Representative, Insurer, Other) [Name of class or potential defendant(s)]

☐ **A complaint or other initiating pleading has been filed.** (*You must attach a face copy or summary of the complaint, **for cases filed other than before the Mahoning County Probate Court**, which identifies the court, case number, the date of filing, the litigants, the nature of the complaint and the identity of the attorney(s) who prepared/filed the action.*)

-Service complete ☐ Yes ☐ No

-Discovery ☐ Pending ☐ Completed

-Motions filed/pending. ☐ Yes ☐ No Describe: _____

-Pretrial set ☐ Yes ☐ No Date: _____

-Trial Date _____

☐ **A representation agreement between the Fiduciary and Litigation Counsel** for the claim/litigation

☐ has/☐ has not been approved by the Court. If approved, date _____

☐ **Bond** Filed on: _____ Amount of Bond: $ _____

Value of the Claim $ _____

IV. ADDITIONAL DISCLOSURES

Based upon the nature of the claim/litigation under this estate, the case is subject to the special disclosure Rules of the Court (Loc. R. 70.5 and/or 70.6). The Fiduciary and the Attorney of Record therefore report the following additional information:

☐ The Federal Tax Identification Number for this estate is : _____

☐ A wholly restricted, interest bearing account has been opened in the name of the estate and "*f.b.o. Wrongful Death/Survival Beneficiaries,*" with _____ on , _____
(Name of financial institution) (Date)

No. _____
(Account Number)

☐ All of the monies *received* under partial settlement(s) approved by the Court ☐ have/☐ have not been deposited as required by the Local Rules of Court since the filing of the estate's last *Report*. (If not, attach a supplemental explanation. That explanation must distinguish between those defendants who have settled and paid, and those who have settled but not paid the agreed settlement monies.)

☐ All previous filings and entries under prior, partial settlements and/or distributions of the proceeds of the estate's claims ☐ have/ ☐ have not been fully corrected and amended, if necessary. (If not, attach a supplemental explanation.)

V. COMMENTS

Comments/explanations: _____

_____

_____

_____

Attorney of Record:

_____
Signature

_____
Typed Name

_____
Current Address (No P.O. Boxes)

_____
City, State, Zip Code

_____
Area Code/Phone

_____
Ohio Supreme Court Registration Number

Applicant/Fiduciary:

_____
Signature

_____
Typed Name/Title

_____
Current Address (No P.O. Boxes)

_____
City, State, Zip Code

_____
Area Code/Phone