

## Audit & Investigation Department Settlement or Judgment Confirmation

Date: \_\_\_\_\_

Lawyer:                      Name: \_\_\_\_\_  
   Address: \_\_\_\_\_  
   \_\_\_\_\_ Postal code: \_\_\_\_\_  
   Phone #: \_\_\_\_\_

Client:                      Name: \_\_\_\_\_  
   Address: \_\_\_\_\_  
   \_\_\_\_\_ Postal code: \_\_\_\_\_  
   Phone #: \_\_\_\_\_

LSS case #: \_\_\_\_\_ Referring office: \_\_\_\_\_

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**Please complete all information below.**

Details of Settlement/Judgment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of people supported by household income: \_\_\_\_\_

*List all current sources of income for the household and monthly amounts.*

Place of employment or source of income:	Monthly amount:

*Assets*

Asset:	Value:

Amount of Settlement/Judgment: \_\_\_\_\_

*Please attach supporting documentation (i.e., Order, Minutes of Settlement)*

Are the funds already in your Trust Account (or expected to be)?    YES                       NO

If YES, provide date (received or expected): \_\_\_\_\_

If NO, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your final bill been submitted?    YES                       NO