

**Date:** [Date]

**Client Name:** [Client Name]

**Address:** [Client Address]

**City, State, Zip:** [City, State, Zip]

**RE: Settlement Disbursement Statement**

**Case:** [Client Name] vs. [Defendant/Property Owner]

**Claim Number:** [Claim Number]

**Date of Incident:** [Date of Incident]

Dear [Client Name],

We are pleased to inform you that we have received the settlement funds regarding your slip and fall claim. Below is a detailed breakdown of the gross settlement amount and the deductions for legal fees, costs, and medical liens.

**1. GROSS SETTLEMENT AMOUNT:** \$[Total Amount]

**2. LEGAL FEES AND COSTS:**

- Attorney Fees ([Percentage]%) : \$[Amount]
- Court Filing Fees: \$[Amount]
- Medical Records Retrieval: \$[Amount]
- Expert Witness Fees: \$[Amount]
- Postage and Administrative Costs: \$[Amount]

**Total Fees and Costs:** (\$[Total Deductions])

**3. MEDICAL LIENS AND OUTSTANDING BILLS:**

- [Hospital/Provider Name]: \$[Amount]
- [Physical Therapy/Provider Name]: \$[Amount]
- [Health Insurance Subrogation]: \$[Amount]

**Total Medical Obligations:** (\$[Total Medical])

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**4. NET TO CLIENT:** \$[Final Check Amount]

By signing below, you acknowledge that you have reviewed this breakdown, agree to the distribution of funds, and authorize [Law Firm Name] to issue payment as outlined above.

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**Client Signature**

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**Date**

Sincerely,

[Attorney Name]  
[Law Firm Name]