

# Agreement To Disburse Funds From Settlement Proceeds

**Date:** [Insert Date]

**Client Name:** [Insert Client Name]

**Case Number/Reference:** [Insert Reference Number]

**Settlement Amount:** \$[Insert Total Settlement Amount]

I, [Insert Client Name], hereby authorize [Insert Law Firm/Attorney Name] to disburse the settlement funds received in connection with the above-referenced matter as follows:

Description	Payee	Amount
Total Gross Settlement	N/A	[\$0.00]
Attorney's Fees ([Insert %]%)	[Insert Law Firm Name]	[\$0.00]
Legal Costs/Expenses	[Insert Law Firm Name]	[\$0.00]
Medical Lien / Provider 1	[Insert Provider Name]	[\$0.00]
Medical Lien / Provider 2	[Insert Provider Name]	[\$0.00]
Outstanding Reimbursements	[Insert Entity Name]	[\$0.00]
<b>Net Amount to Client</b>	<b>[Insert Client Name]</b>	<b>[\$0.00]</b>

## Acknowledgment:

By signing below, I acknowledge that I have reviewed the disbursement schedule above and agree that it accurately reflects the distribution of my settlement proceeds. I understand that once these payments are made, the Law Firm's obligation regarding the distribution of these specific funds is satisfied.

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**Client Signature**

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**Date**

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**Attorney/Firm Representative Signature**

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**Date**