



SETTLEMENT SUMMARY SHEET

Attorney: Please complete Parts A through C and initial this Schedule A where indicated at the end of this Schedule (see page 2 below).

Part A: Claim-Related Information:

1. Claimant Information

Claimant: _____

Address: _____

2. Defendant: _____

3. If different from Defendant, name of insurance company responsible for paying the Settlement Amount:

4. Defendant/Insurance Company Claim No. _____

5. Insurance Company Adjustor Name:* _____

Insurance Company Adjustor Telephone Number:* _____

6. Defendant/Insurance Company Attorney Name:* _____

Defendant/Insurance Company Telephone Number:* _____

* Modeso may use this information to contact the Insurance Company Adjustor and/or Defendant Insurance Company Attorney if, and only if, Modeso has not received the Assignment Amount within 60 days of the Settlement Date.

7. Settlement Date: _____

8. Settlement Amount: _____ Dollars (\$ _____)

Part B: Attorney Information:

1. Contact and Related Information

Name of Firm: _____

Federal Tax Identification Number: _____

Name of primary Attorney(s) at firm representing Claimant in connection with Claim: _____

Attorney's File No. for Claim: _____

Nature of Firm (e.g. LLP, professional corporation): _____

Address: _____

Jurisdiction of Formation of Firm: _____

Telephone Number: _____

Professional Liability Carrier: _____

Telecopier Number: _____

Cellular Number: _____

Limits of Liability: _____

Email Address _____

2. Attorney Fees in connection with the Claim (including all contingency and other fees, but excluding reimbursable expenses):

_____ Dollars (\$ _____)

3. Amount Requested to be Accelerated:

_____ Dollars (\$ _____)

Part C: Form of Payment Election:

- Attorney elects to receive payment of the Consideration by check.
- Attorney elects to receive payment of the Consideration by wire transfer into the account referenced below (a charge of \$25 for such wire transfer shall be deducted from the Consideration by Modeso).

Attorney Escrow or Trust Account Information (complete if payment by wire transfer is elected):

Bank: _____

Account Name: _____

Bank Address: _____

ABA No.: _____

City: _____

Account No.: _____

State: _____ Zip: _____

Reference: _____

SCHEDULE OF LIENS

Part 1: Claimant Liens.

The Claimant's interest in the Claim is subject to the following claims, liens and/or other encumbrances (collectively, "Liens"):

<i>Lienholder</i>	<i>Value of Lien</i>	<i>Description of Lien</i>
_____ _____	\$ _____	_____ _____ _____
_____ _____	\$ _____	_____ _____ _____
_____ _____	\$ _____	_____ _____ _____

Part 2: Attorney Liens.

The fees payable to Attorney in respect of the Claim are subject to the following claims, liens and/or other encumbrances (collectively, "Liens"):

<i>Lienholder</i>	<i>Value of Lien</i>	<i>Description of Lien</i>
_____ _____	\$ _____	_____ _____ _____
_____ _____	\$ _____	_____ _____ _____

SCHEDULE OF DISBURSEMENTS

The following disbursements and other expenses are to be reimbursed to Attorney (whether on Attorney's own behalf or on behalf of one or more third-party providers) out of the Settlement Amount:

<i>Disbursement/Expense</i>	<i>Amount</i>
<hr/> <hr/>	\$ _____
<hr/> <hr/>	\$ _____
<hr/> <hr/>	\$ _____
<hr/> <hr/>	\$ _____
<hr/> <hr/>	\$ _____
<hr/> <hr/>	\$ _____
<hr/> <hr/>	\$ _____
<hr/> <hr/>	\$ _____
<hr/> <hr/>	\$ _____
Total	\$ _____

[Attach Claimant Release]

[Attach Retainer Agreement]