

# UNDERSTANDING MASS TORT SETTLEMENTS



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## Meet the Panelist



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# SETTING YOURSELF UP FOR SUCCESS



- READ THE ORDERS
- READ/UNDERSTAND THE SETTLEMENT AGREEMENT
- INTAKE- COLLECTING GREAT DATA
- ATTORNEY KNOWLEDGE ABOUT THE SETTLEMENT
- ORGANIZATION WILL BE YOUR BEST FRIEND

# PREPARING FOR THE RACE: TASK LIST



## CLIENT COMMUNICATION

- ANNOUNCEMENT
  - SPECIAL MASTERS
- PROPER FORMS / UPDATED FORMS
- OPT IN / OPT OUT

## TRACKING INVENTORY

- SETTLEMENT FORMS
- RECORDS / QUALIFICATIONS
- MISSING CLIENTS
- REFERRALS/CO-COUNSEL
- OPT IN/ OPT OUT
- CLIENT STATUS
  - MARRIED/DIVORCED
  - CLIENT CONTRACT
  - LIENS/BANKRUPTCY
    - MEDICAID/CARE
    - SSD
- KNOWING WHO QUALIFIES / WHO WILL NOT

# DUE DILIGENCE

I'LL JUST LOOK THEM UP ONLINE



AND CALL IT MY DUE DILIGENCE

# BANKRUPTCY V. LIENS: WHAT'S THE BIG DEAL?

## Bankruptcy

- Current vs. Discharged
- Trustee vs. Bk Attorney
- Single/Jt. Petition
- Chp. 7 vs. 13
- Settlement Disclosure

## Liens

- Resolution
  - Court Order
- Resolution Companies
  - Archer
  - Epiq
- Doc Tracking
  - Examples

**EXAMPLE:  
WHY IS IT  
IMPORTANT TO  
TRACK**

**STATEMENT REGARDING SETTLEMENT AMOUNT, BANKRUPTCY  
AND PRIVATE MEDICAL LIENS**

**PLEASE PUT AN X BY ONLY ONE:**

\_\_\_\_\_ I am currently involved in **bankruptcy proceedings** or have filed for bankruptcy in the past. If so, please list when and where the bankruptcy was filed:  
\_\_\_\_\_ (Date)  
\_\_\_\_\_ (County and State)  
\_\_\_\_\_ (If discharged, date of discharge)

**OR**

\_\_\_\_\_ I am NOT currently involved in **bankruptcy proceedings** and have never filed for bankruptcy in the past.

.....  
**PLEASE PUT AN X BY THOSE THAT APPLY:**

\_\_\_\_\_ Medical services I received in connection with **(DEFENDANT)**-related injuries and/or illnesses have been covered, whether in part or in whole, by private insurance company, TRICARE, the VA, or Indian Health Services. If so, fill in the following blanks where applicable:

Name of Private Insurance Company \_\_\_\_\_  
Private Insurance Co. Plan Number \_\_\_\_\_  
Military Branch or Tribe Affiliation: \_\_\_\_\_  
Treating Facility (for VA care only): \_\_\_\_\_  
Sponsor Name (if applicable): \_\_\_\_\_  
Sponsor Social Security Number (if applicable): \_\_\_\_\_

\_\_\_\_\_ I have been notified by a hospital, medical provider, or any of the above-identified entities that I owe money for medical services received in connection with **(DEFENDANT)**-related injuries and/or illnesses. HICN: \_\_\_\_\_

If so, please provide a copy of any written notices that you owe money for medical services received in connection with **(DEFENDANT)**-related injuries and/or illnesses you have received.

\_\_\_\_\_ I have not received any notice from a hospital, medical provider, or any of the above-identified entities stating that I owe money for medical services received in connection with **(DEFENDANT)**-related injuries and/or illnesses.

I hereby affirm that the information above is true. I have given my attorney authority to settle my **(DEFENDANT)** case.

Dated: \_\_\_\_\_, 2022

SIGNATURE:



# EXAMPLE: WHY IS IT IMPORTANT TO TRACK

## ACKNOWLEDGMENT REGARDING FINANCIAL INFORMATION

I understand that the attorneys and law firms that have assisted me in pursuing my (Claim Type) claims against (DEFENDANT) do not provide advice or assistance with regard to structured settlements, government benefits matters, or other financial or tax issues.

I understand that there is information that may be useful for me to have regarding my options for receiving my settlement proceeds and the effect that receipt of my settlement proceeds may have on my eligibility for certain government benefits.

I acknowledge that I have had the opportunity to consult a financial professional or attorney of my choice, to discuss any questions I might have regarding the tax implications and other aspects of my different options for receiving my settlement monies and/or protecting my government benefits.

**I believe I have sufficient information at this time to make an informed and voluntary decision regarding the receipt of my settlement monies, and I elect the following (CHOOSE ONE ONLY):**

- TO RECEIVE MY ENTIRE SETTLEMENT AS A LUMP-SUM, CASH PAYMENT  
By electing a lump-sum, cash payment, I understand that I may no longer be eligible to receive Medicaid, SSI or other needs-based government benefits such as Food Stamps or Subsidized Housing.

- or -

- TO STRUCTURE SOME OR ALL OF MY SETTLEMENT PROCEEDS FOR FINANCIAL PLANNING AND TAX REASONS  
The structured settlement consultant I am using is \_\_\_\_\_

\_\_\_\_\_  
*[name and telephone number of settlement consultant]*

- or -

- TO PLACE MY SETTLEMENT PROCEEDS IN A TRUST TO PROTECT MY MEDICAID, SSI OR OTHER NEED BASED GOVERNMENT BENEFITS  
The special needs trust consultant I am using is \_\_\_\_\_

\_\_\_\_\_  
*[name and telephone number of special needs trust consultant]*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Spouse's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**CHILDERS, SCHLUETER & SMITH, LLC**  
THE DANGEROUS DRUG AND DEVICE ATTORNEYS

Telephone:  
(404) 419-9500  
Toll Free:  
(800) 641-0096  
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(404) 419-9500  
Website:  
www.cssfirm.com

**SETTLEMENT STATEMENT SUMMARY**

Re:	
File No.: 223712 Attune	
<b>TOTAL AWARD</b>	<b>\$ 150,000.00</b>
<b>LESS:</b>	
ATTORNEYS FEES (40% of Recovery)	\$ 60,000.00
Childers, Schlueter & Smith, LLC to be collected in 1st Payment:	\$ 28,500.00
McGartland Law Firm PLLC to be collected in 1st Payment:	\$ 28,500.00
Ketterer, Browne & Anderson, LLC to be collected in 1st Payment:	\$ 3,000.00
Childers, Schlueter & Smith, LLC to be collected in 2nd Payment:	\$ -
McGartland Law Firm PLLC to be collected in 2nd Payment:	\$ -
Ketterer, Browne & Anderson, LLC to be collected in 2nd Payment:	
<b>FEES AND EXPENSES (APPROXIMATE)</b>	
Childers, Schlueter & Smith, LLC current amount to be collected in 1st Payment:	\$ 217.32
Archer lien resolution fee to be collected in 1st Payment:	\$ 350.00
Childers, Schlueter & Smith, LLC to be collected in 2nd Payment: (approximate)	\$ 30.00
<b>LIEN HOLDBACK</b>	<b>\$ 60,000.00</b>
Medicare/NC Medicaid pending	
Lien Resolution to be held back 1st payment	\$ 60,000.00
Upon the lien being resolved in 2nd payment	To be determined
<b>TOTAL NET RECOVERY</b>	<b>To be determined</b>

Please see the next page for Payment 1 & 2 detail

In order to accelerate the payment of compensation to eligible claimants, I understand that my settlement proceeds will be distributed from escrow in two parts. The first distribution will equal 60% of my gross award. The second distribution will equal 40% of my award less amounts paid to satisfy any federal, state, or private healthcare liens/subrogation claims.

I understand that upon resolution by Archer Settlement Solutions of any and all liens' subrogation claims identified to them as set forth above, the funds will be issued by CSS from escrow in Archer settlement solutions to satisfy the negotiated amount. Attorney's fees as calculated above from payment 2 will then be distributed and remaining proceeds will be submitted to the undersigned with an updated accounting reflecting the distribution. There is no guarantee that additional funds will net to the client. If there are insufficient remaining proceeds to satisfy the remaining attorney fee after payment of the medical liens/subrogation, the remaining unpaid fee will be waived.

The amount required to be paid out of my settlement insurance liens/subrogation claims have yet to be resolved. For that reason, the Total Net Recovery cannot yet be determined.

Pursuant to this two-part payment plan, I understand and agree that these distributions will be paid as follows:

**FIRST DISBURSEMENT**

Re:	
<b>TOTAL FIRST DISBURSEMENT</b>	<b>\$ 90,000.00</b>
(amount available after \$60,000.00 lien holdback)	
<b>Less:</b>	
<b>ATTORNEYS FEES</b>	
Childers, Schlueter & Smith, LLC to be collected in 1st Payment:	\$ (28,500.00)
McGartland Law Firm PLLC to be collected in 1st Payment:	\$ (28,500.00)
Ketterer, Browne & Anderson, LLC to be collected in 1st Payment:	\$ (3,000.00)
<b>COSTS AND EXPENSES</b>	<b>\$ (217.32)</b>
Archer Lien Resolution fee	\$ (350.00)
Total Fees and Costs	\$ (60,567.32)
<b>TOTAL NET RECOVERY FROM FIRST DISBURSEMENT</b>	<b>\$ 29,432.68</b>

**SECOND DISBURSEMENT/Payment 2**

A finalized Settlement Statement will be sent upon lien resolution

<b>TOTAL SECOND DISBURSEMENT - Pending Lien Resolution holdback</b>	<b>\$ 60,000.00</b>
<b>LESS:</b>	
<b>ATTORNEYS FEES</b>	
Childers, Schlueter & Smith, LLC to be collected in 2nd Payment:	
McGartland Law Firm PLLC to be collected in 2nd Payment:	
The Eichholz Law Firm, P.C. to be collected in 2nd Payment:	
<b>FEES AND EXPENSES (APPROXIMATE)</b>	<b>\$ (30.00)</b>
<b>Total Fees and Costs</b>	
<b>HEALTH INSURANCE LIEN(S)</b>	
Medicare/NC Medicaid pending	
<b>TOTAL NET RECOVERY FROM SECOND DISBURSEMENT</b>	<b>To Be Determined</b>

I understand that the settlement proceeds set forth above will be the only monies recovered from any entity as a result of any claims that I may have against.

I understand that I may be personally responsible for paying outstanding past and future medical bills, medical liens, government liens, health insurance subrogation or reimbursement claims, ERISA liens, Medicare liens, Medicaid liens and any other reimbursement or subrogation claims, if unknown at this time, or if not fully paid or resolved as part of this disbursement. I have been advised that the medical providers or other entities may pursue collection of the medical expenses or other claims directly against me through legal proceedings if not paid or resolved out of this disbursement. I agree to assume full and complete responsibility for receipt of the settlement funds and the payment of any and all medical liens and outstanding bills not listed above or any tax liability associated therewith from my portion of this settlement.

Dated: 9-23-2020

# EXAMPLES: SETTLEMENT STATEMENT



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1932 North Druid Hills Road, Suite 100, Atlanta, Georgia 30319

# EXAMPLE: SETTLEMENT

**SETTLEMENT MEMO**  
Case Title: 223712

<b>Final Distribution-Release of holdback</b>	<b>\$ 60,000.00</b>
<b>Fees from Gross Settlement Amount</b>	
Plaintiff's Counsel Attorney Fees:	-
Specific Case Expenses: Medical Records, Fed Ex, Settlement Costs, Filing Fees, etc. <i>Childers Schlueter &amp; Smith LLC</i> \$ 20.97	-\$ 20.97
<b>Medical Liens/Your Health Insurance Subrogation</b>	-
The following subrogation interests from your specific health insurance carriers have now been finalized:	
<b>Total Net Amount to Client:</b>	<b>\$ 59,979.03</b>
<i>Advanced Case funding/ Value already Received by Client</i> <i>NONE</i>	-\$
<b>FINAL DISTRIBUTION/ RECOVERY TO CLIENT</b>	<b>\$ 59,979.03</b>

I, \_\_\_\_\_ represent by my signature on this Settlement Statement that I authorize Childers, Schlueter & Smith to settle all claims I may have against Attune, defendant(s) for the Gross Settlement Amount of \$ 60,000.00, which has already been finalized. My current portion of the net settlement is \$ 59,979.03

I acknowledge that I have reviewed this Settlement Statement, and that the distributions set forth above meets with my approval. Each listed distribution has been explained to my satisfaction.

I further understand that I have previously reviewed my options of structuring my funds and have requested that the funds be distributed in the lump sum as itemized above.

I understand that the settlement proceeds set forth above will be the only monies recovered from any entity as a result of any claims that I may have against Attune.



**STRYKER HIP IMPLANT SETTLEMENT MEMO**

Case Title: Howmedica Osteonics corp d/b/a Stryker Orthopaedics

**STRYKER HIP IMPLANT SETTLEMENT MEMO**

r. Howmedica Osteonics corp d/b/a Stryker Orthopaedics

**Settlement Statement**

<b>Gross Settlement Amount</b>		<b>\$ 385,000.00</b>
<b>Attorneys' Fees: (40% % of Gross Settlement)</b>		
<i>Firm/MDL</i>	<i>Fee</i>	
<b>Attorneys' Fees: (40% % of Gross Settlement)</b>		
MDL Assessment-3% of gross settlement pursuant to District Court of Minnesota Court Order		
MDL Attorney Paid Assessment	\$ 11,550.00	\$ 56,980.00
Childers, Schlueter & Smith, LLC		\$ 28,490.00
Fee to be collected in 1 <sup>st</sup> payment	\$ 56,980.00	
Fee to be collected in 2 <sup>nd</sup> payment	\$ 37,986.67	
Edmond, Lindsay & Atkins, LL		
Fee to be collected in 1 <sup>st</sup> payment	\$ 28,490.00	
Fee to be collected in 2 <sup>nd</sup> payment	\$ 18,993.33	
Total Childers, Schlueter & Smith, LLC		
Edmond, Lindsay & Atkins	\$ 142,450.00	
<b>Expenses: Total Expenses</b>		
MDL Litigation Client Costs-1% of gross settlement pursuant to District of Minnesota Court Order		
Archer Systems LLC QSF Admin Fee	\$ 100.00	
Archer Systems LLC Lien Resolution Fee	\$ 1,400.00	
Edmond, Lindsey & Atkins, LLP	\$ 1,356.05	
MDL Client Cost Assessment	\$ 3,850.00	
Morgan & Morgan	\$ 492.27	
<b>Expenses Incurred by CSS and Local Firms:</b>		
Medical Records, Expert Fees, Filing Fees, Fed Ex, etc.		\$ 1,272.50
<b>Liens: Total Liens</b>		
<b>Subrogation/Medical Liens</b>		
Archer Systems LLC	\$ 154,000.00	
LBV Funding Investment Account	\$ 74,685.33	
<b>Total Deductions:</b>		
		<b>\$ 334,176.15</b>
<b>Total Distributions to Client:</b>		
		<b>\$ 50,823.85</b>

WE UNDERSTAND THAT A RELEASE OF THE ABOVE PARTY SETTLES ANY CLAIMS THAT I MAY HAVE AGAINST THE SETTLING PARTIES AND THIS WILL BE ALL THE FUNDS I RECEIVE (UNLESS I HAVE MADE A CLAIM THAT IS APPROVED THROUGH THE EXTRAORDINARY INJURY FUND.)

**Settlement Statement-Payment #2**

<b>Lien Resolution Initial Holdback</b>		<b>\$ 154,000.00</b>
<b>Attorneys' Fees: (See Previous Settlement Statement)</b>		
<i>Firm/MDL</i>	<i>Fee</i>	
<b>Attorneys' Fees:</b>		
Childers, Schlueter & Smith, LLC	\$ 37,986.67	
Edmond, Lindsay & Atkins, LLP	\$ 18,993.33	
<b>Expenses: Total Expenses</b>		
MDL Litigation Client Costs-1% of gross settlement pursuant to District of Minnesota Court Order		
<b>Expenses Incurred by CSS and Local Firms:</b>		
Medical Records, Expert Fees, Filing Fees, Fed Ex, etc.		\$ 15.00
<b>Liens: Total Liens</b>		
<b>Subrogation/Medical Liens</b>		
Archer Systems LLC	\$ 19,130.00	
<b>Total Deductions:</b>		
		<b>\$ 76,125.00</b>
<b>Rebate back of Lien Resolution Fee</b>		
		<b>+ \$ 650.00</b>
<b>Total Distributions to Client:</b>		
		<b>\$ 78,525.00</b>

WE UNDERSTAND THAT A RELEASE OF THE ABOVE PARTY SETTLES ANY CLAIMS THAT I MAY HAVE AGAINST THE SETTLING PARTIES AND THIS WILL BE ALL THE FUNDS I RECEIVE (UNLESS I HAVE MADE A CLAIM THAT IS APPROVED THROUGH THE EXTRAORDINARY INJURY FUND.)

I FURTHER UNDERSTAND THAT I HAVE PREVIOUSLY REVIEWED MY OPTIONS OF STRUCTURING MY FUNDS AND HAVE REQUESTED THAT THE FUNDS BE DISTRIBUTED IN THE LUMP SUM AS ITEMIZED ABOVE.

I ACKNOWLEDGE THAT I HAVE REVIEWED THE SETTLEMENT STATEMENT AND THE DISTRIBUTIONS SET FORTH ABOVE MEET WITH MY APPROVAL.

BY SIGNING THIS DISBURSAL SUMMARY, I HAVE REVIEWED AND AM NOT AWARE OF ANY CASH ADVANCES OR LIENS THAT I HAVE ENDORSED THAT I HAVE NOT SATISFIED THAT ARE NOT PART OF THIS SETTLEMENT STATEMENT.

Date Sep 24, 2021

**EXAMPLE:  
SETTLEMENT**



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# SETTING CLIENT EXPECTATIONS



Schedule Appts for  
Unhappy Clients



Befriend Lien  
Resolution Firm



Be Empathetic, Honest, yet  
Simple and Direct



Have Stock Answers for  
Common Q's



Make Promises



Advise



Partake in Loans



Ignore Concerns or  
Hardships



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