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| Attorneys & Counselors at Law | 4500 Fuller DRIVE, Suite 209  Irving, Texas 75038  Tel (972) 793-8989  Fax (972) 259-2600  [**www.dashnerlaw.com**](http://www.dashnerlaw.com) |
| Geoffrey B. Dashner  [geoffrey@dashnerlaw.com](mailto:geoffrey@dashnerlaw.com)  Eugene L. Tagle  [etagle@dashnerlaw.com](mailto:etagle@dashnerlaw.com) |
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**SETTLEMENT DISBURSEMENT FOR BRANDON CASAS**

**FOR PERSONAL INJURY OF 03/21/2018**

**TOTAL AMOUNT OF SETTLEMENT: $ 20,000.00**

**ATTORNEY FEES (40%) $ 8,000.00**

**CLIENT EXPENSES $ 1,270.49**

Investigation Fees $ 200.00 *waived*

Case Management $ 200.00 *waived*

Depositions $ 298.20

Mediation $ 475.00

Medical Records $ 98.60

Citation Service $ 80.00

E-Filing Fees $ 318.69

**OUTSTANDING MEDICAL BILLS AMOUNT DUE**

|  |  |  |
| --- | --- | --- |
| Dallas Regional Medical Center | Balance $ 4,094.84 | Per client do not pay\_\_\_ |
| Buckner Pain and Injury | Reduced from $ 10,124.00 | $ 2,800.00 |
| DFW Diagnostics | Reduced from $ 1,296.00 | $ 400.00 |
| Coast to Coast Radiology Consulting | Reduced from $ 295.00 | $ 250.00 |
| MRI Centers of Texas | Reduced from $ 2,634.00 | $ 700.00 |
| Dallas Radiology | Reduced from $ 535.00 | $ 250.00 |
| AMPM Medical Centers | Reduced from $ 1,250.00 | $ 450.00 |
| Mira Vista Apothecary | Reduced from $ 752.40 | $ 250.00 |

**TOTAL AMOUNT OF MEDICAL TO BE PAID: $ 5,100.00**

**AMOUNT TO DISBURSE TO CLIENT: $ 5,629.51**

Signed and approved this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019.

I, the undersigned, **BRANDON CASAS**, acknowledge the foregoing distribution of settlement proceeds received in connection with the above-referenced Personal Injury Claim. This is a complete and accurate accounting of the proceeds of $20,000.00 received. I hereby acknowledge that the amount indicated above will be paid to me regarding the accident that occurred on the above stated date. I hereby acknowledge that I am responsible for the payment of all other medical expenses, not listed above, which I have incurred as a result of this incident.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BRANDON CASAS**

I also acknowledge that I am responsible for any related medical bills not being paid under a letter of protection and listed above, including any balances remaining after the payment of a letter of protection limited in amount. I agree to make arrangements for the discharge of those bills and further agree to indemnify and hold harmless The Dashner Law Firm, P.L.L.C., and all of its employees, agents, or representatives, from any action related to any medical bills not specified above as paid by The Dashner Law Firm, P.L.L.C., including the prosecution of any action to collect any subrogation interest on behalf of a health insurance carrier, or others.

Further, I acknowledge that this claim is being settled before the cause has proceeded to trial to a jury. I understand and have been told that, if my case proceeds to trial, a jury may give me more than the amount stated above, less than that amount, or nothing at all, the latter by placing more than 50% of the fault on me, or no fault on the defendant, or by their evaluation of my damages as having little or no value; or further, that if a jury were to award more than the amount above, said amount may prove uncollectible due to the defendant's bankruptcy or insolvency, or some other circumstance; thus, with the counsel of The Dashner Law Firm as an aid.

I have elected to settle this matter for the amount stated. I understand that the valuation of a claim is an inexact art and that my attorney, although experienced in these matters, can only make an estimate based upon his or her professional experience and knowledge of such matters, of the probable outcome of this claim if I fail to settle the same under the above stated terms. I am satisfied that, in reasonable probability, this resolution is the best available under the unique circumstances of my claim, and for these reasons, or my own which are not stated herein, I consent to and direct the attorneys and staff of The Dashner Law Firm to settle my claim on the terms stated herein, and I am satisfied that the legal services provided me in the prosecution of my claim have been no less than reasonably competent. I understand that acceptance of the proceeds of the settlement outlined herein will, in all likelihood, be the total amount of money I will receive because of the referenced accident and injury, without regard to a future worsening of my injuries, even unto causing my death.

This settlement sheet has been read by me, or to me, in my native language. I have been invited to ask any questions I have about the same. My questions, if any, have been answered to my satisfaction and I have been given a copy of this document, together with the check described above.

*As the client signing this release you acknowledge and understand that you have the absolute right to obtain independent representation to look over this document before signing it.*

Signed and Approved this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BRANDON CASAS**

***We are happy we were able to provide this service for you.***

The Dashner Law Firm, P.L.L.C.

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Geoffrey B. Dashner

Eugene L. Tagle