

Structured Settlement Income and Expense Worksheet

Structured Settlement Unit
PO Box 44251
Olympia WA 98504-4251
Phone: 360-902-6101
Fax: 360-902-5285

Please complete this form and submit to the address or fax listed above.
If represented by an attorney the Department doesn't need this information

Claimant Information

Name	Claim Number(s)
Date of Birth	Email Address
Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Cohabitant	

Spouse/Cohabitant Information

If not applicable, please put NA

Name	Date of Birth
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	If Employed, Place of Employment

Household Member(s)

Name	Age	Relationship to Claimant	Is the claimant financially responsible for this person?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Current Gross Monthly Household Income

Indicate income amounts earned by each member in the household

Type	Claimant	Spouse/Cohabitant	Household Members
Time-loss/LEP (L&I Compensation)			
Wages			
Pension/Retirement			
Social Security			
Rental Income (Net)			
Annuity/Trust			
Child Support			
Alimony			
Public Assistance			
Unemployment			

Savings

Type	Balance
Savings Account	
Checking Account	
IRA	
401K	

Future Monthly Benefits

Include any anticipated social security benefits, pension from employment, etc.

Type	Claimant	Spouse/ Cohabitant	Household Member	Anticipated Date to Receive Benefits

Average Monthly Expenses

Type	Amount per month
Utilities (electricity, gas, water, sewer, garbage, etc.)	
Property Tax	
Property/Rental Insurance	
Fuel	
Groceries	
Mortgage/Rent	
Auto Loan(s)	
Clothing	
Prescriptions/Co-pays (medical, dental)	
Pet Supplies	
Auto Maintenance (oil change, repairs, tires, etc.)	
Auto Insurance	
Health Insurance (monthly premiums)	
Home Maintenance	
Homeowners Association Dues	
Cable/Internet	
Phone/Cell	
Transit (bus, train, taxi, etc.)	
Life Insurance	
Alimony	
Child Support	
Recreation/Vacation	
Credit Card(s)	
Total Monthly Expenses	

Property

Include home, mobile home, vacant lots, rental property, etc.

Type of Property	Monthly Payment	Payoff Amount	Current Value (if known)

Debts

Include credit cards, auto/boat loans, medical debt, personal loans, etc.

Type of Debt	Monthly Payment	Payoff Amount

Bankruptcy

Have you ever filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year

Taxes

	Amount
Do you owe back taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you owe back child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Notes and Comments
