

# 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	If Employed, Place of Employment
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	

## 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



## Debts

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

Type of Debt	Monthly Payment	Payoff Amount

## Bankruptcy

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

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