

Insurance Company:
Claim Number:
Claimant:
SSN:

Insurance Settlement Calculation Worksheet

1. Insurance Settlement Amount \$ _____

Less:

a. Attorney's Fees \$ _____

b. Attorney's Expenses \$ _____

c. Verified injury related bills \$ _____

2. Total Deductions \$ _____

3. Net Proceeds Available for Seizure \$ _____

4. Enter Past Due Child Support from Notice \$ _____

5. Compare the amounts on Lines 3 and 4

- If Past Due Child Support is greater than the Net Proceeds,
Remit the entire Net proceeds to the Child Support Enforcement Agency.
- If Past Due Child Support is less than the Net Proceeds, subtract
the Past Due Child Support from the Net Proceeds. \$ _____

a. Remit the Past Due Child Support amount to the
New Jersey Family Support Payment Center
PO Box 55058
Trenton, NJ 08690

b. Pay the balance to the Claimant/Attorney
(#2 Total plus #5) \$ _____

Date: _____

By: _____

Title: _____

Please return this form prior to settlement or if the net proceeds is zero (0).

New Jersey OCSPP
Lien/Levy Unit
PO Box 709
Trenton, NJ 08625

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