

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 08638

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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