

**ATTORNEY GENERAL SETTLEMENT CONCURRENCE FORM FOR  
NON-LITIGATED CLAIMS OVER \$25,000**

This form is to be used **ONLY** for non-litigated settlements negotiated by the claims adjuster for an amount over \$25,000.. This Form should be used in the following manner:

First, the assigned Assistant Attorney General (“AAG”), must review (1) “Settlement Evaluation Form” completed by the assigned adjuster and previously approved by the appropriate Office of Risk Management (“ORM”) representative (e.g., Claims Council or ORM Supervisor), and (2) ORM’s written authority in the form of either a Claims Council decision or an email from an authorized ORM representative. The form of ORM’s written approval (Claims Council decision or an email from an authorized ORM representative) is contingent on the amount of the proposed settlement.

Second, the assigned AAG completes and signs this “Attorney General Settlement Concurrence Form For Non-Litigated Claims” (“AG Concurrence Form”), accordingly.

Third, the AAG then transmits a copy of the (1) “AG Concurrence Form”; (2) the adjuster’s “Settlement Evaluation Form”; and (3) ORM’s written authority (e.g., ORM Claims Council Decision or email from the appropriate ORM representative) to the Appropriate AG representative as follows:

- 1) If assigned to a Regional Office – scan as one PDF document and email to [LitigationRSA@ag.state.la.us](mailto:LitigationRSA@ag.state.la.us) and email a copy of same to the Executive Secretary of the appropriate Section Chief;
- 2) If assigned to the Baton Rouge Office – hand deliver to the appropriate Section Chief.

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**CASE NAME:**

**ORM NUMBER:**

**DOJ NUMBER:**

**FARA NUMBER:**

**Adjuster:**

Telephone No.:  
Email address:

**ORM Supervisor:**

Telephone No.:  
Email address:

**DOJ Billing Attorney:**

Telephone No.:

**Proposed Settlement Amount:**The Adjuster and ORM have requested up to \$\_\_\_\_\_ in settlement authority to enter into settlement negotiations with the claimant and/or his/her counsel.

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**NOTE - THE ASSIGNED AAG IS REQUIRED TO REVIEW BOTH THE “SETTLEMENT EVALUATION FORM”, PREPARED BY THE ASSIGNED ADJUSTER AND THE OFFICE OF RISK MANAGEMENT’S WRITTEN AUTHORITY (CLAIMS COUNCIL DECISION OR EMAIL), PRIOR TO SIGNING AND SUBMITTING THIS MATTER FOR FURTHER APPROVAL.**

**IF THE ASSIGNED AAG AND THE OTHER AUTHORIZED REPRESENTATIVES OF THE OFFICE OF THE ATTORNEY GENERAL, WHOSE SIGNATURE ARE REQUIRED, DOES NOT APPROVE THEN THEY MUST INDICATE THE SAME AND PROVIDE WRITTEN REASONS WHY IN THE APPROPRIATE SECTION BELOW.**

**Billing Attorney Comments/Recommendation:**

(Please place an “X” in the box next to the applicable statement below).

- The assigned AAG has reviewed the assigned adjuster’s “Settlement Evaluation Form” and the Office of Risk Management’s written authority (Claims Council Decision or email), both

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attached hereto, and concurs with the settlement proposal. Specifically, that the Adjuster be given authority to enter into settlement negotiations with the claimant and/or his/her attorney for an amount up to \$\_\_\_\_\_ in exchange for a release and receipt from any and all claims and causes of action arising from the alleged injury/loss occurring on \_\_\_\_\_ [date of accident/injury/DOL]. The assigned AAG agrees that a settlement under these terms would be in the best interest of the State of Louisiana.

The assigned AAG has reviewed the assigned adjuster's "Settlement Evaluation Form" and the Office of Risk Management's written authority (Claims Council Decision or email), both attached hereto, and **DOES NOT** concur with the proposed settlement for the following reasons:

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(Note: If comments are more detailed than the above space will provide, a typed comment addendum with the assigned Assistant Attorney General's written reasons can be attached to this document.)

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

**Office Chief Comments (If Applicable)**

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Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
**Office Chief**

**Section Chief Comments**

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Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
**Section Chief**

**Adjuster Comments:**

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Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Type Name \_\_\_\_\_

**Office of Risk Management Comments (supervisor/manager/administrator) if applicable:**

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Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Type Name:

**Litigation Deputy Director Comments (Up to \$25,000):**

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Approved By:

Civil Rights  
Medical Malpractice

General Liability  
Road Hazards  
Workers' Comp

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**V. ELAINE BOYLE PATIN**  
Deputy Director, Litigation Division

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**HOUSTON T. PENN**  
Deputy Director, Litigation Division

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Litigation Director Comments (\$25,001 up to \$75,000):**

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Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**SONIA MALLET**  
Director, Litigation Division

**Senior Counsel to the Attorney General's Comments (\$75,001 up to \$999,999):**

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Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**JOHN W. SINQUEFIELD**  
**Senior Counsel to the ATTORNEY GENERAL**

**Attorney General's Comments (Over \$1,000,000)**

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Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**JAMES D. "BUDDY" CALDWELL**  
**ATTORNEY GENERAL**