



# The State Bar of California

845 South Figueroa Street, Los Angeles, CA 90017

## CLIENT SECURITY FUND

213-765-1140

FAX: 213-765-1158

[clientsecurityfund@calbar.ca.gov](mailto:clientsecurityfund@calbar.ca.gov)

## APPLICATION FOR REIMBURSEMENT

### INSTRUCTIONS

You must first file an attorney misconduct complaint against the attorney with the State Bar's Office of Chief Trial Counsel before filing an Application for Reimbursement with the Client Security Fund unless the attorney is already disbarred or deceased. You may find the attorney misconduct complaint form on the State Bar website:

<https://apps.calbar.ca.gov/complaint/standard/index>

**Please note that the PDF applications cannot be filled out within the browser. You must download and complete the application using Adobe Acrobat Reader.**

You must submit an explanation of your asserted monetary/property loss with your application. You must also provide copies of documents that support your asserted loss.

FOR OFFICIAL USE ONLY

_____	_____	_____	_____
CSF #	Bar #	\$	Date Received

1. ALL OWNERS OF THE FUNDS OR ACCOUNTS USED TO PAY THE ATTORNEY MUST JOIN THIS APPLICATION AS CO-APPLICANTS. (For additional Co-Applicants, attach pages to this application.)

a. APPLICANT: \_\_\_\_\_  
First Middle Last  
\_\_\_\_\_  
Applicant's Address City State Zip  
\_\_\_\_\_  
Telephone Email Address

b. CO-APPLICANT: \_\_\_\_\_  
First Middle Last Relationship to Applicant  
\_\_\_\_\_  
Co-Applicant's Address City State Zip  
\_\_\_\_\_  
Telephone Email Address

2. ATTORNEY WHO CAUSED YOUR ASSERTED LOSS:

\_\_\_\_\_  
Attorney's Name Telephone  
\_\_\_\_\_  
Attorney's Address City State Zip  
\_\_\_\_\_  
Attorney's California State Bar Number (To find the attorney's State Bar Number, you may use Attorney Search on the State Bar website <https://apps.calbar.ca.gov/attorney/LicenseeSearch/QuickSearch>)

3. YOUR RELATIONSHIP TO THE ATTORNEY:

a. Is the attorney a family member, or have you ever had a personal relationship with the attorney? For example, are/were you the attorney's spouse, significant other, parent, or child?  
 No  
 Yes. Describe the relationship: \_\_\_\_\_  
\_\_\_\_\_

b. Have you ever had a business relationship with the attorney? For example, are/were you the attorney's partner, associate, employee/employer, or an independent contractor of the attorney?

No

Yes. Describe the business relationship: \_\_\_\_\_  
\_\_\_\_\_

c. Did you hire the attorney?

No. If you did not hire the attorney to provide legal services, describe the circumstances in which the attorney obtained funds/property belonging to you. You may attach additional pages to this application. (See Paragraph 5 b., below.)  
\_\_\_\_\_  
\_\_\_\_\_

Yes. What did you hire the attorney to do?

Criminal Matter       Probate Matter       Bankruptcy       Family Law Matter

Workers' Compensation       Immigration       Personal Injury

Home Loan Modification/Foreclosure       Other: \_\_\_\_\_

i. On what date did you hire the attorney? \_\_\_\_\_  
Month      Day      Year

ii. What was the total amount of attorney fees paid to the attorney? \_\_\_\_\_

iii. If the attorney provided representation in a case filed in a court, provide the following:

Case name (For example, *Smith vs. Jones*): \_\_\_\_\_

Approx. date the case was filed: \_\_\_\_\_ Case number: \_\_\_\_\_

Name of court: \_\_\_\_\_ Branch/City: \_\_\_\_\_

4. ASSERTED MONETARY/PROPERTY LOSS:

**To help determine the amount you can request for reimbursement, please note the following:**

The Client Security Fund was designed to reimburse for attorney theft or an act equivalent to theft. For your application to be considered, you must establish that the money or property you are seeking to have reimbursed was (1) **actually received by the attorney** and (2) **wrongfully retained by the attorney**. The fund cannot reimburse you for interest or incidental or consequential losses, such as damages caused by the attorney. Examples of incidental or consequential losses that cannot be reimbursed include damages caused by malpractice (negligence or incompetence), or fees you paid another attorney to take over your case.

a. AMOUNT YOU ARE REQUESTING FROM THE CLIENT SECURITY FUND: \_\_\_\_\_

- b. How would you describe your monetary/property loss?
- Attorney Fees Paid to the Attorney       Loan Funds  
 Costs Paid to the Attorney               Investment Funds  
 Settlement Funds                               Other: \_\_\_\_\_
- c. What is the date of your monetary/property loss? \_\_\_\_\_  
Month    Day    Year
- d. On what date did you discover your monetary/property loss? \_\_\_\_\_  
Month    Day    Year
- e. Can your monetary/property loss be refunded or reimbursed from any source other than the Client Security Fund? For example, is the loss covered by insurance, indemnity, or bond?
- No  
 Yes:
- i. From what source can the loss be refunded/reimbursed? \_\_\_\_\_  
ii. What is the maximum amount you can receive from the source? \_\_\_\_\_
- f. Have you received a refund or reimbursement of any portion of your monetary/property loss from the attorney or any other source?
- No  
 Yes:
- i. From whom did you receive the refund/reimbursement? \_\_\_\_\_  
ii. Date(s) you receive the refund/reimbursement? \_\_\_\_\_  
iii. Total amount of refund/reimbursement you received? \_\_\_\_\_

5. SUPPORTING DOCUMENTS AND EXPLANATION:

- **You must provide copies of documents that establish and support the monetary/property loss for which you are requesting reimbursement.**
- **You must also provide an explanation of the loss. Without an explanation and documentation, the Client Security Fund may not be able to proceed with your application.**

a. **Supporting Documents:** Attach documents to this application supporting your relationship to the attorney, that the attorney received the funds/property owned by you and any Co-Applicant(s), that the attorney wrongfully retained the funds/property, and any other documents supporting your asserted loss. Below are examples of documentation that will help establish your claim.

**Which of these documents have you attached to this Application for Reimbursement? Select all that apply.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Legal Services/Fee Agreement      | <input type="checkbox"/> Receipts                   | <input type="checkbox"/> Court Docket Sheets                |
| <input type="checkbox"/> Front and Back of Canceled Checks | <input type="checkbox"/> Deposit Slips              | <input type="checkbox"/> Documents the Attorney Prepared    |
| <input type="checkbox"/> Bank Statements                   | <input type="checkbox"/> Invoices from the Attorney | <input type="checkbox"/> Correspondence with the Attorney   |
| <input type="checkbox"/> Itemized Accountings              | <input type="checkbox"/> Credit Card Statements     | <input type="checkbox"/> Court Orders Relating to the Funds |
| <input type="checkbox"/> Other _____                       |   |   |

- b. **Explanation:** On a separate page accompanying this application, describe in chronological order the attorney's conduct that led to your monetary/property loss. Be sure to specify the amount of the funds the attorney received, all relevant dates, and a description of any work/legal services performed by the attorney.

6. DISCIPLINARY COMPLAINT AND OTHER LITIGATION:

**If the attorney is not disbarred or deceased, you must file an Attorney Misconduct Complaint against the attorney with the State Bar's Office of Chief Trial Counsel before filing this application. You may find the complaint form at <https://apps.calbar.ca.gov/complaint/standard/index>.**

- a. Have you filed an Attorney Misconduct Complaint against the attorney with the State Bar of California's Office of Chief Trial Counsel?

- No  
 Yes

- i. On what date did you file the complaint? \_\_\_\_\_  
Month Day Year
- ii. What is the complaint number assigned to your complaint? \_\_\_\_\_

- b. If you filed any of the following against the attorney, please provide the information requested below.

- i. Civil Lawsuit or Small Claims Case:

Approx. Date Case was Filed: \_\_\_\_\_ Case No: \_\_\_\_\_  
 Name of Court: \_\_\_\_\_ Branch/City: \_\_\_\_\_

- ii. Criminal Complaint:

Approx. Date Complaint was Filed: \_\_\_\_\_ Complaint No: \_\_\_\_\_  
 Name of Prosecuting Agency: \_\_\_\_\_ Branch/City: \_\_\_\_\_  
 Criminal Case No: \_\_\_\_\_ Name of Court: \_\_\_\_\_

- iii. Request for Arbitration of a Fee Dispute:

Approx. Date Request was Filed: \_\_\_\_\_ Matter No: \_\_\_\_\_  
 County Bar Association/Agency Hearing Dispute: \_\_\_\_\_  
 Resulting Civil Case No: \_\_\_\_\_ Name of Court: \_\_\_\_\_

- iv. If you checked yes to i, ii, or iii, what is the current status of the proceeding(s)?

\_\_\_\_\_

**ASSIGNMENT OF APPLICANT'S RIGHTS AND SUBROGATION:**

Upon payment of all or any portion of the sums requested, you, the undersigned, to the extent of such payment, hereby assign to the State Bar of California your claims, lawsuits, and judgments against any and all persons who are primarily and or secondarily liable arising out of the above-described dishonest acts, including lawsuits against banks, insurance companies, etc. You authorize the State Bar of California to prosecute all claims, lawsuits, and judgments either in your name, that of the State Bar of California or its Client Security Fund, or in the names of both as the State Bar of California alone shall decide.

In the event that the amount paid to you by the Client Security Fund is not payment in full for all losses you have suffered, any amounts recovered by the State Bar of California in excess of the amount paid to you, plus its costs of collection, shall be paid to you.

You agree that following any payment to you by the State Bar of California, you will cooperate with it in

prosecuting any claim, lawsuit, or judgment. You also agree that all civil actions to be taken or continued will be taken or continued under the full control of the State Bar of California upon payment to you in any amount by the Client Security Fund. You also agree that the State Bar of California may, as it alone decides, prosecute; fail to prosecute; or abandon the claim, lawsuit, or judgment without obtaining your consent.

You agree to cooperate in the investigation of this reimbursement request and any related disciplinary proceedings against the lawyer in question. You agree to provide any additional information and sign and deliver to the State Bar of California such documents as may be required related to any matter pertaining to the application.

You waive any rights that you may have against the Client Security Fund, State Bar of California, any of their officers, employees, members of the Board of Trustees, and all other committees regarding the payment or denial of this reimbursement request; or for failure of any of them to pursue or achieve any particular outcome regarding any claim, lawsuit, or judgment. All applicants must inform the State Bar of California of the existence and status of any proceeding or claim against any person or entity responsible in whole or part for losses related to a Client Security Fund application. In the event an applicant receives any recovery prior to filing an application, while an application is pending, or thereafter, the applicant shall inform the Client Security Fund and the State Bar of California. All applicants are obligated to promptly inform the Client Security Fund if they or anyone on their behalf has received or receives from Respondent, on Respondent's behalf, or otherwise, any amounts in connection with the asserted loss at any time. The State Bar of California has the right to seek repayment of such amounts from applicants, up to the total amount paid by the Client Security Fund. These amounts may be collected by the State Bar of California through any means permitted by law. Your rights and remedies are subject to the Client Security Fund rules, which may be amended from time to time.

**NOTICE TO APPLICANT**

**THE STATE BAR OF CALIFORNIA HAS NO LEGAL RESPONSIBILITY FOR THE ACTS OF ATTORNEYS. PAYMENTS FROM THE CLIENT SECURITY FUND ARE SOLELY WITHIN THE DISCRETION OF THE STATE BAR. BY APPLYING TO THE CLIENT SECURITY FUND, APPLICANTS ACKNOWLEDGE THAT THEY MAY BE GIVING UP THE RIGHT TO PURSUE A CIVIL ACTION FOR THE SAME RECOVERY AGAINST A THIRD PARTY.**

- **I/We agree to advise the Client Security Fund if any reimbursement is made by the attorney or any third party on this claim.**
- **I/We have received and read the rules applicable to State Bar Client Security Fund proceedings and agree to be bound by them.**
- **I/We agree to submit documentation such as bank records, showing that the attorney received money, agree to complete all items in this application and agree to fully respond to requests from the Fund for further information and documentation.**
- **I/We declare that the foregoing is true and correct.**

**All Applicants must date and sign this application under penalty of perjury under the laws of the State of California.**

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**Signature of Applicant**

**Date**

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**Signature of Co-Applicant**

**Date**

An attorney is NOT necessary when filing an application for reimbursement. Most reimbursement decisions are based on the documents submitted by applicants or obtained by the State Bar of California. If you want an attorney to represent you regarding your application, your attorney must complete this section. Attorneys who represent applicants are encouraged to do so *pro bono publico*, or free of charge. (Client Security Fund rules, Rule 3.440(G)). Applicant(s) authorize:

\_\_\_\_\_ to act as my/our attorney regarding this application.  
Printed Name of Attorney                      California State Bar No.

\_\_\_\_\_  
Signature of Attorney                      Attorney's Email Address                      Date

**Note:** Regardless of Attorney representation, all Client Security Fund communications are directed to the Applicant(s), with a courtesy copy to counsel, and checks are made payable and sent directly to Applicant(s).