



**THE STATE BAR OF CALIFORNIA  
CLIENT SECURITY FUND**

**Application for Reimbursement**

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**Instructions**

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Answer all questions in this application or it will be returned to you. If space is inadequate, attach additional pages.

**It is important that you provide *copies* of documents to support your loss. Examples of such documents are written retainer agreements, CANCELLED CHECKS (FRONT and BACK), receipts, letters or other papers showing that the attorney received the money or property. The burden is on the applicant to submit documentation showing the lawyer actually received money.**

To help determine the maximum amount you can request, please read the following:

This fund was designed to reimburse for attorney theft or an act equivalent to theft. In order for your request to be considered, you must establish that the money or property you are seeking to have reimbursed actually was received by the attorney and was wrongfully retained by the attorney. You may not request and will not be paid interest on any money you state that you have lost. You also may not request and will not be paid any incidental or consequential losses or expenses caused by the attorney. Examples of incidental or consequential losses would include fees you paid another attorney or damages caused by malpractice, negligence or incompetence.

Mail completed application to: **The State Bar of California  
Client Security Fund  
845 S. Figueroa Street  
Los Angeles, CA 90017-2515**

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FOR OFFICIAL USE ONLY

CSF # \_\_\_\_\_

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Date Rec \_\_\_\_\_





**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 which you have suffered, then any amounts recovered by the State Bar 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, 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 upon payment to you in any amount by the Client Security Fund. You also agree that the State Bar may, as it alone decides, prosecute or 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. Applicant shall inform the State Bar of California of the status of any proceeding against any person or party who is liable for the losses which are the basis of this application. In the event applicant receives any recovery while this application is pending, applicant shall inform the Client Security Fund and the State Bar of California.

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, THE APPLICANT ACKNOWLEDGES THAT HE OR SHE 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 declare that the foregoing is true and correct.**

**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.**

Though no attorney is necessary for filing a Client Security Fund application, if you have an attorney representing you on this application you and your attorney must complete this section.

I/We authorize \_\_\_\_\_ to act as my attorney.  
print name of attorney

I accept as authorized attorney. \_\_\_\_\_  
signature of attorney

Executed under penalty of perjury under the laws of the State of California.

*Note: The Client Security Fund Rules are to be given to applicant at the time of the receipt of this application.*

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of co-applicant**

\_\_\_\_\_  
**Date**