THE STATE BAR OF CALIFORNIA
CLIENT SECURITY FUND

Application for Reimbursement

Instructions

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.

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

This fund was designed to reimburse for attorney theft or an act equivalent to theft. In order for your claim to be considered, you must establish that the money or property you are seeking to have reimbursed actually came into the hands of the attorney and was wrongfully retained by the attorney. You may not claim and will not be paid interest on any money you claim to have lost. You also may not claim 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
1149 South Hill Street
Los Angeles, CA 90015-2299

FOR OFFICIAL USE ONLY

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Revised 8/00

Application for Reimbursement

1. Your name (Mr./Mrs./Ms.): _____
   first middle last

   Co-applicant (Mr./Mrs./Ms.): _____
   first middle last (relationship to above)

   Address: _____
   Number and street city state zip

   Phone: ( ) _____ ( ) _____
   daytime evening

2. What is the name, address, and telephone number of the attorney whose conduct caused your loss?

   _____ ( ) _____
   attorney's name telephone

   _____
   attorney's address city state zip

3. Was the attorney referred to in Question 2 hired to represent you? ❑ Yes ❑ No
   a. If yes, give the approximate date you hired the attorney: _____
   b. If no, describe your relationship to the attorney: _____
   c. What arrangement(s) were made for payment of fees to your attorney? _____
   d. How much have you paid so far to the attorney? _____

4. a. What did you hire the attorney to do?
   ❑ Criminal Matter ❑ Probate
   ❑ Marriage Dissolution ❑ Workers' Compensation
   ❑ Personal Injury ❑ Other: _____
   b. **IMPORTANT** Describe in chronological order, **on a separate piece of paper**, the attorney's conduct which led to the loss. Please be as detailed as possible and specify amounts and dates. You **must provide copies of documents** which support your loss–such as **retainer agreements, the front and back of cancelled checks, receipts and other documents** that show the attorney received money or property.

5. a. **AMOUNT YOU ARE REQUESTING FROM THIS FUND (Reminder: You may only claim an amount which came into the attorney's hands. Other types of losses are not covered. See front of application for explanation.):** $
   b. How would you describe your loss?
   ❑ Advanced fees and costs ❑ Loan
   ❑ Entrusted funds ❑ Settlement funds
   ❑ Investment ❑ Other: _____

6. a. Date loss occurred _____
   month day year
   b. Date loss was discovered _____
   month day year

7. a. Did any family or other personal relationship exist between you and the attorney at any time?
   ❑ Yes ❑ No
   b. If yes, explain the relationship _____

8. a. Did any business relationship exist between you and the attorney at any time–such as partner, associate, employee/employer? ❑ Yes ❑ No
   b. If yes, explain the relationship _____

9. a. Have you demanded repayment of this loss from the attorney or from anyone else? ❑ Yes ❑ No
   b. If yes: To whom was the demand made? _____
   c. Date(s) demand was made: _____

10. a. Have you received any money from the attorney in Question 2 or from any other source?
   ❑ Yes ❑ No
   b. If yes: From whom? _____
   c. Date reimbursed _____
   d. Amount reimbursed $ _____

11. a. Can your loss be reimbursed from any other source, such as insurance, indemnity, or bond?
   ❑ Yes ❑ No ❑ Don't Know
   b. If yes, describe the source _____
   c. Have you received payment from the above source? ❑ Yes ❑ No
   d. How much did you receive? $ _____

12. Have you filed a complaint against the attorney, with the State Bar? ❑ Yes ❑ No
   If yes: When? _____
   month day year

   Case Number: _____

13. Have you filed any of the following against the attorney named in Question 2?
   a. A civil lawsuit ❑ Yes ❑ No
      If yes: When? _____ Court _____
      Case Number _____ County/Branch/Location _____
   b. A criminal complaint ❑ Yes ❑ No
      If yes: When? _____ Court _____
      Case Number _____ County/Branch/Location _____
   c. A petition for fee arbitration ❑ Yes ❑ No
      If yes: When? _____ Court _____
      Case Number _____ County/Branch/Location _____
   d. If you said yes to a, b or c, what is the present status of those proceedings? _____
   _____

14. Is an attorney presently representing you on this application? ❑ Yes ❑ No
   (NOTE: An attorney is NOT necessary when filing a claim with the Client Security Fund.) If yes:
   _____ ( ) _____
   attorney's name telephone

   _____
   attorney's address city state zip

(If an attorney is representing you on this application, the attorney must sign on the back of this application.)

15. Other than the attorneys named in Questions 2 and 14, does any other attorney have information concerning the facts of your application? ❑ Yes ❑ No If yes:
   _____ ( ) _____
   attorney's name telephone

   _____
   attorney's address city state zip

NOTE: PLEASE SEND A DETAILED EXPLANATION AND COPIES OF DOCUMENTS ABOUT YOUR LOSS (SEE QUESTION #4.b.).

✍ **REMEMBER**: You must sign and date your application on the back of this application or it will be returned.

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 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 Governors, 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 Rules of Procedure under the Client Security Fund, which may be amended from time to time.

NOTICE TO APPLICANT

THE STATE BAR OF CALIFORNIA HAS NO LEGAL RESPONSIBILITY FOR THE ACTS OF INDIVIDUAL LAWYERS. PAYMENTS FROM THE CLIENT SECURITY FUND SHALL BE MADE IN THE SOLE DISCRETION OF THE STATE BAR OF CALIFORNIA. THE APPLICANT ACKNOWLEDGES THAT BY APPLYING TO THE CLIENT SECURITY FUND, THE APPLICANT 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.

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.

_____
Date

_____
Signature of applicant

_____
Signature of second applicant

Note: The Rules of Procedure are to be given to applicant at the time of the receipt of this application.