Claim #_____

The Lawyers Fund for Client Protection
of the State of New York

APPLICATION FOR REIMBURSEMENT

Instructions:

Answer every question in this application. If space is inadequate, attach additional pages.

You must provide us with copies of all evidence that proves your loss, such as cancelled checks, receipts, letters, closing statements, etc.

Mail the completed application to: The Lawyers Fund for Client Protection, 119 Washington Avenue, Albany, New York 12210.

1. Your Name and Address: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. Age(s) _____ _____

   Name:

   Address:

   Home Telephone: Social Security or Federal Tax ID #:
   Business Telephone: Occupation and Employer:

2. Name, address and telephone number of the attorney who has dishonestly taken your money or property:

3. What legal services did you ask this attorney to perform for you?

4. How much did you pay this attorney?

5. Was your agreement with the attorney in writing? Yes_____ No_____ . If Yes, attach a copy of the agreement.

6. Did your loss involve: ☐ money ☐ other property? Specify:

7. What is the amount of your loss?

8. State the date when your loss occurred:

9. When and how did you discover your loss?

10. Describe the attorney's dishonest conduct, and provide the name and address of a person who has knowledge of the loss:

11. This loss has been reported to: ☐ District Attorney ☐ Attorney Grievance Committee ☐ Police

    Attach a copy of your complaint.

12. Describe what steps you have taken to recover your loss from the dishonest attorney:

13. Can your loss be reimbursed from other source, such as insurance, fidelity bonds or surety agreements? Yes _____ No _____ Don't know _____ . If Yes, describe the source:

14. State other facts that you believe are important to the Fund's consideration of your claim:

15. How did you learn about the Lawyers' Fund for Client Protection?

16. Name, address and telephone number of your present attorney:

17. Have you attached copies of receipts, cancelled checks and other documents that prove your loss? Yes _____ No _____ If No, explain why:

- ***Court Rules do not permit attorneys who help clients process claims with the Fund to charge legal fees for that service, except with the permission of the Fund's Board of Trustees.***
- ***Should you receive an award from the Fund, the facts relating to your loss become a public record.***

I (We) verify and affirm, *under penalty of perjury*, that the information provided in this statement of claim is true.

_____ _____

Date *Signature of Claimant*

_____

Signature of Claimant