

THE CLIENTS' SECURITY FUND
AN AGENCY OF THE SUPREME COURT OF OHIO

JANET GREEN MARBLEY SALLY W. CUNI MAUREEN O'CONNOR
ADMINISTRATOR CHAIR CHIEF JUSTICE

APPLICATION FOR REIMBURSEMENT

INSTRUCTIONS

- Answer every question on this application. If space is inadequate, please attach additional pages.
- It is important that you submit all evidence that documents your loss, such as canceled checks, cash receipts, letters, court judgments, etc.
- Mail the completed application to: **The Clients' Security Fund of Ohio, Thomas J. Moyer Ohio Judicial Center, 65 South Front Street, 5th Floor, Columbus, Ohio 43215-3431. Telephone Number: 614-387-9390 (1-800-231-1680)**

Applicant Information:

Full name of applicant: _____

Address of applicant: _____

_____ Zip Code: _____ County: _____

Home Telephone: (____) _____ Work Telephone: (____) _____

Cell Telephone: (____) _____ E-mail: _____

☐ please check if we can communicate with you via e-mail

Attorney Information:

Full name and address of attorney: _____

Zip Code: _____ County: _____

Summary of Facts:

- 1) When did you hire this attorney? Month: _____ Day: _____ Year: _____
- 2) What legal services did you ask this attorney to perform for you?
- 3) What legal services were actually rendered?
- 4) Explain in detail how your loss occurred.
- 5) How much did you pay this attorney for the services to be provided? Please provide documentation to verify your payments, i.e., copies of receipts, cancelled checks, etc.
- 6) Was your agreement for services with the attorney in writing?
Yes ____ No ____ . If yes, attach a copy of the agreement. If not, please explain the terms of your agreement.
- 7) What is your alleged loss amount? _____ If loss was property, give details
and value of property on a separate sheet.
- 8) What is the date you became aware or learned of the loss? _____
- 9) What happened that made you aware of the loss?

- 10) Were you, at the time of the loss, the spouse, child, parent, grandparent or sibling of the attorney, or a partner, associate, employee or employer of the attorney or a business entity controlled by the attorney?
Yes _____ No _____ If yes, give relationship: _____
- 11) Has any part of the loss been recovered? If so, when? _____
From whom? _____ In what amount? \$ _____
- 12) Was the loss covered by any insurance or bond? If so, please give the name and address of the insurance or bonding company. _____

- 13) Describe what steps you have taken to recover the loss directly from the attorney, or any other source:

• Any recovery made by claimant from other sources prior to a CSF determination of eligibility must be reported to the Fund. Recoveries not reported to the Fund are grounds to deny a claim. Any recovery made by claimant after a CSF determination of eligibility will be subrogated back to the Fund. The Fund will retain all subrogation rights if compensation is made to the client by the Fund. The Claimant must execute a CSF Release and Subrogation Agreement before receiving an award.

Affirmative Action

- 14) Have you reported this loss to any of the following agencies: *If you checked any of the items below, please indicate the date reported, name/address of the agency and contact person, if known.*

Local Prosecutor _____ _____	Local Police Department _____ _____
Date Reported: _____	Date Reported : _____
Office of Disciplinary Counsel _____	Local Bar Association _____
Date Reported : _____	Name of Bar Assn. _____
	Date Reported : _____

- 15) If you are currently being represented by an attorney, please provide the following information:
Attorney's Name _____
Address _____ City _____ State _____
Zip Code _____ Telephone: Area Code () _____
- 16) How did you learn of the Clients' Security Fund?

• Court Rules do not permit attorneys who help clients process claims with the Fund to charge legal fees for that service. Attorneys may apply to the Fund for reimbursement of fees.
• Should you receive an award from the Fund, the facts relating to your loss become a public record.

I (We) have read this Statement of Complaint and certify that under penalty of perjury the contents thereof are true of my own knowledge and belief.

_____ Witness	_____ Signature of Claimant
	Date _____

_____ Witness	_____ Signature of Second Claimant
	Date _____

Notary Public

Date _____