

THE LAWYERS' FUND FOR CLIENT PROTECTION

AN AGENCY OF THE SUPREME COURT OF OHIO

JANET GREEN MARBLEY
ADMINISTRATOR

JUDGE JOHN J. RUSSO
CHAIR

MAUREEN O'CONNOR
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 Lawyers' Fund for Client Protection 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 your former 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 payment or refund received by claimant from any source prior to reimbursement by the Fund must be reported to this office. Payments or refunds not reported may result in the denial of reimbursement by the Fund. If this claim is determined eligible for reimbursement from the Fund, claimant must execute an agreement assigning to the Fund all rights to payment from the dishonest attorney. Claimant must promptly turn over to the Fund any payment or refund received after the receipt of reimbursement from the Fund.

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 Lawyers' Fund for Client Protection?

- 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) certify that each of the above statements are true. I am (We are) aware that if any of the statements are willfully false, I (We) may be subject to punishment under applicable law.

Witness	Signature of Claimant
	Date _____

Witness	Signature of Second Claimant
	Date _____

Notary Public	Date _____
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