

In Re Application

of _____ Claim No. _____

APPLICATION FOR ATTORNEY FEES

The undersigned certifies that he/she has provided necessary legal services to _____ in _____ application to the LAWYERS' FUND FOR CLIENT PROTECTION as follows:

<u>Date</u>	<u>Service</u>	<u>Time Billed</u>	<u>Amount Billed</u>

Total Time Billed _____ Total Amount Billed _____

The undersigned further certifies that she/he will not charge as a fee any portion of the amount reimbursed by the Fund, but will look solely to this application for recovering fees incurred when assisting the client in pursuing a claim. Undersigned requests attorney fees as provided by Sec. 6(B) of Gov. Bar Rule VIII.

Date Attorney's Signature

(This section for LFCP office use only.)

Board Meeting _____ Approved ___ Denied ___ Amount _____

Chairman Secretary