

# THE LAWYERS' FUND FOR CLIENT PROTECTION

AN AGENCY OF THE SUPREME COURT OF OHIO

JANET GREEN MARBLEY  
ADMINISTRATOR

MONICA SANSALONE  
CHAIR

## Application for Reimbursement

### INSTRUCTIONS

1. **All questions** on this application **must be answered**. If a question does not apply to your situation, please answer "N/A" (not applicable.) If you need more space, please attach additional pages.  
**Incomplete applications will be returned.**
2. Attach copies of any documents that support your claim for reimbursement. **Proof of all amounts paid to the attorney or received by the attorney on your behalf is required** ( i.e. front and back of cancelled checks, payment receipts, billing statements, fee agreements, settlement documents or checks, etc.) **PLEASE DO NOT SEND ORIGINALS.**
3. **Sign and date the application in the presence of a notary** and return it with your supporting documentation to: The Lawyers' Fund for Client Protection, Thomas J. Moyer Ohio Judicial Center, 65 S. Front Street, 5th Floor, Columbus, Ohio, 43215-3431. **Applications that have not been notarized will not be accepted and will be returned.**
4. **If you are unable to complete this application**, or need assistance, please call our office at (614) 387-9390/ (800) 231-1680 or visit our website at [WWW.SC.OHIO.GOV/BOARDS](http://WWW.SC.OHIO.GOV/BOARDS) for more information.

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**Notice to Claimants:** To be eligible for reimbursement from the fund, the lawyer involved in your claim must be suspended, reprimanded, disbarred, convicted, have resigned, or be deceased. Reimbursement is limited to money or property paid to or received by your lawyer. Damages or other types of losses are not reimbursable.

Reimbursement from the Lawyers' Fund for Client Protection is within the sole discretion of the Board of Commissioners and not as a matter of right. **The maximum amount of reimbursement for any claim is \$100,000.** The Lawyers' Fund for Client Protection is separate from the lawyer discipline process. If you have not already done so, you may want to contact your local bar association or The Office of Disciplinary Counsel at 1-800-589-5256 to file a disciplinary grievance against the lawyer involved in your claim.

**Notice to Lawyers Assisting Claimants with LFCP Claims:** Section 6 (B) of Rule VIII of the Supreme Court Rules for the Government of the Bar provides "No attorney fees may be paid from the proceeds of an award made to a claimant under authority of this rule. The Board may allow an award of attorney fees to be paid out of the fund if it determines that the attorney's services were necessary to prosecute a claim under this rule or upon other conditions as the Board may direct." Board Rule 14 permits payment of attorney fees up to a maximum of \$500.

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## Application For Reimbursement

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(PLEASE PRINT OR TYPE)

### CLAIMANT *(your Information)*

Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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### CO-CLAIMANT *(or person who paid for legal service – if different from Claimant)*

Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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### ATTORNEY INFORMATION *(Lawyer alleged to have caused loss)*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**1. When did you hire this attorney?**

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**2. What legal services was the attorney hired to provide?**

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**3. How many meetings and/or telephone calls (emails, text messages) did you have with the attorney?**

\_\_\_\_\_ Meetings \_\_\_\_\_ Calls \_\_\_\_\_ other (emails, text messages)

*Attach copies of any letters or other written correspondence to/from the attorney.*

**4. What legal services did the attorney provide for you?**

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**5. How much did you pay the attorney for the services to be provided?**

\$ \_\_\_\_\_ Date(s) Paid \_\_\_\_\_

**6. How was the attorney paid?**

\_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Other

*Attach copies of documentation to verify all money received by the attorney, i.e. cancelled checks, credit card receipts, cash receipts, billing statements, etc.*

If you cannot provide this information, please explain why.

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7. **Did you have a written fee agreement with the attorney?** \_\_\_ Yes \_\_\_ No

*(If yes, please attach a copy of your fee agreement.)*

8. **What is your alleged loss amount?** \$ \_\_\_\_\_

*(If loss amount includes property, please include a description and the value of the property.)*

9. **How did your attorney's conduct cause the loss?**

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10. **When did you become aware of your loss?** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

11. **What happened that made you aware of the loss?**

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12. **Did you hire, or did the court appoint, a new attorney to represent you?** \_\_\_ Yes \_\_\_ No

*If yes, please provide the new attorney's name and contact information:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**13. What is the current status of your legal matter?**

*(If applicable, please include case numbers and other court information.)*

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**14. Have you taken any action to recover the loss directly from the attorney or any other source?**

\_\_\_ Yes \_\_\_ No (If yes, please explain)

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**15. Has any part of the loss been recovered or refunded?** \_\_\_ Yes \_\_\_ No

*If yes, date of recovery or refund?* \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Source of Recovery/Refund? \_\_\_\_\_

**16. Are you aware if the attorney was covered by any insurance, indemnity or bond?** \_\_\_ Yes \_\_\_

No \_\_\_ Unknown

*If yes, provide the following information:*

Name of Insurer, Surety Company, or Bondsman: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**17. 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 your relationship to the attorney:* \_\_\_\_\_

**18. Have you filed a Disciplinary Grievance against the attorney?** \_\_\_ Yes \_\_\_ No

*If yes, please provide the following information:*

Date Filed: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Place Filed (local bar or Office of Disciplinary Counsel): \_\_\_\_\_

**19. Have you contacted the local prosecutor and/or the local police department?** \_\_\_ Yes \_\_\_ No

*If yes, please provide the following information:*

Date Contacted: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Agency Contacted:

\_\_\_\_\_  
\_\_\_\_\_

**20. Did you file a malpractice lawsuit?** \_\_\_ Yes \_\_\_ No

**21. If a lawyer is assisting you with this claim, provide his/her name and contact information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this application, 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

Expiration Date \_\_\_\_\_

## APPLICATION CHECKLIST

### **Please check the following:**

- Answered all questions (PRINT OR TYPE)
- Attached all support documentation (*including proof of payments - i.e. front and back of cancelled checks, payment receipts, billing statements, fee agreements, settlement documents or checks, etc.*)
- Application is notarized
- Mail completed application to: The Lawyers' Fund for Client Protection, Thomas J. Moyer Ohio Judicial Center, 65 S. Front Street, 5th Floor, Columbus, Ohio, 43215-3431
  - Once your claim is received by this agency, it can take between 12 to 18 months for your claim to be fully processed.