

THE LAWYERS' FUND FOR CLIENT PROTECTION

AN AGENCY OF THE SUPREME COURT OF OHIO

JANET GREEN MARBLEY
DIRECTOR

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** for more information.

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

(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: _____

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: _____

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

Full Name: _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

E-mail: _____

Work Phone: _____ Cell Phone: _____

1. When did you hire this attorney?

Month: _____ Day: _____ Year: _____

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

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?

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.

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

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

[illegible]

State: _____ Zip: _____ Phone: _____

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

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

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

____ Yes ____ No (If yes, please explain)

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.