

Wisconsin Lawyers' Fund For Client Protection

APPLICATION FOR REIMBURSEMENT

Revised May 2006

INSTRUCTIONS

Answer **ALL** questions in this application **OR IT WILL BE RETURNED TO YOU**. If space is inadequate, attach additional pages. It is important that you provide **COPIES** of documents to support your loss. Examples of such documents are written fee agreements, cancelled checks (Front and Back), receipts, letters or other papers showing that the attorney received the money or property.

DETERMINATION OF REIMBURSABLE CLAIMS

In order for your claim to be considered, you must establish that the money or property you are seeking to have reimbursed actually came into the hands of the attorney and was wrongfully retained by the attorney.

DETERMINATION OF EXTREME HARDSHIP CLAIMS

The fund, when determining extreme hardship claims, will abide by SCR 12.06 Powers and duties of the committee. (2) Committee discretion. The committee may, in its discretion, determine the order and manner of payment of claims. In cases of extreme hardship or if other interests of justice so warrant, the committee may, in its discretion, recognize a claim which would otherwise be excluded under this chapter.

NON-REIMBURSABLE CLAIMS

You may not claim nor be reimbursed for losses resulting from (this is a partial listing):

- Disputes over the quality or timeliness of service
- Incidental or consequential damages, such as interest, court costs or lost opportunities

In addition, the Fund will not provide reimbursement if:

- The person suffering the loss is related to the attorney as a spouse, child, parent, grandparent, brother or sister, or is a business associate, partner or employee
- The loss is covered by insurance or similar protection
- The loss can be recovered from the attorney
- A statute of limitation bars the claim

Please mail the completed application to: **The State Bar of Wisconsin
Wisconsin Lawyers' Fund for Client Protection
P.O. Box 7158
Madison, WI 53707-7158**

For Official Use Only

Case File Number

Date Received

5. What did you hire the attorney to do?
- | | |
|---|--|
| <input type="checkbox"/> Criminal Matter | <input type="checkbox"/> Probate |
| <input type="checkbox"/> Divorce/Custody/Post Divorce, etc. | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Personal Injury/Property Damage | <input type="checkbox"/> Bankruptcy |
| <input type="checkbox"/> Business/Real Estate | <input type="checkbox"/> Other |

6. **AMOUNT YOU ARE REQUESTING from the Wisconsin Lawyers' Fund for Client Protection:** (Reminder, you may only claim amount taken by the attorney. Other types of losses are not covered. See front of application and brochure for explanation.):

\$	
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7. **REQUIRED:** Describe in chronological order, on a separate piece(s) of paper, why you believe your claim is a reimbursable claim. Please be as detailed as possible and specify amounts and dates. You must provide copies of documents that support your loss, such as written fee agreements, the front and back of cancelled checks (not carbon copies of checks), receipts, copies of complaints, reports, and other documents that show the attorney received money or property. **The application form will be returned if this information is not provided.**

8. How would you describe your loss?
- | | |
|--|--|
| <input type="checkbox"/> Settlement funds | <input type="checkbox"/> Advanced fees and costs |
| <input type="checkbox"/> Proceeds from probate | <input type="checkbox"/> Investment/Loan |
| <input type="checkbox"/> Trust account funds | <input type="checkbox"/> Other: |

9. Date loss was discovered: _____

Month	Day	Year
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10. List the money or property taken by your attorney and the approximate dates when the money or property was delivered to your attorney:

Amount or Item	Date		
	Month	Day	Year

11. Have you received any money to pay back a portion of this loss from the attorney in Question 2 or from any other source? Yes No

a. If yes, from whom? _____

b. Date reimbursed _____

c. Amount reimbursed \$ _____

12. Have you filed a complaint against the attorney named in Question 2 with the Office of Lawyer Regulation? Yes No

a. If yes, when? _____

Approximate month	Year
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b. If no, you may do so by contacting the Office of Lawyer Regulation toll-free at 1-877-315-6941

13. Have you filed any of the following against the attorney named in Question 2?
- a. A civil lawsuit Yes No
 If yes, when? _____ Court/County _____
- b. A criminal complaint Yes No
 If yes, when? _____ Court/County _____

If you said yes to a or b, what is the present status of those proceedings? _____

14. Have you taken any other steps to get your money or property back from the attorney? Yes No

If yes, what have you done? _____

15. Is an attorney presently representing you on this application? Yes No
 (Note: an attorney is NOT necessary when filing a claim with the Wisconsin Lawyers' Fund for Client Protection) If yes:

_____(_____)_____
 Attorney's Name Attorney's Telephone Number

 Attorney's Address: City State Zip

REQUIRED – You must have your SIGNATURE NOTARIZED below, or the application will be returned.

IMPORTANT -LIMITATIONS AND AGREEMENTS

I understand and agree that upon payment from the Wisconsin Lawyers' Fund for Client Protection, I:

1. **Assign** to the State Bar of Wisconsin, for the Wisconsin Lawyers' Fund for Client Protection, all of my rights to get money from the above-named attorney up to the amount reimbursed to me by the Wisconsin Lawyers' Fund for Client Protection.
2. **Agree** that it is up to the State Bar to decide what it is going to do about getting back any money it has paid me. I understand that the State Bar does not need my permission to sue the above-named attorney and that it can decide to stop trying to get the money from the attorney without my consent or approval.

NOTICE TO APPLICANT/CLAIMANT

In establishing the Wisconsin Lawyers' Fund for Client Protection, the Supreme Court of Wisconsin did not create, nor acknowledge, any legal responsibility on the part of other attorneys or the legal profession as a whole for the acts of an individual attorney in the practice of law. All payments from the Wisconsin Lawyers' Fund for Client Protection shall be made at the sole discretion of the committee administering the fund and not as a matter of right. No client or member of the public shall have any right in the Wisconsin Lawyers' Fund for Client Protection as a third party or otherwise.

The applicant/claimant represents per Wisconsin Supreme Court Rule 12.08(4) Attorney's fees. No attorney representing the claimant shall be compensated from any source for his or her services.

This is a summary of the rules of the Wisconsin Lawyers' Fund for Client Protection. The full text of the rules can be found at Wisconsin Supreme Court Rule 12.04 – 12.11.

VERIFICATION

I have read this application for reimbursement from the Fund, and know what it says; and I certify that it is true and correct to the best of my knowledge and belief.

(Date)

(Signature of Applicant)

Subscribed and sworn before me this _____ day of _____, 20_____

Notary Public _____

My commission is permanent/expires on _____