

The Wisconsin Lawyers' Fund for Client Protection was created to provide reimbursement to clients who have incurred financial losses due to the dishonest conduct of their attorneys under Supreme Court Rule 12.04-12.12. Dishonest conduct includes through theft, embezzlement, failure to return an unearned advanced fee, or if your attorney has died during representation.

## Instructions

1. Answer all questions in this application. If space is inadequate, attach additional pages.
2. Provide copies of supporting documentation: proof of payment, representation agreement, any relevant communication with the attorney regarding the financial loss, and invoices or billing statements received from the attorney or law firm.
3. Sign the application.

### **Please return the completed application to:**

The State Bar of Wisconsin  
Wisconsin Lawyers' Fund for Client Protection  
P.O. Box 7158  
Madison, WI 53707-7158

or send it to [WLFCP@wisbar.org](mailto:WLFCP@wisbar.org)

## Claimant Information Sheet

1. Please provide the following information about yourself:

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

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

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

Telephone Number: \_\_\_\_\_

2. Please provide the following information about the attorney you are making your claim against:

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

Law Firm: \_\_\_\_\_

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

3. Did you hire to this attorney to represent you?

Yes                      No, I hired them to represent a friend or family member.

If you hired the attorney to represent someone else, include that individual's full legal name below.

\_\_\_\_\_

4. Check the below option(s) that apply. You must choose at least one.

My attorney:

Is still practicing

Cannot be found

Has died

Has been convicted of a crime  
or incarcerated

Has been disbarred or suspended  
from practicing

Is sick, incompetent, or  
medically incapacitated

Other \_\_\_\_\_

5. When did you hire this attorney? \_\_\_\_\_

6. What type of work was the attorney hired to do?

Criminal

Real Estate

Appeal

Probate/Trust/Estates

Divorce/custody/post divorce

Worker's Compensation

Personal Injury/Property Damage

Bankruptcy

Business

Other \_\_\_\_\_

7. Was your attorney hired to represent you in court?

Yes      No

If you checked yes, please include the county \_\_\_\_\_  
and the case number \_\_\_\_\_.

8. Was a representation agreement and/or fee agreement entered and signed by you and this attorney?

Yes      No

If you checked yes, please provide a copy of the agreement with your application.

9. What type of fee arrangement was included in your representation agreement?

Flat Fee      Hourly      Contingency

10. Were you required to pay this attorney before work began?

Yes      No

If you select yes, please list the amount of money requested by the attorney to begin representation. \_\_\_\_\_

11. How did you provide payment?

Cash      Check      Money Order      Online ACH      Cash App \_\_\_\_\_

12. Did you pay the entire amount at once or did you have a payment plan?

One-time payment      Payment plan

If you had a payment plan, please describe how often payments were made.

\_\_\_\_\_

13. How much money have you paid to this attorney since hiring them?

\_\_\_\_\_

If this total amount is greater than the initial amount requested in a retainer or flat fee agreement, please indicate the dates and amounts that you have provided additional payment. \_\_\_\_\_

14. Did you receive regular billing statements or invoices from this attorney?

Yes      No

If yes, please provide copies of your most recent billing statement or invoice.

## Claim for Reimbursement

1. What is the reimbursement amount that you are requesting from the Wisconsin Lawyers' Fund for Client Protection? \_\_\_\_\_
2. A claim for reimbursement may only include the amount taken by the attorney through dishonest conduct. The Supreme Court of Wisconsin has defined "dishonest conduct" in SCR 12.045(5) to include the following things. Please check the option(s) that apply to your situation.

My attorney embezzled, stole, or misappropriated money that I placed in trust with them or their law office.

My attorney failed to refund an unearned advanced fee.

My attorney has died, and I have money left in trust with their firm.

My attorney intentionally took or converted money, property, or another item of value that belonged to me. If your attorney took an item other than money, please identify that here:

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*Please note that a claim cannot be approved if it does not meet the definition of "dishonest conduct" as defined in SCR 12.045(5). If none of these options apply to you, you may want to consider Fee Arbitration or you may want to contact the Office of Lawyer Regulation to submit a grievance.*

3. A claim requires some proof of payment(s) made in order to be reimbursed. Please provide proof of payment to the attorney for the amount requested. Proof of payment can include cancelled or endorsed checks, copies of bank statements showing withdrawals, or confirmation from the attorney or law firm that payment was received. Screenshots are permitted.

Do you have proof of payment?      Yes      No

4. Please describe why you believe your claim is a reimbursable claim. If the amount you are requesting is different than the total amount that you have paid to your attorney, describe why the request amount is different. If you believe that your attorney has earned some fees but not all fees, describe why you believe that is and include any dates where you believe the attorney either stopped performing work or was no longer able to perform any work. Please be as detailed as possible.

5. Have you filed a complaint against this attorney with the Office of Lawyer Regulation?            Yes            No

*Please note that the Wisconsin Lawyers' Fund for Client Protection is a separate program from the Office of Lawyer Regulation. Individuals are encouraged to contact both programs.*

6. Have you filed a civil lawsuit or reported your experience to law enforcement or the District Attorney's Office?

Yes            No

If you checked yes, please include the county \_\_\_\_\_  
and the case number \_\_\_\_\_

7. How did you find out about the Wisconsin Lawyers' Fund for Client Protection?

Attorney            Online search            Friend or family member

Office of Lawyer Regulation            Other \_\_\_\_\_

## Limitations and Agreements

By signing and submitting this claim to the Wisconsin Lawyers' Fund for Client Protection, I understand that I am also agreeing to the following:

1. I 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; and
2. I agree that the Wisconsin Lawyers' Fund for Client Protection has discretion about how to collect on any claim paid out on my behalf. The Wisconsin Lawyers' Fund does not need my permission or consent to sue the attorney named herein or to cease collection efforts in the future.
3. I acknowledge that 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 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.

I have read this application for reimbursement from the Wisconsin Lawyers' Fund for Client Protection, I know what it says, and I certify that the information I have provided is true and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Applicant Leave Blank - For Office Use Only

Case Number \_\_\_\_\_ Date Recieved \_\_\_\_\_