



Wisconsin Lawyers' Fund for Client Protection

Application for Reimbursement

Revised July 2010

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.

Non-Reimbursable Claims

You **may not claim or 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

Wisconsin Lawyers' Fund for Client Protection

Please let us know how you heard about the Wisconsin Lawyers' Fund for Client Protection Program:

- Office of Lawyer Regulation
- A Lawyer
- A Friend
- The Internet
- Other: (please explain) _____

1. Your name (Mr. /Mrs. /Ms.): _____

First
Middle
Last

Co-applicant (Mr. /Mrs. /Ms.): _____

First
Middle
Last

Address: _____

Number and street
City
State
Zip

Phone: (_____) _____ (_____) _____

Daytime
Evening

2. What is the name, address, and telephone number of the attorney whose conduct caused your loss?

Attorney's name
(_____) Attorney's telephone

Attorney's address:
City
State
Zip

3. My attorney has (check all that apply):

- Died.
- Cannot be found.
- Been adjudicated a bankrupt.
- Been convicted of a crime.
- Been disbarred or suspended from the practice of law.
- Determined incompetent
- Had a civil judgment placed against him by me(us)
- None of the above

4. Was the attorney referred to in Question 2 hired to represent you? Yes No

a. **If yes**, give the approximate date you hired the attorney:

b. **If no**, describe your relationship to the attorney:

c. What arrangement(s) was made for payment of fees to your attorney?

d. How much have you paid so far to the attorney? _____

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 |
| <input type="checkbox"/> Traffic/DUI | |

6. **Amount you are requesting from the Wisconsin Lawyers' Fund for Client Protection:** (you may only claim amount taken by the attorney)

\$

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
_____	Month	Day	Year
_____	Month	Day	Year
_____	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

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

Attorney's Name () Attorney's Telephone Number

Attorney's Address: City State Zip

Limitations and Agreements

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

1. **Assign** 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 Wisconsin Lawyers' Fund for Client Protection to decide what it is going to do about getting back any money it has paid me. I understand that the Wisconsin Lawyers' Fund for Client Protection 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.

Pursuant to 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 – 12.12.

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.

Note: You must have your signature witnessed by a Notary Public

(Date)

(Signature of Applicant)

(Please print your name)

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

Notary Public _____

My commission is permanent/expires on _____