

STATE BAR OF WISCONSIN

WISCONSIN LAWYERS' FUND FOR CLIENT PROTECTION

APPLICATION FOR REIMBURSEMENT

Revised December 2020

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 or endorsed checks (front and back), receipts, letters or other papers showing that the attorney received money or property.

The Fund was established to reimburse for an attorney's dishonest conduct, which would include such things as theft or an act equivalent to theft. 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. 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**

Claimant Leave Blank - For Official Use Only

Case File Number

Date Received

(continued)



STATE BAR OF WISCONSIN

Your Practice. Our Purpose.®

CLIENT PROTECTION

FUND FOR CLIENT PROTECTION

Wisconsin Lawyers' Fund for Client Protection

Answer all questions below:

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: (_____) _____
 Email address

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:

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

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

CLIENT PROTECTION

FUND FOR CLIENT PROTECTION

14. 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 (877) 315-6941.

15. 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?

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

If yes, what have you done?

17. 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

Attorney's Address City State Zip

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 Clients' Security Fund, all of my rights to get money from the above-named attorney up to the amount reimbursed to me by the Clients' Security Fund; and,
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.

CLIENT PROTECTION

FUND FOR CLIENT PROTECTION

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 _____

(Date) (Signature of Co-Applicant, if applicable)

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

Notary Public _____

My commission is permanent/expires on _____



CLIENT PROTECTION