# WISCONSIN LAWYERS' FUND FOR CLIENT PROTECTION

#### APPLICATION FOR REIMBURSEMENT

**Revised December 2020** 

### **INSTRUCTIONS**

Answer <u>all</u> questions in this application <u>or it will be returned to you</u>. 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)



## FUND FOR CLIENT PROTECTION

### Wisconsin Lawyers' Fund for Client Protection

Answer <u>all</u> questions below:

Your name (Mr. /Mrs. /Ms.):							
First	Middle	Last					
Co-applicant (Mr. /N	Mrs. /Ms.):						
First	Middle	Last					
Address:							
Number and street	City	State	Zip				
Phone: ()		Email address	_				
What is the name, ac your loss?	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				
My attorney has (che	My attorney has (check all that apply):						
□ Died.		☐ Cannot be	found.				
$\square$ Been adjudicated	a bankrupt.	☐ Been convi	icted of a crime.				
☐ Been disbarred or	suspended from the practi	ce of law.	ed incompetent				
☐ Had a civil judgmo	ent placed against him by n	ne(us) $\square$ None of the	e above				
Was the attorney referred to in Question 2 hired to represent you? $\Box$ Yes $\Box$ No							
a. <b>If yes,</b> give the ap	proximate date you hired t	he attorney:					
b. <b>If no,</b> describe yo	ur relationship to the attor	ney:					
What arrangement(s	s) was made for payment of	f fees to your attorney?					

# FUND FOR CLIENT PROTECTION

7.	What did you hire the attorney to do?  ☐ Criminal Matter ☐ Divorce/Custody/Post Divorce, etc. ☐ Personal Injury/Property Damage ☐ Business/Real Estate	☐ Probate ☐ Worker's ☐ Bankrup ☐ Other	s Compensation tcy				
8.	Amount you are requesting from the Wisconsin Lawyers' Fund for Client Protection: (Reminder, you may only claim the amount taken by the attorney. Other types of losses are not covered. See front of application for explanation.):						
9.	<b>REQUIRED:</b> Describe in chronological ord believe your claim is a reimbursable claim. I amounts and dates. You <u>must</u> provide copie written fee agreements, the front and back copies of checks), receipts, copies of complet the attorney received money or property. The information is not provided.	Please be as de s of document of cancelled or aints, reports,	etailed as possible sthat support y endorsed check and other docur	le and specify our loss, such as ks (not carbon nents that show			
10.	D. How would you describe your loss?  Settlement funds  Proceeds from probate  Trust account funds  Advanced fees and costs  Investment/Loan  Other:						
11.	Date loss was discovered:Month	Day	y	Year			
12.	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			
13.	Have you received any money to pay back a Question 2 or from any other source?			Year attorney in			
	a. If yes, from whom?						
	b. Date reimbursed:						
	c. Amount reimbursed: \$						

### FUND FOR CLIENT PROTECTION

14.	Have you filed a complaint against the attorney named in Question 2 with the Office of Lawyer Regulation? $\Box$ Yes $\Box$ 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 $\square$ Yes $\square$ No					
	If yes, when?Court/County					
	b. A criminal complaint $\square$ Yes $\square$ 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? $\square$ Yes $\square$ 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					
IM	PORTANT: LIMITATIONS AND AGREEMENTS					
	nderstand and agree that upon payment from the Wisconsin Lawyers' Fund for Client tection, I,					
1	Against to the State Par of Wisconsin for the Clients' Security Fund all of my rights to get					

- 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.

### 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 s 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.

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.

#### **VERIFICATION**

(Date)	(Signature of Appl	licant)			
Subscribed and sworn before	ore me this	day of		, 20	
Notary Public					
My commission is permane	ent/expires on				
(Date)	(Signature of Co-A	Applicant, if appli	cable)		
Subscribed and sworn befo					
Notary Public					
My commission is permane	ent/expires on				



STATE BAR OF WISCONSIN

Your Practice. Our Purpose.®