



(Please Do Not Write in these Spaces)

File No. _____

Date Filed _____

Amount Sought _____

Amount Approved _____

Investigating Trustee _____

Date Concluded _____

Clients' Security Fund of The District of Columbia Bar

901 4th Street NW • Washington DC 20001

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Application for Reimbursement

The Clients' Security Fund of the District of Columbia Bar is a trust fund created by the District of Columbia Court of Appeals to reimburse clients whose lawyers have dishonestly retained money, property, or some other thing of value that belongs to their clients. The fund is not authorized to pay claims asserting that a lawyer failed to do a good job representing a client or claims asserting that a client was overcharged by a lawyer. Malpractice claims, or claims asserting that a lawyer was negligent or did not do a good job, can be filed in court. Claims involving a dispute over legal fees paid, charged or claimed for legal services may be filed in court or with the District of Columbia Bar Attorney/Client Arbitration Board (ACAB) Fee Arbitration Service.

Only dishonest conduct on the part of an attorney can give the fund jurisdiction to pay a claim for reimbursement. Ordinarily, the fund is a fund of last resort. Reimbursement from the fund is discretionary, turning on the equities of the claims presented. As a result, there is no *right* to restitution from the fund. In addition, filing a claim with the fund has no effect on the underlying legal matter about which a claimant may originally have consulted a lawyer. The claimant remains responsible for addressing such underlying legal matters.

The rules governing the Clients' Security Fund permit the fund to reimburse claims only when the conditions listed below are satisfied:

1. When the dishonest conduct occurred, the lawyer was acting as either a lawyer or a fiduciary. A lawyer is someone who represents the legal rights of someone else. A fiduciary is someone who has been entrusted with the obligation to hold money or property for the benefit of someone else. Executors, trustees, escrow holders, and other similar persons are fiduciaries.
2. The money, property, or other things of value for which reimbursement is sought was in the actual or constructive possession of the lawyer. This loss must be corroborated by receipt, copy of negotiated check or some other documentation.

3. The loss to the claimant for which reimbursement is sought resulted from dishonest conduct on the part of the lawyer, such as theft, embezzlement, fraudulent misrepresentation, or other wrongful taking of the claimant's property.
4. The lawyer was a member of the District of Columbia Bar at the time that the dishonest conduct occurred or the lawyer was disbarred by the District of Columbia Court of Appeals no more than two years before the commencement of the client-attorney relationship, if the client reasonably believed the lawyer was licensed to practice law in the District of Columbia at the time that the client retained the lawyer.
5. The dishonest conduct had a significant connection with the District of Columbia, because the lawyer's office or the subject matter of the representation was in the District of Columbia, or because there was some other nexus with the District of Columbia.
6. The claim arose after April 1, 1972, the date on which the District of Columbia Bar and the Clients' Security Fund were created.
7. The maximum amount which any one claimant may recover from the Fund arising from an instance or course of dishonest conduct is \$100,000. This limit applies to claims filed with the Fund on or subsequent to July 1, 2016. The limit for all claims filed with the Fund between April 10, 1990 and June 30, 2016 is \$75,000. The Trustees may consider two or more individuals or entities as one claimant as to recovery allowed if the alleged dishonest conduct arose from the same transaction or course of dishonest conduct.
8. There is no insurance, bond, or similar fund covering the loss.
9. A claimant is disqualified from receiving reimbursement if the claimant is a spouse, close relative, partner, or associate of the lawyer; or is an insurer, surety, or bonding agency; or is a business entity controlled by the lawyer or a relative or associate of the lawyer; *or* is a government entity or agency.

The foregoing conditions summarize the requirements for reimbursement imposed by the rules governing the fund. Applicants wishing to see the actual rules themselves can obtain copies from the Clients' Security Fund office. The fund is only authorized to pay a claim if the claimant agrees both to assign to the fund any legal right to reimbursement that the claimant may have against the lawyer resulting from the lawyer's dishonest conduct, and to cooperate with any efforts that the fund may make to pursue that claim against the lawyer. Any recovery that the fund obtains from the lawyer will be applied to offset payments made by the fund to the claimant and to offset the costs of obtaining the recovery. The claimant is entitled to any amounts that the fund may recover from the lawyer in excess of the amount necessary to reimburse the fund for its payment to the claimant and its collection costs.

If you believe that you have a claim that satisfies the conditions for reimbursement, please complete this Application, have it verified under oath before a notary public, and return it to the Clients' Security Fund office. The staff of that office is willing to assist you in completing the application. You may also be able to find a lawyer who is willing to help you complete the application, but a lawyer is not permitted to charge you a fee for doing so. Please remember that it can take several months to process an Application for Reimbursement.

You MUST complete this Application in its entirety. Please be sure to sign and date the Application.

1. Full Name of Applicant: Ms. Miss Mrs. Mr. _____

2. Address of Applicant:

Home Address: _____

_____ Zip Code _____

Home Phone: (_____) _____ Time of day _____

Home E-mail: _____

Business Address: _____

_____ Zip Code _____

Business Phone: (_____) _____ Time of day _____

Business E-mail: _____

3. Name, address, and phone number of attorney who caused your loss

Name: _____

Address: _____

Telephone: (_____) _____

4. Please check all that apply. The attorney:

Died on _____

Was suspended on _____

Was disbarred on _____

Became a judgment debtor on _____ in the amount of \$ _____

Court entering judgment _____ Docket No. _____

5. State the amount of your loss: \$ _____

6. Describe the attorney's dishonest act that caused this loss. **Please attach additional pages if necessary.**

7. How much did you pay this attorney? \$ _____

Please attach a copy of the fee agreement/retainer agreement and copies of all receipts for the amount paid to the attorney or negotiated checks used to pay the attorney.

8. State the date that you discovered the loss: _____

Has a demand for reimbursement been made on the attorney? No Yes

Date: _____

If so, how did the attorney respond to your demand? _____

9. State the services that were performed and/or not performed by the attorney:

Please attach copies of any documents that will verify this statement. You may use additional sheets of paper if more space is needed.

10. Was the dishonest conduct covered by insurance, indemnity, or bond? **No** **Yes** **Unknown**

Name of Company _____
Address of Company: _____

11. Were you, at the time of the loss, the spouse, close relative, partner, associate, employee, or employer of the attorney, or a business entity controlled by the attorney? no yes (please specify)

12. What actions did you take to recover your loss?

civil action criminal action fee arbitration other (please specify)

Please attach a copy of any relevant documents copies are attached

13. Have you filed a claim for this loss with a client protection fund in another jurisdiction? **No** **Yes**

If the answer is **yes**, please provide the name of the other fund and the status of the other claim:

14. If an attorney assisted you in filing this application, please state the name, address, and telephone number of the attorney.

Name: _____

Address: _____

Telephone: (_____) _____

ATTORNEYS PLEASE NOTE: The Rule of Court governing the Clients' Security Fund provides: No attorney shall be compensated for prosecuting a claim against the fund."

Date:

(Signature of Applicant)

Date:

(Signature of Applicant)

